 <b>WRAPAROUND MILWAUKEE POLICY &amp; PROCEDURE</b>	Date Issued: <b>8/15/05</b>	Reviewed: <b>9/29/14</b> By: <b>WA</b> Last Revision: <b>9/29/14</b>	Section: <b>Care Coordinator, Vendor</b>	Policy No: <b>051</b>	Pages: <b>1 of 5</b> (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: <b>01/01/2015</b>	Subject: <b>AFTER SCHOOL PROGRAMS</b>		

## I. POLICY

It is the policy of Wraparound Milwaukee that After School 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. After School Programming shall be agency-based to allow children to experience educational and social/recreational activities in conjunction with other youth.

## II. PROCEDURE

### A. Definition of After School Programming

1. These are "Before" or "After" School programs that offer supervision and structure for youth. Programs must include social, recreational and educational activities. This service can only be provided for up to four (4) hours per day, and can only be provided when school or summer school is in session. Services are to be provided in an agency setting. After School Programming **may not be used in conjunction with residential, group home or foster care.**
2. A Day Care Certification or Day Care License is required, if serving four (4) to eight (8) children under the age of seven (7) OR nine (9) or more children to age twelve (12).
3. During the application process, the Agency must furnish a copy of the program description (including identifying the age range for the children they will be providing services to) and, when required, a copy of the Day Care License and/or Certification.
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.**

*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.*

### B. Staffing Requirements

#### 1. Supervision and Training

- a. Agencies must identify a Program Director or Supervisor who will have overall responsibility for the After School Program. In the event that programming is offered at multiple primary locations, a Site Supervisor must be identified for each location.
- b. The After School 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 children, have completed at least 24 hours of training and have at least completed high school or its equivalent as determined by the Wisconsin Department of Public Instruction. 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 **shall** be documented by attendance sheets or 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 one week of employment (i.e., policy and procedure review, review of job duties/role and responsibilities, emergency procedures, first aid procedures, training on childhood illness/infectious diseases/universal precautions, center activity schedule, child abuse/neglect laws, child management techniques, child special needs, etc.).

**C. Agency Staff**

- 1. Provider Agency employees providing After School Programming must possess the following:
  - a. Be at least 18 years of age.
  - b. Have passed a Criminal Background Check (all 3 parts – 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 Supervisor also (*see Caregiver Background Checks Policy 057, Provider Add/Drop Policy 035*).
  - c. Have 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 any of the following: 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; or youth recreation program.
    - 2) Training may include one 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 via 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. A copy of the agency training program must be made available to Wraparound Milwaukee upon request.
  - d. If responsible for transporting clients, have a current valid driver’s license for the type of vehicle being driven and at least one-year driving experience, as well as meeting all driving guidelines set forth in Policy 054 – Provider Agency Responsibilities and Guidelines.
  - e. Adhere to the Wraparound Milwaukee Confidentiality/Exchange of Information Policy 009 regarding client related information.

**D. Agency/Program Requirements**

**1. Agency Policies**

Agencies providing After School 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 children 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 children 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 child’s behavior.
- h. Notification of parent/caregiver in the event a child 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

After School program will be conducted. If a planned change in location is going to occur, prior written notice of the change must be submitted to the Wraparound Milwaukee Provider Network.

- 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 After School 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 children 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 children in the program shall be appropriate to the age, size and developmental level of children participating in the program and free of hazards that may result in injury.
- b. Agencies must prepare and implement a daily or weekly schedule that identifies the activities that children enrolled in the program will participate in. **Educational activities must be included in the program schedule on a daily basis.** 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 two (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 and modified activities is available at all times for review by the child's parent or guardian, caregiver, care coordinator, FISS manager or Wraparound Milwaukee/FISS administrative staff.
- d. Parents, guardian or caregivers must be notified in writing if a previously planned activity is not going to take place.
- e. Agency staff shall provide close supervision to children using play equipment to prevent injuries.
- f. A first aid kit must be available at all times at the agency.
- g. The minimum agency **staff to client ratio is one (1) staff for every eight (8) children.**
- h. Children 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 children are present at the program, Agencies shall provide 1 snack for children in attendance from 2-1/2 hours to 4 hours.
- j. At least one (1) toilet and one (1) washbasin must be available for use by children for programs providing services to 10 children. A second toilet must be available for agencies providing programs for between 11 and 25 children. Soap, toilet paper, disposable paper towels and a wastepaper container shall be available for children 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 educational and recreation or leisure activities that help the child be successful, feel good about himself or herself and develop positive self-esteem.
- m. Activities shall 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 shall include the following:
  - 1) Indoor and outdoor activities (based on weather).

- 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.
- o. The agency shall provide positive guidance and redirection for children participating in After School Programming. Agency staff must identify clear-cut limits for acceptable and unacceptable behavior for children enrolled in the program. Staff interaction with children should be structured to provide feedback to children 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 children are not allowed. This includes, but is not limited to:
- 1) Verbal abuse, threats or derogatory remarks about the child or the child's family.
  - 2) Enclosing the child 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 – though not encouraged and may be used only to supplement the daily planned activities. Children may not be required to watch television or videos. Agencies must have alternate activities available for children 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. If off-site outings or field trips are offered, agency staff must provide advance notice to parent/guardian/caregiver of field trips and type of transportation to be used. Transportation costs associated with off-site outings or field trips is incorporated in the service unit rate and may NOT be billed separately.
- t. Outings/field trips are to be limited to the Metropolitan Milwaukee area.
- u. Out of State and overnight activities are not permitted.
- v. Agencies must obtain parental/guardian written permission for participation in off-site activities/field trips.
- w. Agencies must obtain the name, address and phone numbers of persons other than the parent/guardian authorized to call for the child or accept the child when returning home. (If no one is authorized, this is to be noted.)
- x. The agency is required to assure that children transported by agency staff are properly restrained in an individual vehicle safety seat or by a car safety belt. Children may never be left unattended in a car or other vehicle. Vehicles used to transport children 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 children at all times while in attendance at the program.
- c. Agencies are required to permit parents/caregivers to visit and observe their child at any time during the agency's hours of operations (unless otherwise restricted as in the case of a court order).
- d. The Program Director or designee must notify the child's parent or caregiver and care coordinator/case manager in the event the child is injured or exposed to an infectious disease.
- e. Agencies are required to store materials, including chemicals, hazardous materials and tools, in locked areas that are inaccessible to children in the program.
- f. During field trips, sufficient agency staff must be in attendance so that staff can properly supervise children using public restroom facilities.

**5. Client Record**

- a. Agencies providing After School Programs shall maintain a written record/chart at the agency for each child enrolled in the above programs and make the record/chart available for review by Wraparound Milwaukee or FISS staff upon request as stated in Policy 054 – Provider Responsibilities & Guidelines, sections G – J.
- b. The following additional information must also be maintained in the client’s record/chart prior to the provision of services:
  - 1) Written permission from the child’s parent or legal guardian allowing the child to receive medical attention in the event of an injury.
- c. Daily attendance sheet/s that contain the following: (*see Sample attached – Attachment 1.*)
  - 1) Date/s the child attended the program.
  - 2) For each day of attendance:
    - the time the child arrived at the program - initials/signature of staff documenting the child’s arrival at the program.
    - the time the child left the program – initials/signature of staff documenting the child’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.***

- d. Daily activity log to include the following: (*see Samples attached – Attachment 2A & 2B.*)
  - 1) Child’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 child was engaged in while at the program.
  - 4) Child’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.
- e. If the child 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) Child’s name.
  - 2) The name and dosage of the medication/s the child 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 child taking the medication, signature or initials of the child 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 child’s name, dosage and directions for administration.***

- f. **Children must be protected from sunburn with protective clothing or parent provided and labeled or authorized sunscreen.**
- g. Name, address, phone number of persons other than the parent/guardian authorized to pick up the child or accept the child when returning home.
- h. If the child 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 child does not arrive by the designated time.

Reviewed & Approved By: Bruce Kamradt  
Bruce Kamradt, Director

# MONTHLY ATTENDANCE

Check one:  After School  Recreation Program

AGENCY NAME: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_

YOUTH'S NAME: \_\_\_\_\_

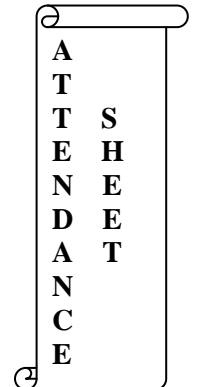
SIBLING OF: (if not enrollee) \_\_\_\_\_

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



# MONTHLY ATTENDANCE

Check one:  After School     Recreation Program

AGENCY NAME: Children's Center, Inc.

MONTH/YEAR: 10/07

YOUTH'S NAME: Katie Morris

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 <sup>st</sup>	a.m. p.m.		a.m. p.m.	
2 <sup>nd</sup>	a.m. p.m.		a.m. p.m.	
3 <sup>rd</sup>	a.m. p.m.		a.m. p.m.	
4 <sup>th</sup>	4:00 (p.m.) PE		6:00 (p.m.) PE	
5 <sup>th</sup>	4:00 (p.m.) PE		5:30 (p.m.) JK	
6 <sup>th</sup>	4:15 (p.m.) PE		6:00 (p.m.) PE	
7 <sup>th</sup>	4:15 (p.m.) JK		6:00 (p.m.) MM	
8 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
9 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
10 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
11 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
12 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
13 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
14 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
15 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
16 <sup>th</sup>	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 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
18 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
19 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
20 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
21 <sup>st</sup>	a.m. p.m.		a.m. p.m.	
22 <sup>nd</sup>	a.m. p.m.		a.m. p.m.	
23 <sup>rd</sup>	a.m. p.m.		a.m. p.m.	
24 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
25 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
26 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
27 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
28 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
29 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
30 <sup>th</sup>	a.m. p.m.		a.m. p.m.	
31 <sup>st</sup>	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: Jim Knotts Initials: JK
- 3). Signature: Marv Marks Initials: MM
- 4). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 5). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

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**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)*

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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)*

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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)*

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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)*

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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)*

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Date \_\_\_\_\_ Staff Signature \_\_\_\_\_

AGENCY NAME

**AFTERSCHOOL RECREATION PROGRAM LOG**

Youth's Name Katie Morris D.O.B. 6/1/97

Sibling of \_\_\_\_\_  Full Day  Half Day  
*(If client is not Wraparound Enrollee)*

Activity at Rec Center Arts & Crafts  
 Off site Activity \_\_\_\_\_

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

Katie made a clay dish today in ceramics class. She appeared very proud of her creation. No reminder needed regarding hitting or yelling today. Completed homework assignment.

Date 10/4/07 Staff Signature Jim Knotts

Full Day  Half Day

Activity at Rec Center Homework / Board Games  
 Off site Activity \_\_\_\_\_

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

Katie refused to complete all her homework. Became verbally abusive to this writer requiring one time out for a total of 5 minutes. Was able to settle and play cards with a peer for 20 minutes.

Date 10/5/07 Staff Signature Pamela Erdman

Full Day  Half Day

Activity at Rec Center Homework / Board Games  
 Off site Activity \_\_\_\_\_

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

Katie listened attentively to the story being read by this staff. Was able to answer questions appropriately. In a good moon. Drew a detailed picture about the story afterwards.

Date 10/6/07 Staff Signature Mary Marks

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

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

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 <sup>st</sup>				10 <sup>th</sup>				
2 <sup>nd</sup>				11 <sup>th</sup>				
3 <sup>rd</sup>				12 <sup>th</sup>				
4 <sup>th</sup>				13 <sup>th</sup>				
5 <sup>th</sup>				14 <sup>th</sup>				
6 <sup>th</sup>				15 <sup>th</sup>				
7 <sup>th</sup>				16 <sup>th</sup>				
8 <sup>th</sup>				17 <sup>th</sup>				
9 <sup>th</sup>				18 <sup>th</sup>				

# 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 <sup>th</sup>					26 <sup>th</sup>			
20 <sup>th</sup>					27 <sup>th</sup>			
21 <sup>st</sup>					28 <sup>th</sup>			
22 <sup>nd</sup>					29 <sup>th</sup>			
23 <sup>rd</sup>					30 <sup>th</sup>			
24 <sup>th</sup>					31 <sup>st</sup>			
25 <sup>th</sup>								

**Signature and initials of staff monitoring medication**

- 1). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 2). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 3). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 4). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 5). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

