
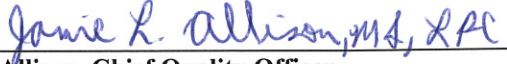




**COBB COUNTY COMMUNITY SERVICES BOARD  
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

<b>Policy # 1042</b>	<b>Clients Participating in Community Activities</b>
<b>Origination Date: April 15, 2013</b>	
<b>Revision Date: October 10, 2016</b>	
<b>Reviewed Date:</b>	
<b>Approved:</b>	
 Bryan G. Stephens Interim Executive Director	 Jamie Allison, Chief Quality Officer

**POLICY:** It is the policy of the Cobb County Community Service Board and the Douglas County Community Service Board to monitor all client participation in Community Activities.

**PROCEDURE:**

To ensure appropriate monitoring and supervision requirements of clients participating in community activities, a Community Itinerary Form (Attachment A) is to be submitted to either a designated team lead or supervisor prior to departure. Any modification to the form must be approved by a supervisor prior to departure. To ensure all clients are present and accounted for, a census (count) of clients will be taken and recorded prior to initial departure, will be taken and recorded prior to leaving the activity in the community and upon return. All Community Activity Itinerary Forms will be on file in the supervisors' office for each location. If needed, all Community Activity Itinerary Form will be scanned into the ECR for each client as a back-up, with the precaution taken that other clients' names will not be on the form

**Developmental Disability Clients:**

To ensure appropriate supervision requirements for each client, all staff will review client's ISP to verify staff/client ratio.

**Community Activity Itinerary**  
**SITE \_\_\_\_\_**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TAG# \_\_\_\_\_

Staff Responsible: \_\_\_\_\_

Contact Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Itinerary Location/Time (1): \_\_\_\_\_ am/pm**

Name of Participant	TIME ARRIVED	TIME DEPARTED	Total TIME
1)	AM/PM	AM/PM	HRS
2)	AM/PM	AM/PM	HRS
3)	AM/PM	AM/PM	HRS
4)	AM/PM	AM/PM	HRS
5)	AM/PM	AM/PM	HRS
6)	AM/PM	AM/PM	HRS
7)	AM/PM	AM/PM	HRS
8)	AM/PM	AM/PM	HRS
9)	AM/PM	AM/PM	HRS
10)	AM/PM	AM/PM	HRS

Count of Clients

**Itinerary Location/Time (2): \_\_\_\_\_ am/pm**

Name of Participant	TIME ARRIVED	TIME DEPARTED	Total TIME
1)	AM/PM	AM/PM	HRS
2)	AM/PM	AM/PM	HRS
3)	AM/PM	AM/PM	HRS
4)	AM/PM	AM/PM	HRS
5)	AM/PM	AM/PM	HRS
6)	AM/PM	AM/PM	HRS
7)	AM/PM	AM/PM	HRS
8)	AM/PM	AM/PM	HRS
9)	AM/PM	AM/PM	HRS
10)	AM/PM	AM/PM	HRS

Count of Clients

**Itinerary Location/Time (3): \_\_\_\_\_ am/pm**

Name of Participant	TIME ARRIVED	TIME DEPARTED	Total TIME
1)	AM/PM	AM/PM	HRS
2)	AM/PM	AM/PM	HRS
3)	AM/PM	AM/PM	HRS
4)	AM/PM	AM/PM	HRS
5)	AM/PM	AM/PM	HRS
6)	AM/PM	AM/PM	HRS
7)	AM/PM	AM/PM	HRS
8)	AM/PM	AM/PM	HRS
9)	AM/PM	AM/PM	HRS
10)	AM/PM	AM/PM	HRS

Count of Clients

**Any changes (ONLY APPROVED BY SUPERVISOR)**

\_\_\_\_\_

Supervisor Approval/DATE

Program Manager Approval/DATE