



Date: _____

Overnight (11p-9a)

[illegible]

Family Visits Scheduled						
Individual	Date Out	Time Out	Date Return	Time Returned	No Family	Additional comments

Health/Medical Issues					
Individual	Appointment	Illness	Med Change	Med Error	Additional comments

Program Issues (If “yes” is checked you must specify under comments exact concern):

Area Concern:	Yes	No	Comments:
Maintenance Issues			
Supplies Needed			
Incident Reports			
Copies Needed			
Medication Delivered			

Family/Vocational/Case Management Contact:

General Comments/Additional Information:

*****All staff are required to contact their supervisor to report any incidents, illness or unusual occurrences.**

Signature of all staff on Shift:

House Manager’s Signature:

Date Reviewed:

I have read and understand the information on this form (All staff must sign and date when they reviewed):

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