

Chariton Valley Association
Lead Support Professional _____
On-Call Report Form

Date: _____

Time: _____

Program/Individual: _____

Staff Reporting Concern: _____

Issue: _____

LSP Initial Response/Instructions: _____

Professional Manager should be contacted for the following:

- Any Incident where CERF would be completed:
(ie.. Medication Error or Refusal, ER Visits, Ambulance Called, Injury to Individual)
- Staffing issues that require approval of Overtime or if the On-Call Lead has to fill a shift.
- Behavior Issues: Please refer to Profiles for Behaviors that should be reported.
- Injury to Staff/Work Comp

Professional Manager Contacted/Response/Instructions: _____
