



Center for Social Change, Inc.
A Support Center for Persons with Developmental Disabilities

Coordinator Daily Communication Log

Date (Prior Day) _____

Coordinator _____

Medical Appointments

Individuals Initials	Type of Appointment	Was appointment Completed? (Circle)	Reason, if missed	Follow Up Needed?	Has paperwork been Submitted? (Circle)
S		Yes No			Yes No
1		Yes No			Yes No
2		Yes No			Yes No
3		Yes No			Yes No
4		Yes No			Yes No
5		Yes No			Yes No

PLEASE PROVIDE FULL DESCRIPTION

Medication Changes

Individuals Initials	Name of Medication	Was PMOF faxed to Pharmacy?	Was medication posted on MARs?	Is there a copy of the PMOF filed in the home?	Has blister-pack been sent to pharmacy for correction?
S		Yes No	Yes No		Yes No
1		Yes No	Yes No	Yes No	Yes No
2		Yes No	Yes No	Yes No	Yes No
3		Yes No	Yes No	Yes No	Yes No
4		Yes No	Yes No	Yes No	Yes No
5		Yes No	Yes No	Yes No	Yes No

Maintenance Issues

Address of Home with Issue	Maintenance Issue	Has maintenance form submitted ?	Is this a past [outstanding] issue?	Additional Notes
S		Yes No	Yes No	
1		Yes No	Yes No	
2		Yes No	Yes No	
3		Yes No	Yes No	
4		Yes No	Yes No	
5		Yes No	Yes No	

Incidents					
Individuals Initials	Incident report completed by each staff?	Incident reports delivered to office? (Circle)	Employee Statement Completed?	If no to any, provide Explanation.	
S	Yes No	Yes No	Yes No		
1	Yes No	Yes No	Yes No		
2	Yes No	Yes No	Yes No		
3	Yes No	Yes No	Yes No		
4	Yes No	Yes No	Yes No		
5	Yes No	Yes No	Yes No		

Family Contacts			
Individual	Family Member		Additional Notes
S			
1			
2			
3			
4			
5			

Documentation Review									
Home	Are IPs filed are up to date?		Are quarterly reports filed & up to date?		Is data collection up to date?		Do groceries match the menu?		Additional Notes
S	Yes	No	Yes	No	Yes	No	Yes	No	NONE
3	Yes	No	Yes	No	Yes	No	Yes	No	
4	Yes	No	Yes	No	Yes	No	Yes	No	
5	Yes	No	Yes	No	Yes	No	Yes	No	
6	Yes	No	Yes	No	Yes	No	Yes	No	
7	Yes	No	Yes	No	Yes	No	Yes	No	
8	Yes	No	Yes	No	Yes	No	Yes	No	

Plan of correction to any above items noted as "No"

I certify under penalty of perjury the above document is true. If it is discovered it is untrue, it is considered neglect and endangerment of the lives of those individuals receiving services under my supervision and my employment can be terminated.

Signature _____

Date _____