



Assistant Director of Children's Program			
Home:		Date:	
		Time:	
		Staff Spoken to:	

Morning Call:

Name of Staff on duty:				
What was prepared for Breakfast?				
Each Children's packed Lunch items				
Medical Appointments and accompanying staff name				
Meds given & meds running low				
Children Showered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Children dressed appropriately for weather?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Children not attending School and why?				
Incidents:				
Incident Reports completed in THERAP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
House issues if any:				

Evening Call:

Home:		Date:	
		Time:	
		Staff Spoken to:	

Name of Staff on duty:				
Lunch box / backpack emptied & cleaned?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any notes from day program? If so, furnish details				
Were appointments completed & consults given to office? If not, who is arrange to bring them into office in the next morning?				
What was prepared for dinner?				
Meds given as ordered? & any Meds running low	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Children Showered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What activities occurred today?				
Did any visits occur today in the home?				
Incidents:				
Incident Reports completed in THERAP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

