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MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
**BEHAVIORAL  
HEALTH SERVICES**

Date Issued 8/15/2005

Last 8/23/2022

Approved

Date

Effective 9/1/2022

Last Revised 8/23/2022

Date

Next Review 12/31/2024

Owner Dana James

Policy Area Wraparound  
(Wrap, REACH,  
youth CCS)-  
Vendor

## #051- After School Programs

### I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced to as Wraparound Milwaukee) that After School Programming be available to youth 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 youth to experience educational and social/recreational activities in conjunction with other youth.

*NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound/REACH Care Coordinators and FISS Case Managers. It also uses the term "Child and Family Team" - which applies to any group of people that may be working with a family or young adult. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.*

### 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 or group home. To be utilized in conjunction with Treatment Foster Care, this will be determined on a case-by-case basis and needs to be approved by Wraparound Milwaukee Provider Network Manager.**

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 youth 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 Children's Mobile Crisis Team to routinely assist with service recipient behavior management issues.*

## **B. Staffing Requirements**

### **1. Supervision and Training**

- a. Agencies must identify a Program Director 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. The Program Director could be a Site Supervisor at one of the locations.
- b. The After School Program Director and/or Site Supervisor(s) must be at least 21 years of age, have at least 1 year of prior experience working with children, and have completed at least high school or its equivalent as determined by the Wisconsin Department of Public Instruction. Twenty-four (24) hours of documented and relevant training must also have been completed within two years prior to becoming the After School Program Director and/or Site Supervisor. 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; trauma informed care; and/or orientation to agency policies and procedures. Training must be documented by attendance sheets or certificates of attendance or diplomas and is to be kept on file by the agency.
- c. Agencies must provide agency-specific orientation to new employees within one (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 illness/infectious diseases/universal precautions, center activity schedule, child abuse/neglect laws, child management techniques, child special needs, etc.).

### **2. Agency Staff**

1. Provider Agency employees providing After School Programming must:
  - 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 DHHS-001, Provider Add, Drop, and Record Maintenance Policy #035*).
  - c. Have 1 year of experience working with youth or have completed twenty-four (24) hours of documented, prior related training within the last two (2) years, or have completed 24 hours of training within the first six (6) 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 services program, education program, day care setting, and/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; trauma informed care; and/or orientation to agency policies and procedures. Training must be documented via attendance sheets, certificates of attendance or diplomas, and is to be kept on file by the agency. Prior training, within the previous two years, 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 Children's Community Mental Health Services and Wraparound Milwaukee upon request.
  - d. If transporting clients, have a current, valid driver's license for the type of vehicle being driven and at least one year driving experience. A Drivers Abstract must have also been completed prior to employment per the guidelines in the Wraparound Milwaukee Policy #054 – Provider Agency Responsibilities/ Guidelines.
  - e. Adhere to the Wraparound Milwaukee Policy #009 Confidentiality/Exchange of Information regarding client related information.

## C. 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. Emergency Preparedness Plan.
- 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 child's behavior.
- h. Notification to parent/guardian/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.

Note: 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 at least two (2) weeks prior to 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 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 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 free of hazards that may result in injury.
- b. Agencies must prepare and implement a daily or weekly schedule that

identifies the activities that youth 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 youth's parent or guardian, caregiver, Care Coordinator, 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 youth using play equipment to prevent injuries.
- f. A first aid kit must be available at all times at the agency and during off grounds activities.
- g. The minimum agency **staff to client ratio is one (1) staff for every eight (8) youth.**
- 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 hours to 4 hours.
- j. At least one (1) toilet and one (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 or electric hand dryers 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. Agency activities should promote the development of self-esteem, healthy peer relations, skill development, and community awareness.
- 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 youth participating in After School Programming. Agency staff must identify clear-cut limits for acceptable and unacceptable behavior for youth 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 – though not encouraged and may be used 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. 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 youth or accept the youth when returning home. (If no one is authorized, this is to be

noted.)

- x. 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 Director or designee must notify the child's parent, guardian or caregiver and Care Coordinator in the event the youth 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 youth in the program.
- f. During field trips, sufficient agency staff must be in attendance so that staff can properly supervise youth using public restroom facilities. No less than the staff to client ratio of 1:8 must be maintained.

#### 5. Client Record

- a. Agencies providing After School Programs shall maintain a written record/chart at the agency for each youth enrolled in the above programs and make the record/chart available for review by Wraparound Milwaukee or FISS staff upon request (see *Policy #054 – Provider Agency Responsibilities/Guidelines*).
- 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 youth's parent or legal guardian allowing the youth to receive medical attention in the event of an injury. Emergency contact names and numbers must be kept on file.
- c. Monthly attendance sheet/s that contain the following: (see *Attachment 1 & Sample 1A*)
  - 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 and their initials must be included on the form.**

d. Daily Program Log to include the following: (see Attachment 2, Sample 2A, Attachment 2B, & Sample 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.

e. If the youth takes medication while at the program, a medication 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 Attachment 3 & Sample 3A).

**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. Youth 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 youth or accept the youth when returning home.
- h. 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/guardian or Care

Coordinator identifying how the youth 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.

- i. Youth must never be left unattended in any agency vehicle.

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## Attachments

[1: Monthly Attendance](#)

[1A: Monthly Attendance](#)

[2: After School/Recreation Program Log](#)

[2A: After School/Recreation Program Log Sample](#)

[2B: After School/Recreation Program Log](#)

[2B: After School/Recreation Program Log Sample](#)

[3: After School/Recreation Medication Log](#)

[3A: After School/Recreation Medication Log Sample](#)

## Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/23/2022
	Brian McBride: ExDir2 – Program Administrator	8/23/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/16/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/16/2022

# MONTHLY ATTENDANCE

Check one:  After School  Recreation Program

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

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

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

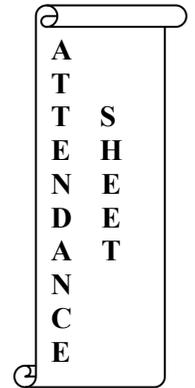
SIBLING OF: (if not enrollee) \_\_\_\_\_

Date	Time In <small>(Circle a.m. or p.m.)</small>	Staff Initials	Time Out <small>(Circle a.m. or p.m.)</small>	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 <small>(Circle a.m. or p.m.)</small>	Staff Initials	Time Out <small>(Circle a.m. or p.m.)</small>	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 a.m. <u>(p.m.)</u> PE	PE	6:00 a.m. <u>(p.m.)</u> PE	PE
5 <sup>th</sup>	4:00 a.m. <u>(p.m.)</u> PE	PE	5:30 a.m. <u>(p.m.)</u> JK	JK
6 <sup>th</sup>	4:15 a.m. <u>(p.m.)</u> PE	PE	6:00 a.m. <u>(p.m.)</u> PE	PE
7 <sup>th</sup>	4:15 a.m. <u>(p.m.)</u> JK	JK	6:00 a.m. <u>(p.m.)</u> MSM	MSM
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: Mary Marks Initials: MM
- 4). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 5). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

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# AFTERSCHOOL/RECREATION PROGRAM LOG

**AGENCY NAME** \_\_\_\_\_

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

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 mood. Drew a detailed picture about the story afterwards.

Date 10/6/07 Staff Signature Mary Marks



Full Day  Half Day

Activity at Rec Center \_\_\_\_\_

SAMPLE

Off site Activity \_\_\_\_\_

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

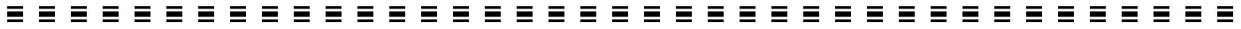
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Date \_\_\_\_\_ Staff Signature \_\_\_\_\_



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: \_\_\_\_\_

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.				

AGENCY NAME: ABC After School MONTH/YEAR: 07/2017

YOUTH'S NAME: Sam Smith D.O.B 01/01/2010 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.	Basketball Game	Cooperative, no behavioral concerns	0	<i>Dana James</i>
2.	Fishing at McCarthy Park	Became easily frustrated. Cursed and threw pole.	0	<i>Dana James</i>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

AFTERSCHOOL/RECREATION PROGRAM LOG

# 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>				

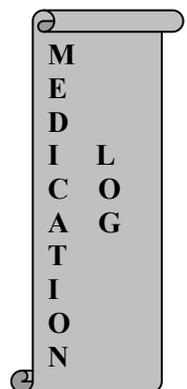
# MEDICATION LOG – PAGE 2

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: \_\_\_\_\_



## AFTER SCHOOL/RECREATION MEDICATION LOG

AGENCY NAME: ABC After School    MONTH/YEAR: 07/2017

YOUTH'S NAME: SAM SMITH    SIBLING OF: (if not enrollee) \_\_\_\_\_

MEDICATION NAME Concerta				DOSAGE 5mg	INSTRUCTIONS <i>(Example: Take One Tablet at Noon)</i> 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>	12:00 pm/noon	DJ	SS		10 <sup>th</sup>			
2 <sup>nd</sup>	12:00pm/noon	DJ	SS		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: *Dana James* Initials: DJ
- 2). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 3). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 4). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_
- 5). Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

