



Tennessee Department of Children's Services

# Child Daily Log for Transitional Houses

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

FSW Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Regional On-Call Contact Information: \_\_\_\_\_

School: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**High Risk Behaviors** (e.g. self-harm; medical needs; sexually reactive or sexually abusive; aggressive behaviors; runaway history; substance use; pending or adjudicated delinquent charges; recent suicidal ideations or attempts; and mental health and/or medical diagnoses)

Approved Support Contacts and Numbers: \_\_\_\_\_

Belongings in the office/located: \_\_\_\_\_

Restrictions/Rules (e.g. dietary/electronics): \_\_\_\_\_

Likes: \_\_\_\_\_

Dislikes (Triggers): \_\_\_\_\_

Behaviors/Habits: \_\_\_\_\_

**\*\* For each additional day, complete pages 2 through 5 as needed**

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-4227, Rev. 9/23



RDA 11016  
Page 1

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medications (medication log location): \_\_\_\_\_

**\*\*MUST ALSO DOCUMENT ON THE DCS MEDICATION LOG**

Medication	Time	Time	Time	Worker Initials
1.				
2.				
3.				
4.				
5.				
6.				

Allergies: \_\_\_\_\_

**Meals**

Feedings/Meal	Time	Time	Time	Worker Initials
1.				
2.				
3.				
4.				
5.				
6.				

**Bathing/Hygiene**

	Time	Time	Time	Worker Initials
Bath/Shower				
Hair				
Teeth				

Summary of first sitting shift: What went well and what does the next person sitting need to be aware of about the child? What were the behaviors of the child while sitting with them? Medications given?

Safety Plan: ☐ Yes ☐ No      If marked yes, is it attached: ☐ Yes ☐ No

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Were conversations had with employees covering next shift? ☐ Yes ☐ No

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-4227, Rev. 9/23

Summary of second sitting shift: What went well and what does the next person sitting need to be aware of about the child? What were the behaviors of the child while sitting with them? Medications given?

Safety Plan: ☐ Yes ☐ No      If marked yes, is it attached: ☐ Yes ☐ No

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Were conversations had with employees covering next shift? ☐ Yes ☐ No

---

Summary of third sitting shift: What went well and what does the next person sitting need to be aware of about the child? What were the behaviors of the child while sitting with them? Medications given?

Safety Plan: ☐ Yes ☐ No      If marked yes, is it attached: ☐ Yes ☐ No

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Were conversations had with employees covering next shift? ☐ Yes ☐ No

Summary of fourth sitting shift: What went well and what does the next person sitting need to be aware of about the child? What were the behaviors of the child while sitting with them? Medications given?

Safety Plan: ☐ Yes ☐ No      If marked yes, is it attached: ☐ Yes ☐ No

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Were conversations had with employees covering next shift? ☐ Yes ☐ No

---

Summary of fifth sitting shift: What went well and what does the next person sitting need to be aware of about the child? What were the behaviors of the child while sitting with them? Medications given?

Safety Plan: ☐ Yes ☐ No      If marked yes, is it attached: ☐ Yes ☐ No

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Were conversations had with employees covering next shift? ☐ Yes ☐ No

---

Summary of sixth sitting shift: What went well and what does the next person sitting need to be aware of about the child? What were the behaviors of the child while sitting with them? Medications given?

Safety Plan: ☐ Yes ☐ No      If marked yes, is it attached: ☐ Yes ☐ No

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Employee Signature at Shift Change: \_\_\_\_\_ Shift covered: \_\_\_\_\_

Were conversations had with employees covering next shift? ☐ Yes ☐ No