

**Chimes Virginia CHAP Residential Daily Notes: Shift 9 AM – 3 PM**

Date: \_\_\_\_\_ Individual: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_  
Any Medical/Safety Concerns  No  Yes What? \_\_\_\_\_

Any Medication Concerns or Refusals?  No  Yes What? \_\_\_\_\_

Incident Report completed During the Shift?  No  Yes \_\_\_\_\_

\*If you checked yes to any Medical, Safety, Medication or Incidents you must verbally report to Manager. Staff Initials: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_

Ate how much of Lunch:  Away During Lunch  None  Less than 25%  26%-50%  51%-75%  76%-100%

Comments about Lunch: \_\_\_\_\_

\*If less than 25% eaten, employee must verbally notify manager. Staff Initials: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_

Aggressive/Inappropriate Behaviors Observed  No  Yes What? \_\_\_\_\_

Community Participation: Where? \_\_\_\_\_ What activity? \_\_\_\_\_

What did the individual enjoy or not enjoy? \_\_\_\_\_

**Individual Service Plan Outcomes**

Outcome/s Addressed # \_\_\_\_\_

How did you support them to complete the outcome/s? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did individual do and how did they respond? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Progress made or challenges with outcomes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHAP Staff Name: \_\_\_\_\_

CHAP Staff Signature: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Date Manager Reviewed: \_\_\_\_\_