**Communication Log**

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements for the communication log in accordance with DCF 57.215, DCF 52.41(1m), and DCF 59.057. Use of this form does NOT replace the following forms: Serious Incident Report, Medication Administration Record or Reasonable & Prudent Parenting Decision Making. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete each section of the form in as much detail as possible regarding each resident. Attach additional sheets as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** (mm/dd/yyyy) | | | **SHIFT** (1st, 2nd, 3rd) | |
| **STAFF/VOLUNTEER/OTHER INFORMATION** | | | | |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| Full Name (First, Last, Alias/Nickname) | | Arrival Time:        AM /  PM  Departure Time:        AM /  PM | | Part of Supervision Ratio  Not Part of Supervision Ratio |
| **SEARCH LOG**  Include in description:name of resident, name of staff completing search, time of search, reason for search, items found. | | | | |
| Describe searches if any: | | | | |
| **SCHEDULE OF EVENTS**  Include in description:programming, activities, transports, location of residents throughout the shift, if off-site with whom. | | | | |
| Describe schedule of events: | | | | |
| **RESIDENT NARRATIVES**  Include in description details regarding each resident’s locations, behaviors, program participation, issues, concerns, positives, significant events, appointments, meetings, court, visits, if off-site with whom. | | | | |
| 1. | Resident Full Name (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| 2. | Resident Full Name – (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| 3. | Resident Full Name – (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| 4. | Resident Full Name – (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| 5. | Resident Full Name – (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| 6. | Resident Full Name – (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| 7. | Resident Full Name – (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| 8. | Resident Full Name – (First, Last, Alias/Nickname):  Resident Narrative:  Locations:  Behaviors:  Program participation:  Medication administered:  Yes  No If yes, by whom:  Missing from care:  Yes  No If yes, time/date left:       time/date returned:  RPPS requests and decisions made for the resident and by whom: (use form DCF-F-5214, “Reasonable Prudent Parenting Decision Record”, if applicable) | | | |
| **STAFF SIGNATURES** | | | | |
| Full Name (first, last) | | | Signature | |
| Full Name (first, last) | | | Signature | |
| Full Name (first, last) | | | Signature | |
| Full Name (first, last) | | | Signature | |
| Full Name (first, last) | | | Signature | |
| Full Name (first, last) | | | Signature | |
| **Next shift staff initials after review:** | | | | |