

CPS Shift Checklist

Group/Home: Cheryl House

Date: 7/7/10

Shift: 1st

Plan Used: A, C  
or Proactive B

\*\*This should be completed on every youth in your group during non school hours.

<u>Name:</u> Austin K	<u>Trigger/Problem:</u> 1. Refused shower 2. Brushing teeth 3 4	<u>Staff Response:</u> C Proactive B
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Is Proactive B being planned to address any of above? If so, circle which trigger/problem.

<u>Name:</u>	<u>Trigger/Problem:</u>	<u>Staff Response:</u>
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Date: 7/7/10

Plan Used: A, C  
or Proactive B

Shift: 2nd

<b>Name:</b> Austin K	<b>Trigger/Problem:</b> 1. Refused shower	<b>Staff Response:</b> C
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Is Proactive B being planned to address any of above? If so, circle which trigger/problem.

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\*\*Forward to Program/GH Coordinator when completed.