



DOCUMENTATION TOOL

# Protective Supervision Hazard & Injury Log

A documentation tool for IHSS providers in California to record non-self-directing behaviors, near-miss incidents, and accidents involving a recipient who cannot cognitively assess danger or risk of harm.

RECIPIENT NAME	DATE OF BIRTH
IHSS CASE NUMBER	COUNTY
PROVIDER NAME	RELATIONSHIP TO RECIPIENT
LOG PERIOD — START DATE	LOG PERIOD — END DATE

## HOW TO USE THIS LOG

### 1. Review the behavior reference list.

The list on page 2 shows common non-self-directing behaviors. Identify which ones apply to the recipient.

### 2. Log every incident.

Include observed and attempted behaviors, with date, time, and a clear description. Near-misses count.

### 3. Sign and date the declaration.

Your signature is a sworn declaration that the entries are accurate.

### 4. Use it year after year.

During the initial application process and then year after year for every reassessment.

## WHAT STRENGTHENS YOUR CASE

- **Frequency matters.** Counties look for behaviors that occur regularly and unpredictably.
- **Document attempted behaviors.** Per ACL 15-25, near-misses you prevented count toward eligibility.
- **Be specific.** Time, location, and detail strengthen the record more than vague entries.
- **Stay consistent.** Match the behaviors here to your SOC 821, IEP, and medical reports.

# Reference List of Non-Self-Directing Behaviors

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## IMPORTANT

This list is not exhaustive. It identifies common categories of dangerous behaviors associated with cognitive impairment, mental impairment, or mental illness. Document any incident in the Incident Log, including attempted or prevented behaviors. Per California ACL 15–25, a recipient does not need to suffer actual injury to qualify for Protective Supervision; a propensity for placing oneself in danger is sufficient.

## WANDERING & ELOPEMENT

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- Wanders out of the home and gets lost
- Bolts or runs from caregiver in public
- Runs into the street without regard for traffic
- Leaves the home at night while others sleep
- Climbs out of windows
- Unlocks doors and exits unsupervised
- Wanders away from school or supervised setting

## WATER HAZARDS

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- Leaves water running in sink or tub
- Turns water to scalding temperatures
- Floods the bathroom or kitchen
- Enters pool or water without ability to swim
- Plays with toilet bowl water

## SELF-INJURIOUS BEHAVIORS

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- Headbanging on floors, walls, or furniture
- Self-biting, hitting, or slapping
- Scratching skin until bleeding
- Picking at open wounds, sores, or scabs
- Hair pulling
- Climbs to high places and jumps off

## FALLS & PHYSICAL DANGER

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- Climbs furniture, counters, or shelves
- Falls due to lack of awareness of limits
- Runs in unsafe areas (stairs, slick floors)
- Hides in dangerous spots (refrigerator, dryer)

## NIGHTTIME BEHAVIORS

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- Wakes during night and wanders the home
- Attempts to leave home at night
- Engages in unsafe activity while others sleep

## HYGIENE & BODILY

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- Plays with feces or smears
- Forgets safety routines (handwashing)
- Removes clothing in unsafe situations

## KITCHEN & FIRE HAZARDS

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- Turns on stove or oven and leaves unattended
- Lights matches, lighters, or candles
- Leaves lit cigarettes around the home
- Microwaves unsafe items (metal, non-food)
- Uses knives or sharp objects unsafely
- Forgets food cooking on the stove

## ELECTRICAL HAZARDS

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- Inserts fingers or objects into outlets
- Puts plugged cords or chargers in mouth
- Tampers with light sockets or appliances
- Plays with exposed wires

## EATING & INGESTION

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- Eats non-food items (dirt, soap, paper)
- Eats food from trash
- Eats spoiled or unsafe food
- Drinks unsafe liquids (cleaners, bleach)
- Chokes due to overstuffing

## STRANGER & SOCIAL DANGER

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- Lets strangers into the home
- Walks off with unfamiliar people
- Shares personal information with strangers

## MEDICATION & CHEMICALS

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- Accesses medications without supervision
- Ingests cleaning products or chemicals
- Uses unsafe products to bathe or clean self

## OTHER COGNITIVE HAZARDS

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- Forgets people, places, or recent events
- Becomes disoriented to time or surroundings
- Cannot follow basic safety instructions
- Mixes up day and night routines

# Incident Log Examples

Use these examples as a guide for filling out your own entries on the pages that follow. Specific dates, times, and detailed descriptions strengthen documentation. Near-misses and prevented behaviors count.

## THREE INTERVENTION TYPES

- **Occurred.** The behavior happened as described. Provider observed or responded after the fact.
- **Attempted.** The recipient began the behavior but the provider intervened to stop it.
- **Near-miss.** The behavior was about to happen — provider redirected or removed the hazard before it started.

INCIDENT #: 03

### EXAMPLE 1

DATE	TIME	BEHAVIOR
<i>03/15/2026</i>	<i>2:45 AM</i>	<i>Wandered to front door, attempted to unlock deadbolt</i>
INTERVENTION TYPE (check one)		
Occurred <input type="checkbox"/>	Attempted <input checked="" type="checkbox"/>	Near-miss <input type="checkbox"/>
DESCRIPTION OF INCIDENT		
<i>Recipient woke during the night, walked from bedroom to front entry, and was reaching for the deadbolt when caregiver intervened.</i>		
PROVIDER INTERVENTION / RESPONSE		
<i>Redirected back to bedroom. Read recipient a story and waited for them to fall asleep.</i>		

INCIDENT #: 07

**EXAMPLE 2**

DATE	TIME	BEHAVIOR
<i>04/03/2026</i>	<i>5:30 PM</i>	<i>Hitting self in frustration</i>
INTERVENTION TYPE (check one)		
Occurred <input checked="" type="checkbox"/>	Attempted <input type="checkbox"/>	Near-miss <input type="checkbox"/>
DESCRIPTION OF INCIDENT		
<i>While at social event, recipient became overwhelmed/over-stimulated from noise &amp; crowd and started hitting wrists together and hitting self in head. Behavior continued for approximately five minutes before caregiver could safely intervene.</i>		
PROVIDER INTERVENTION / RESPONSE		
<i>Recipient had to be removed from event, placed in quiet vehicle, and deep breathing techniques were used. Calmed down after about 15 minutes.</i>		

# Incident Log

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Print additional copies of this page as needed to extend your log throughout the year.

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
_____		
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
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_____		
PROVIDER INTERVENTION / RESPONSE		
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_____		

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
_____		
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
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PROVIDER INTERVENTION / RESPONSE		
_____		
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INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

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INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

INCIDENT #: \_\_\_\_\_

DATE	TIME	BEHAVIOR
INTERVENTION TYPE (check one)		
Occurred _____	Attempted _____	Near-miss _____
DESCRIPTION OF INCIDENT		
PROVIDER INTERVENTION / RESPONSE		

# Provider Declaration

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I declare under penalty of perjury under the laws of the State of California that the incidents recorded in this log are true and accurate to the best of my knowledge, and that they reflect actual or attempted behaviors observed during the period stated above.

\_\_\_\_\_  
PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

## Additional Notes for Social Worker

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Use this space for any additional context, patterns, or information you want the social worker to know that did not fit in the entries above.

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