



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

Date: _____
 Coordinator: _____

	Completed		Missed		Reason, if missed		Paperwork submitted	
	Yes	No	Yes	No	Yes	No	Yes	No
Medical Appointments Scheduled								
1.								
2.								
3.								
4.								
5.								
	PMOF faxed to pharmacy		Medications posted on MARS		Copy of PMOF filed in house		Multi-blister pack sent to pharmacy for correction	
	Yes	No	Yes	No	Yes	No	Yes	No
Medication changes								
1.								
2.								
3.								
4.								
5.								
	Maintenance form submitted		Past issues outstanding		Past issues resolved			
	Yes	No						
Maintenance issues								
1.								
2.								
3.								
4.								
5.								

	Incident report completed by each staff	Incident reports delivered to office	Employee statement completed		
	Yes No	Yes No	Yes No	Yes	No
Incidents					
1.					
2.					
3.					
4.					
5.					
IPs filed up to date	Quarterly reports filed up to date	Data Collection up to date	Behavioral Logs up to date	Groceries match menu	
Yes No	Yes No	Yes No	Yes No	Yes	No
Fluid Intake Logs up to date	BS Logs up to date	BM Logs up to date	BP Logs up to date	Repositioning Logs up to date	
Yes No	Yes No	Yes No	Yes No	Yes	No
Family Contacts: (Summary Attached)					

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: _____