PROGRAM LOG BOOK

**CDS Family and Behavioral Health Services Inc.**

Rev: 7/16 F-PR-1383

Interface Youth Program –N.W.

Beginning Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Ending Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Program Log Book**

**Highlight Codes**

**Yellow – General**

**Orange – Reviews**

**Blue - Suicide**

**Pink - Medication**

**PROGRAM LOG BOOK REMINDERS**

* Use **BLACK** ink only
* Document your arrival and departure
* Read information from the two previous shifts
* Document in the shift chronological section the specific shifts you reviewed
* Indicate the date and day on each page of the current shift
* Ensure that someone assumes the shift leader role
* Document participant/staff/volunteer and visitor movement, activities, and events. Include offsite destinations and expected return times
* Details of significant activities and events should also be documented in the participant file and/or an unusual event report
* Document “Pass On Information” on the dates/shifts intended to receive information
* At the end of each documentation, place your full signature and credentials
* Leaving blank lines between documentation statements should not occur
* Document a response to the shift leader assignment
* Highlight the shift leader assignment response
* Review all pages of the current shift for accuracy
* Shift leader should sign and date in each indicated space

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Search the bedrooms for contraband.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check for an adequate supply of Complaint/ Grievance forms available for participants and others.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk-through the facility for items in need of repair.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check of each active file to ensure it contains the participant’s photograph.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each active male medication log to ensure all necessary information is provided.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:****** *Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:****** *Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Complete weekly non-controlled medication count if one has not occurred this week, document on back of MRL.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:****** *Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:****** *Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:****** *Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each active female medication log to ensure all necessary information is provided.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the intakes occurring during the last 7 days and complete any missing information.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check bed assignments and ensure all participants are using their assigned bed.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

41

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check to ensure that keys are secured in the appropriate manner (house keys, vehicle keys).*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk through of the facility to check for evacuation routes posted in each room.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of active files to ensure each contains a completed screening form.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

58

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each active medication log to ensure each has a participant picture.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the last nine shifts “pass on” section and make sure all activities that required follow-up did occur.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each participant’s posted medication information to ensure it is correct.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

70

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk through the facility to check for cleanliness, correct any necessary areas.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

73

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Regional Coordinator/Residential Supervisor Weekly Review: Dates Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check the First-Aid kit to ensure its contents are complete.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review all current special diet needs to ensure guidelines are being followed.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review all active male participant files for follow-up when suicide risk was indicated during the screening or intake.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the Program Log Book to ensure each staff on shift has documented review of last two shifts.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

89

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

91

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

92

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review all active female participant files for follow-up when suicide risk was indicated during the screening or intake.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

97

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of the Program Log Book to ensure linen exchange occurred in the past week as scheduled.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

101

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

102

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

103

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

104

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check security search wand to ensure it operates properly.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

107

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

109

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

112

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Search of the bedrooms for contraband.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

113

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

114

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

116

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Complete weekly non-controlled medication count if one has not occurred this week, document on back of MRL.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of the Program Log Book to ensure chronological entries for all participants noted out of house.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the grievance process with participants during house meeting.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

125

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check for posted notices of information to contact the Florida Abuse Hotline, note locations in Prog. Log Book.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Note specific actions of staff on shift to engage participants in positive activities during this shift.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

134

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

136

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check bed assignments and ensure all participants are using their assigned bed.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

137

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

138

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the last nine shifts “pass on” section and make sure all activities that required follow-up did occur.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of active files to ensure that each contains a completed Approved Contact List.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

146

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

148

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review active participants FACE documentation to ensure each participant has current behavioral information.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

149

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

151

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

152

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check posted items to ensure that the Search Policy is posted.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk through facility to check for cleanliness, correct any necessary areas.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

157

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

158

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Regional Coordinator/Residential Supervisor Weekly Review: Dates Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

160

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Confirm that the knife for life is in the designated place, note the location.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

161

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

162

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

164

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Search of the bedrooms for contraband.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

169

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| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

170

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| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

171

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| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

172

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Complete weekly non-controlled medication count if one has not occurred this week, document on back of MRL.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

173

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| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

174

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| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

175

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| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

176

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| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
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| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review Program Log Book to ensure the Shift Leader Summary is complete for all shifts in the current log book.*** |

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| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
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**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

177

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| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| Pass on Information: (Factual information important for current/future shifts.) |
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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

178

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| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

179

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| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

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| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
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| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
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| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

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| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

180