

Center for Social Change, Inc.

Monthly Program Documentation Check List Residential Program Coordinators

House Address: _____
Coordinator: _____

Date: _____

Coordinator		Due to the Office	
	Medical logs (BP, BS, BM, Positioning, etc)	5 th of each month	
	Data collection logs	5 th of each month	
	Behavioral Logs	5 th of each month	
	Fire Drills	5 th of each month	
	Emergency Drills	5 th of each month	
	Expired HR and Activity memos	5 th of each month	
	Emergency Kit checklists	5 th of each month	
	Monthly medication tracking form	5 th of each month	
	Monthly Attendance	5 th of each month or sooner	
	Employee Evaluations	5 th of each month	
	Medication bubble packs and MARs	5 th of each month	
	Refrigerator temp logs	5 th of each month	
	Water temp logs	5 th of each month	
Coordinator Signature:		Date:	