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SNACS ADVOCACY AND COACHING SOLUTIONS, LLC

IHSS Protective Supervision – 30-Day Behavior Log Form

Recipient 9 i un Name.	
Caregiver's Full Name:	
Address:	
Year and Month of Log:	
challenges related to their of	estance where the individual required support to prevent potential harm to themselves, others, or property, due to ognitive, emotional, or mental health needs. Record at least 2–3 incidents/day if applicable, if there are no <i>ehavior today.</i> " The following is a sample behavior log provided for reference only. It is intended to demonstrate how

to complete each section clearly and thoroughly. When filling out your logs, please document your real-life observations and caregiving experiences. Be honest, detailed, and specific to best support your IHSS case. You may use your language of comfort in completing this area.

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence
Attempted to leave the house barefoot and run into the street	There was a loud noise when the party balloon popped.	I blocked the entry/exit door to the front yard/street to keep my child from opening it.	My child would have run into the street and traffic and been seriously injured or dead.
Date: March 8, 2023	Time: 3:45 PM	Approximate Time Spent Supportir (in minutes or hours): 45 minutes	ng or De-escalating the Situation

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence	Time	Date
Attempted to run into street	Startled by loud balloon pop	Blocked door to prevent exit	Ran into traffic: Risk of serious injury or death	3:45 PM	March 8, 2023



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Instructions: Record each in	nstance where the individual required support to prevent potential harm to themselves, others, or property, due to

Instructions: Record each instance where the individual required support to prevent potential harm to themselves, others, or property, due to challenges related to their cognitive, emotional, or mental health needs. Record **at least 2–3 incidents/day** if applicable, if there are **no incidents**, write: "No unsafe behavior today." The following is a sample behavior log provided for reference only. It is intended to demonstrate how to complete each section clearly and thoroughly. When filling out your logs, please document your real-life observations and caregiving experiences. Be honest, detailed, and specific to best support your IHSS case. You may use your language of comfort in completing this area.

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Recipient's Full Name:							
Caregiver's Full Name:							
Address:		3					
Year and Month of Log:		2					
challenges related to the incidents, write: "No unsa to complete each section	h instance where the individual re ir cognitive, emotional, or menta fe behavior today." The following is n clearly and thoroughly. When etailed, and specific to best suppor	I health a samp filling o	n needs. Record ple behavior log p ut your logs, ple	at least 2–3 incide provided for reference ease document your	ents/day if only. It is in real-life o	applicable, if ntended to der bservations a	f there are no monstrate how and caregiving
Behavior	Possible Cause or Situa Leading to Behavior		Safety	Action Taken		ely Outcome Caregiver Pre	
	HSS ADVO		ACY		CE		
Date:	Time: NEEDS ADV	OCA(Approximate (in minutes or	Fime Spent Supporti hours):	ing or De-e	escalating the	Situation
Behavior	Possible Cause or Situation Leading to Behavior	Safety	y Action Taken	Likely Outcome V		Time	Date

Use this form to document complex or detailed incidents requiring thorough explanation.

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence
	EV3		
Date:	Time:	Approximate Time Spent Supporting or D (in minutes or hours):	e-escalating the Situation

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence
IHS	S ADVOC	ACY SERVICE	S
SPE	CIAL NEEDS ADVOCAC		NS
F	EEDING YOUR	INNER ADVOCATE	
Date:	Time:	Approximate Time Spent Supporting or Do (in minutes or hours):	e-escalating the Situation

Use this form for general documentation or brief summaries of incidents:

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence	Time	Date
	Special Meens	advocacy and	Loaching Solution	IIS	
	TELDING A	OOK INN	KADVOCA		
	LICE ADV	TOCACY	CEDVICE	R	
	HIDD ADV		OFU A ICE		
	SPECIAL NEEDS A	DVOCACY AND C	DACHING SOLUTION		
	FEEDING	OUR INNE	ADVOCATE		