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Form  
**PM Shift Log**  
Residential Care and Transition Services

Client name	D.O.B.
Click here to enter text.	enter text
Click here to enter text.	enter text
Click here to enter text.	enter text

Entry date	Click here to enter a date.	Hierarchy	Click here to enter text.
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Instructions
<p><b>Please note:</b></p> <p>The information recorded within this Shift Log informs the Benchmark Report, tracking the progress of the young person and the support provided.</p> <ul style="list-style-type: none"> <li>Shift Log PM must be recorded for each child/young person for the period 12 noon to 12 midnight each day;</li> <li>Please ensure that boxes are checked with “yes” or “no” and detail provided in the notes section;</li> <li>Any additional information, including general interactions should be recorded in the Additional Comments section;</li> <li>Please ensure that the log is saved before closing.</li> <li>Once the Shift Log is complete, please ensure that it is saved and published.</li> </ul> <p>For further information, please refer to the relevant Procedure.</p>

Date of shift	Click here to enter a date.
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Shift Log elements	
Bedtime routine followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioural/emotional issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chore plan followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daily planner adhered to	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise plan followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident log completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication administered as prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Menu/diet plan followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal care routine followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRN administered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Goal-based incentive achieved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the young person in placement overnight	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, was absence planned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did the young person return during the night?	<input type="checkbox"/> Yes <input type="checkbox"/> No

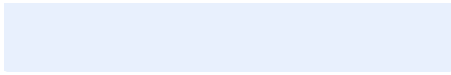
Additional comments
Progress notes

Approval Date	16 May 2022	Implementation Date	17 May 2022	Review Date	01 Jul 2024
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Click here to enter text.

**Completion and sign off**

Name of worker	Click here to enter text.		
Signature		Date	Click here to enter a date.