 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 8/15/05	Reviewed: 8/31/11 By: WA Last Revision: 9/8/11	Section: PROVIDER NETWORK	Policy No: 052	Pages: 1 of 6 (3 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date: 1/1/12	Subject: RECREATION PROGRAMS		

I. POLICY

It is the Policy of Wraparound Milwaukee that Recreation Programming be available to clients living at home (including extended family and foster homes), if identified as an appropriate strategy for the youth by the Child & Family Team on the youth's Plan of Care. Recreation Programming shall be agency-based to allow youth to experience recreational activities in conjunction with other youth. Recreation programming is designed to introduce youth to and engage youth in age-appropriate recreational activities and community-based programs or events that they can become involved in or revisit on their own, with peers or with family members. **Recreation Programming may not be used in conjunction with residential, group home or treatment foster care.**

II. PROCEDURE

A. Definition of Recreation Program – Partial Day.

These are programs that offer supervision and structured recreational programming for youth. Programs must include planned social-recreational activities as described in this policy. This service is used when school is not in session and can only be provided in an agency setting. A minimum of 4 hours and up to 6 hours per day of service **must** be provided.

B. Definition of Recreation Program – Full Day.

These are programs that offer supervision and structured recreational programming for youth. Programs must include planned social-recreational activities. This service is used when school is not in session and can only be provided in an agency setting. A minimum of 6 hours and up to 9 hours per day of service **must** be provided. Recreation Programming **may not be used in conjunction with residential, group home or treatment foster care.**

Note: Providers of this service must coordinate staffing patterns to allow for appropriate supervision and management of client behaviors by agency employed staff. Providers of this service may not rely on assistance from crisis stabilization services available through Wraparound Milwaukee and/or the Mobile Urgent Treatment Team to routinely assist with service recipient behavior management issues.

Transportation may NOT be used in conjunction with Recreation Programs. Transportation to Recreation Programs is to be provided by the Agency providing the Recreation Program or by the youth's family. Agencies providing this service are responsible for fully funding on- and off-site activities. Should the planning activity require youth to have spending money available, the agency providing this service is responsible for supplying youth with these funds. The agency should not expect to obtain additional funds for youth spending money for either the youth's family, care coordinator or placement.

C. Certification / Licensing.

1. A Day Care Certification or Day Care License is required if serving 4 to 8 youth under the age of 7 OR 9 or more youth to age 12.
2. During the application process, Vendors for this service must furnish a copy of the program description **to include the following minimum elements** (including identifying the age range for the youth they will be providing services to) and, when required, a copy of the Day Care License and/or Certification.

3. The Agency rate **must** be identified at the time of application. Individual Agency rates will be approved based on **program service** components (*i.e., number of hours per day the program operates, number of meals/snacks provided, frequency of outings, inclusion of transportation, etc.*).
4. **Agencies required to have a Day Care Certification or License must comply with this policy in addition to the Day Care Certification/Licensing requirements. This policy is NOT intended to supersede any requirements set forth as part of the Day Care Certification or Licensing requirements, except where staff to client ratios exceed the level required by the Day Care regulations.**

D. Staffing Requirements.

1. Supervision and Training.

- a. Agencies must identify a Program Director or Supervisor who will have overall responsibility for the Recreation Program. In the event that programming is offered at multiple locations, a Site Supervisor must be identified for each location.
- b. The Recreation Program Director and/or Site Supervisor(s) must be at least 21 years of age and have at least 1 year of experience working with youth, and have completed high school or its equivalent as determined by the Wisconsin Department of Public Instruction. Twenty-four (24) hours of training must also have been completed. Training may include: early childhood training; child/human growth and development; early childhood education; first aid training; training in cardiopulmonary resuscitation; recognition of and reporting of childhood abuse and neglect; and/or orientation to Agency policies and procedures. Training may be documented by attendance sheets, certificates of attendance or diplomas, and is to be kept on file by the Agency. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.
- c. Agencies must provide Agency-specific orientation to new employees within 1 week of employment (*i.e., policy and procedure review, review of job duties/role and responsibilities, emergency procedures, first aid procedures, training on childhood illnesses/infectious diseases / universal precautions, center activity schedule, child abuse/neglect laws, child management techniques, child special needs, etc.*).

2. Agency Staff.

Provider Agency employees providing Recreation programming must:

- a. Be at least 18 years of age.
- b. Have passed a Criminal Background Check (*all 3 parts, including Background Information Disclosure [BID] form, copy of the Criminal History or "No Record" report, and a copy of the Department of Health Services [DHS] letter regarding the status of a person's administrative findings or licensing restrictions*). This includes the Agency Director and Site Supervisors.
- c. Have one (1) year of experience working with children / youth or have completed 24 hours of training within six months of employment.
 - 1) One year of experience can be in a Residential Care Center for Youth, Group Home, Treatment Foster Home, Foster Home, Shelter Care, Mental Health Program, Juvenile Corrections, Social Work counseling, education program, day care setting and/or youth recreation program.
 - 2) Training may include 1 or more of the following areas: early childhood training; child/human growth and development; early childhood education; first aid training; training in cardiopulmonary resuscitation; recognition of and reporting of childhood abuse and neglect; and/or orientation to Agency policies and procedures. Training may be documented by attendance sheets, certificates of attendance and/or diplomas, and is to be kept on file by the Agency. Prior training in any of the above areas is acceptable with the appropriate supporting documentation. A copy of the agency training program must be made available to Wraparound Milwaukee upon request.

- d. If transporting clients, have a current, valid driver's license for the type of vehicle being driven, at least one year driving experience and proof of current personal automobile insurance (*minimum State of Wisconsin requirements*). A Drivers Abstract must have also been completed prior to employment.
- e. Adhere to the Wraparound Milwaukee Confidentiality/Exchange of Information Policy regarding client related information.

E. Agency/Program Requirements.

1. Agency Policies.

Agencies providing Recreation Programming must have written policies on the following:

- a. Staff orientation, training and continuing education.
- b. Maintenance of client records.
- c. Meals and snacks for youth enrolled in the program.
- d. Actions to be taken in the event of an emergency (*i.e., fire, tornado, etc.*).
- e. Agency procedures regarding management of medication taken by youth while receiving services from the Agency.
- f. Agency policy regarding outings/community trips.
- g. Child guidance practices (*including use of time-outs*) used to influence a youth's behavior.
- h. Notification of parent/caregiver in the event a youth is injured, becomes ill or is exposed to an infectious disease.
- i. Process for reporting cases of suspected child abuse or neglect.

Copies of service/program related agency policies are to be submitted to Wraparound Milwaukee as part of the application process and thereafter upon request.

2. Location.

- a. In the Provider Network Application process, Agencies must identify the location where the Recreation Program will be conducted. If the location changes, written notice of the change must be given to the Wraparound Milwaukee Provider Network within 2 weeks of the change in location.
- b. If the Agency provides other programming at the same location (*such as a Child Care Center*), the Agency must identify the space that will be used by the Recreation Program. If shared space is used, the Agency must make certain that the allotted space exceeds the amount of space required by regulations with oversight for the programs sharing the assigned space.

3. Programming and Equipment.

- a. Agencies shall have access to both indoor and outdoor space and equipment for use by youth in the program. If outdoor programming is to be provided at another location, the Agency must identify the outdoor location during the Provider Network application process. Equipment used by youth in the program shall be appropriate to the age, size and developmental level of youth participating in the program and be free of hazards that may result in injury.
- b. Agencies must prepare and implement a weekly or monthly schedule that identifies the activities that youth enrolled in the program will participate in. If modifications are made to scheduled activities when the schedule is implemented, a log of the changes to the schedule must be maintained as an Addendum to the schedule by the Agency. Copies of the activity schedule shall be maintained on file by the Agency for at least 2 years unless a copy of the schedule is maintained as part of the client record.
- c. The agency shall make sure that a copy of the schedule of planned activities is available at all times for review by the youth's parent or guardian, caregiver, Care Coordinator, FISS manager or Wraparound Milwaukee/FISS administrative staff.
- d. Parent, guardian or caregiver must be notified in writing if a previously scheduled activity is not going to take place.

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Recreation Programs Policy

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- e. Agency staff shall provide close supervision to youth using play equipment to prevent injuries.
- f. A first aid kit must be available at the agency at all times.
- g. The minimum agency **staff to client ratio is 1 staff for every eight (8) children.**
- h. Youth must have access to a supply of safe drinking water or other beverage at all times that they are in attendance at the program.
- i. Based on the amount of time youth are present at the program, Agencies shall provide 1 snack for youth in attendance from 2-1/2 to 4 hours; 1 snack and 1 meal for youth in attendance for at least 4 hours, but less than 8 hours, and 2 snacks and 1 meal for youth in attendance for at least 8 hours, but less than 10 hours. Food may be served at flexible intervals, but no youth should be in attendance for more than 3 hours without receiving nourishment.
- j. At least 1 toilet and 1 washbasin must be available for use by youth for programs providing services to 10 youth. A second toilet must be available for Agencies providing programs for between 11 and 25 youth. Soap, toilet paper, disposable paper towels and a wastepaper container shall be available for youth using toilet/washroom facilities.
- k. On days when indoor temperatures exceed 80 degrees, the Agency must provide fans and/or air conditioning to allow adequate ventilation and air circulation.
- l. Agencies shall plan activities so that the youth can be successful, feel good about him or herself and develop positive self-esteem.
- m. Activities **must** include:
 - 1) Use and development of language skills.
 - 2) Use of small and large muscle groups (gross and fine motor skills).
 - 3) Creative and imaginative play.
 - 4) Learning new skills and ideas.
 - 5) Exposure to a variety of cultures.
- n. Activities **must** also offer a balance of:
 - 1) Indoor and outdoor activities.
 - 2) Active and passive or quiet activities.
 - 3) Protection from excessive fatigue, over-stimulation or prolonged exposure to sun or hot weather.
 - 4) Individual and group activities.
 - 5) Agency-based and community-based activities.
- o. The Agency shall provide positive guidance and redirection for youth participating in Recreation Programming. Agency staff must identify clear-cut limits for acceptable and unacceptable behavior for children enrolled in the program. Staff interaction with youth should be structured to provide feedback to youth that fosters self-control, self-confidence and respect for others.
- p. If timeouts are used, they may not exceed five minutes in duration per episode.
- q. Activities, tasks and interactions offered by staff that are humiliating or frightening to youth are not allowed. This includes, but is not limited to:
 - 1) Verbal abuse, threats or derogatory remarks about the youth or the youth's family.
 - 2) Enclosing the youth in a confined space.
 - 3) Withholding or forcing meals, snacks or naps.
 - 4) Any form of physical or sexual abuse or corporal punishment.
- r. Use of television is permitted only to supplement the daily planned activities. Youth may not be required to watch television or videos. Agencies must have alternate activities available for youth who do not wish to watch television/videos. Television and video programs must be rated age-appropriate and be free of violence, nudity and/or sexual content.
- s. Agency staff must provide advance notice to parent/guardian/caregiver of field trips/outings and type of transportation to be used.

- t. Agencies must obtain parental/guardian written permission for participation in off-site activities/outings.
- u. Agency must have sufficient staff to provide supervision of all program enrolled youth in the event that some of the youth are unable to participate in a planned off-site activity/outing.
- v. Transportation costs associated with off-site outings or field trips is incorporated in the service unit rate and may not be billed separately.
- w. Field trips / outings are to be limited to the Metropolitan Milwaukee area.
- x. Out of State and overnight activities are not permitted.
- y. Agencies must obtain the name, address and phone numbers of persons other than the parent/guardian authorized to call for the youth or accept the youth when returning home. (If no one is authorized, this is to be noted.)
- z. The Agency is required to assure that youth transported by Agency staff are properly restrained in an individual vehicle safety seat or by a car safety belt. Youth may never be left unattended in a car or other vehicle. Vehicles used to transport youth must be clean, uncluttered and free of obstructions on the floor or aisle of the vehicle.

4. Other Requirements.

- a. There must be a working telephone or access to a working telephone (other than a pay phone) on the premises during hours of program operation.
- b. Agency staff are required to provide direct supervision for youth at all times while in attendance at the program.
- c. Agencies are required to permit parents/caregivers to visit and observe their youth at any time during the Agency's hours of operations (unless otherwise restricted as in the case of a court order).
- d. The Program Administrator or designee must notify the youth's parent or caregiver and care coordinator/case manager in the event the youth is injured or exposed to an infectious disease.
- e. During outings, sufficient Agency staff must be in attendance, so that staff can properly supervise youth using public restroom facilities.
- f. Agencies are required to store materials, including chemicals, hazardous materials and tools, in locked areas that are inaccessible to youth in the program.
- g. The Agency Administrator must assure that qualified Lifeguards are on duty when clients are scheduled to use swimming areas.

5. Client Record.

- a. Agencies providing Recreation Programs shall maintain a written record/chart at the Agency for each youth enrolled in the program and make the record/chart available for review by Wraparound Milwaukee, REACH or O-YEAH staff upon request.
- b. The following information must be maintained in the client's record/chart prior to the provision of services:
 - 1) Copy of the Wraparound Milwaukee or FISS Provider Referral Form.
 - 2) Consent for Services signed by the youth's parent or legal guardian.
 - 3) Written permission from the youth's parent or legal guardian allowing the youth to receive medical attention in the event of an injury.
 - 4) Consent from the youth's parent or legal guardian to participate in and be transported for field trips and off-site activities.
- c. Copy of the youth's Plan of Care or FISS plan (unless otherwise denied access by the parent or legal guardian).
- d. Daily attendance sheet/s that contain the following: (*see Sample attached – Attachment 1.*)
 - 1) Date/s the youth attended the program.
 - 2) For each day of attendance:
 - the time the youth arrived at the program - initials/signature of staff documenting the youth's arrival at the program.
 - the time the youth left the program – initials/signature of staff documenting the youth's departure from the program.

Note – If staff initials are used, the full name of the staff member the initials represent must be included on the form.

- e. Daily activity log to include the following: (see Samples attached – Attachment 2A & 2B.)
 - 1) Youth’s name (if sibling of enrollee, also enter the name of the enrollee).
 - 2) Location where the activity was held, if other than the Agency’s primary location.
 - 3) Activity the youth was engaged in while at the program.
 - 4) Youth’s response to the program.
 - 5) If time-outs are used, the number and duration of the time-outs.
 - 6) Signature of the staff completing the entry.
- f. If the youth takes medication while at the program, a log or other form for recording the dispensing of the medication must be maintained. The log must include the following:
 - 1) Youth’s name.
 - 2) The name and dosage of the medication(s) the youth is to take and the time or times of day the medication is to be taken.
 - 3) The date and time medication(s) was taken.
 - 4) Signature or initials of the staff who observed the youth taking the medication, signature or initials of the youth verifying that they took the medication on the identified date at the designated time. If staff initials are used, the full name of the staff must be included on the form (see Sample attached – Attachment 3).

Reminder – All Medications must be maintained in a locked cabinet and/or locked refrigerator (if required). Medication must be in its original container and labeled with the youth’s name, dosage and directions for administration.

- g. Youth must be protected from sunburn with protective clothing or parent provided and labeled or authorized sunscreen.
- h. Name, address, and phone number of persons other than the parent/guardian authorized to pick up the youth or accept the youth when returning home.
- i. If the youth is responsible to come to or return home from the program on their own, there must be a written plan from the parent or care coordinator/FISS manager identifying how the child will come to/return home from the program. The plan must include a provision for Agency staff to contact a responsible party to report if the youth does not arrive by the designated time.

Reviewed & Approved By: _____



Bruce Kamradt, Director

MONTHLY ATTENDANCE

Check one: After School Recreation Program

AGENCY NAME: _____

MONTH/YEAR: _____

YOUTH'S NAME: _____

SIBLING OF: (if not enrollee) _____

Date	Time In (Circle a.m. or p.m.)	Staff Initials	Time Out (Circle a.m. or p.m.)	Staff Initials	Date	Time In (Circle a.m. or p.m.)	Staff Initials	Time Out (Circle a.m. or p.m.)	Staff Initials
1 st	a.m. p.m.		a.m. p.m.		17 th	a.m. p.m.		a.m. p.m.	
2 nd	a.m. p.m.		a.m. p.m.		18 th	a.m. p.m.		a.m. p.m.	
3 rd	a.m. p.m.		a.m. p.m.		19 th	a.m. p.m.		a.m. p.m.	
4 th	a.m. p.m.		a.m. p.m.		20 th	a.m. p.m.		a.m. p.m.	
5 th	a.m. p.m.		a.m. p.m.		21 st	a.m. p.m.		a.m. p.m.	
6 th	a.m. p.m.		a.m. p.m.		22 nd	a.m. p.m.		a.m. p.m.	
7 th	a.m. p.m.		a.m. p.m.		23 rd	a.m. p.m.		a.m. p.m.	
8 th	a.m. p.m.		a.m. p.m.		24 th	a.m. p.m.		a.m. p.m.	
9 th	a.m. p.m.		a.m. p.m.		25 th	a.m. p.m.		a.m. p.m.	
10 th	a.m. p.m.		a.m. p.m.		26 th	a.m. p.m.		a.m. p.m.	
11 th	a.m. p.m.		a.m. p.m.		27 th	a.m. p.m.		a.m. p.m.	
12 th	a.m. p.m.		a.m. p.m.		28 th	a.m. p.m.		a.m. p.m.	
13 th	a.m. p.m.		a.m. p.m.		29 th	a.m. p.m.		a.m. p.m.	
14 th	a.m. p.m.		a.m. p.m.		30 th	a.m. p.m.		a.m. p.m.	
15 th	a.m. p.m.		a.m. p.m.		31 st	a.m. p.m.		a.m. p.m.	
16 th	a.m. p.m.		a.m. p.m.						

Signature and initials of staff approved to sign off:

- 1). Signature: _____ Initials: _____
- 2). Signature: _____ Initials: _____
- 3). Signature: _____ Initials: _____
- 4). Signature: _____ Initials: _____
- 5). Signature: _____ Initials: _____

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MONTHLY ATTENDANCE

Check one: After School Recreation Program

AGENCY NAME: ABC Recreation, Inc.
 YOUTH'S NAME: Sam Smith

MONTH/YEAR: 7/07
 SIBLING OF: (if not enrollee) _____

Date	Time In (Circle a.m. or p.m.)	Staff Initials	Time Out (Circle a.m. or p.m.)	Staff Initials
1 st	7:00 <u>a.m.</u> p.m.	PE	1:00 <u>p.m.</u> a.m.	KW
2 nd	7:00 <u>a.m.</u> p.m.	PE	3:00 <u>p.m.</u> a.m.	LS
3 rd	9:00 <u>a.m.</u> p.m.	PE	1:00 <u>p.m.</u> a.m.	KW
4 th	a.m. p.m.		a.m. p.m.	
5 th	a.m. p.m.		a.m. p.m.	
6 th	a.m. p.m.		a.m. p.m.	
7 th	a.m. p.m.		a.m. p.m.	
8 th	a.m. p.m.		a.m. p.m.	
9 th	a.m. p.m.		a.m. p.m.	
10 th	a.m. p.m.		a.m. p.m.	
11 th	a.m. p.m.		a.m. p.m.	
12 th	a.m. p.m.		a.m. p.m.	
13 th	a.m. p.m.		a.m. p.m.	
14 th	a.m. p.m.		a.m. p.m.	
15 th	a.m. p.m.		a.m. p.m.	
16 th	a.m. p.m.		a.m. p.m.	

Date	Time In (Circle a.m. or p.m.)	Staff Initials	Time Out (Circle a.m. or p.m.)	Staff Initials
17 th	a.m. p.m.		a.m. p.m.	
18 th	a.m. p.m.		a.m. p.m.	
19 th	a.m. p.m.		a.m. p.m.	
20 th	a.m. p.m.		a.m. p.m.	
21 st	a.m. p.m.		a.m. p.m.	
22 nd	a.m. p.m.		a.m. p.m.	
23 rd	a.m. p.m.		a.m. p.m.	
24 th	a.m. p.m.		a.m. p.m.	
25 th	a.m. p.m.		a.m. p.m.	
26 th	a.m. p.m.		a.m. p.m.	
27 th	a.m. p.m.		a.m. p.m.	
28 th	a.m. p.m.		a.m. p.m.	
29 th	a.m. p.m.		a.m. p.m.	
30 th	a.m. p.m.		a.m. p.m.	
31 st	a.m. p.m.		a.m. p.m.	

SAMPLE

Signature and initials of staff approved to sign off:

- 1). Signature: Pamela Erdman Initials: PE
- 2). Signature: Kathy White Initials: KW
- 3). Signature: Linda Snow Initials: LS
- 4). Signature: _____ Initials: _____
- 5). Signature: _____ Initials: _____

ATTENDANCE SHEET

AGENCY NAME
AFTERSCHOOL/RECREATION PROGRAM LOG

Youth's Name _____ D.O.B. _____

Sibling of _____ Full Day Half Day
(If client is not Wraparound Enrollee)

Activity at Rec Center _____

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Date _____ Staff Signature _____



Full Day Half Day

Activity at Rec Center _____

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Date _____ Staff Signature _____



Full Day Half Day

Activity at Rec Center _____

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Date _____ Staff Signature _____



Full Day Half Day

Activity at Rec Center _____

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Date _____ Staff Signature _____



Full Day Half Day

Activity at Rec Center _____

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Date _____ Staff Signature _____

AGENCY NAME
AFTERSCHOOL/RECREATION PROGRAM LOG

Youth's Name Sam Smith D.O.B. 3/18/1999

Sibling of _____ Full Day Half Day
(If client is not Wraparound Enrollee)

Activity at Rec Center Basketball Game
 Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Sam engaged cooperatively with his peers during the day and basketball games. Receptive to feedback and redirection. No significant behaviors.

Date 7/1/07 Staff Signature Pamela Erdman

Full Day Half Day

Activity at Rec Center _____

Off site Activity McCarty Park - Fishing

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Sam became frustrated when he was not able to catch any fish. Needed several reminders to stop cursing / throwing his pole on the ground. More relaxed during snack time.

Date 7/2/07 Staff Signature Kathy White

Full Day Half Day

Activity at Rec Center Board Games

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Sam played UNO and Connect Four during game time. Needed periodic reminders about good sportsmanship. Complained during lunch time of his stomach bothering him.

Date 7/3/07 Staff Signature Pamela Erdman

SAMPLE



Full Day Half Day

Activity at Rec Center _____

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Date _____ Staff Signature _____



Full Day Half Day

Activity at Rec Center _____

Off site Activity _____

Activity Summary *(include statement regarding child's response to the activity – note injuries or other problems)*

Date _____ Staff Signature _____

AGENCY NAME: _____ MONTH/YEAR: _____
 YOUTH'S NAME: _____ D.O.B _____ SIBLING OF: (if not enrollee) _____

Date	Activity & Location of Activity (If other than at agency)	Youth's Response	Time-outs (#/duration)	Signature of person completing log
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

AFTERSCHOOL/RECREATION PROGRAM LOG

Date	Activity & Location of Activity (If other than at agency)	Youth's Response (If significant)	Time-outs? (#/duration)	Signature of person completing log
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				

AFTERSCHOOL/RECREATION PROGRAM LOG

AGENCY NAME: ABC Recreations, Inc. MONTH/YEAR: 7/07
 YOUTH'S NAME: _____ SIBLING OF: (if not enrollee) _____
 D.O.B _____

Date	Activity & Location of Activity (If other than at agency)	Youth's Response	Time-outs (#/duration)	Signature of person completing log
1.	Basketball game	Cooperated well/no pps. NO behavioral problems	N/A	<i>Paula Edmar</i>
2.	Fishing at McCarty Park	Easily frustrated. Cursing & throwing pole.	N/A	<i>Kathy W...</i>
3.	Board games	was & connected & needed assistance reminding & seat belt membership. Complained of stomachache during lunch	N/A	<i>Paula Edmar</i>
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

SAMPLE

Attachment 3 **AFTER SCHOOL/RECREATION MEDICATION LOG**

AGENCY NAME: _____ MONTH/YEAR: _____

YOUTH'S NAME: _____ SIBLING OF: (if not enrollee) _____

MEDICATION NAME				DOSAGE	INSTRUCTIONS (Example: Take One Tablet at Noon)			
Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials	Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials	
1 st				10 th				
2 nd				11 th				
3 rd				12 th				
4 th				13 th				
5 th				14 th				
6 th				15 th				
7 th				16 th				
8 th				17 th				
9 th				18 th				

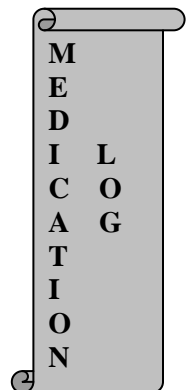
MEDICATION LOG – PAGE 2

YOUTH NAME: _____ MONTH/YEAR: _____

MEDICATION NAME				DOSAGE	INSTRUCTIONS <i>(Example: Take One Tablet at Noon)</i>			
Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials		Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials
19 th					26 th			
20 th					27 th			
21 st					28 th			
22 nd					29 th			
23 rd					30 th			
24 th					31 st			
25 th								

Signature and initials of staff monitoring medication

- 1). Signature: _____ Initials: _____
- 2). Signature: _____ Initials: _____
- 3). Signature: _____ Initials: _____
- 4). Signature: _____ Initials: _____
- 5). Signature: _____ Initials: _____



AFTER SCHOOL/RECREATION MEDICATION LOG

AGENCY NAME: ABC Recreation, Inc. MONTH/YEAR: 7/07

YOUTH'S NAME: Sam Smith SIBLING OF: (if not enrollee) _____

MEDICATION NAME				DOSAGE	INSTRUCTIONS (Example: Take One Tablet at Noon)			
Cylert				5 mg.	ONE Tablet at noon			
Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials	Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials	
1 st	12:00noon	PE	SS	10 th				
2 nd	12:00noon	LS	SS	11 th				
3 rd	12noon	PE	SS	12 th				
4 th				13 th				
5 th				14 th				
6 th				15 th				
7 th				16 th				
8 th				17 th				
9 th				18 th				

SAMPLE

MEDICATION LOG – PAGE 2

YOUTH NAME: Sam Smith MONTH/YEAR: 7/07

MEDICATION NAME			DOSAGE	INSTRUCTIONS (Example: Take One Tablet at Noon)			
Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials	Date	Time <small>Include a.m. or p.m.</small>	Staff Initials	Youth Initials
19 th				26 th			
20 th				27 th			
21 st				28 th			
22 nd				29 th			
23 rd				30 th			
24 th				31 st			
25 th							

Signature and initials of staff monitoring medication

- 1). Signature: *Penelope A. Gulermer* Initials: *PE*
- 2). Signature: *Linda Snow* Initials: *LS*
- 3). Signature: _____ Initials: _____
- 4). Signature: _____ Initials: _____
- 5). Signature: _____ Initials: _____

