



# Residential Care: Observation logbook recording and records management Procedure

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## 1. Purpose

This procedure instructs Department for Child Protection (DCP) residential care staff and agency staff working within DCP residential care of their responsibilities for recording in, managing and archiving observation logbooks (logbooks) used in DCP residential care houses where E-log is not available (for example: during a power outage).

## 2. Scope

This procedure applies to all DCP residential care staff and agency staff working in DCP residential care houses who are responsible for recording in, managing and archiving logbooks. Throughout this procedure the term 'staff' refers to both DCP and agency staff working in residential care houses.

Observation logbooks will be recorded and stored in accordance with the *State Records Act 1997* and DCP policies and guidelines. Refer to the [Information Governance](#) page on the Intranet for information about DCP records management. For further advice regarding records management of logbooks, please contact the Information Management Team ([DCPInformationManagementTeam@sa.gov.au](mailto:DCPInformationManagementTeam@sa.gov.au)).

All DCP residential care staff and agency staff have a responsibility to capture and retain official records. All new and current DCP residential care staff must complete DCP's mandatory Introduction to information management course which is available on Pledge. Staff can also refer to the [Records and Information Management Awareness presentation](#).

## 3. Authority

### 3.1 Legislative context

- [Children and Young People \(Safety\) Act 2017 \(CYPS Act\)](#)
  - Record keeping - Section 108,
  - Organisations must have policies and procedures to ensure safe environments provided section 114
- [Children and Young People \(Safety\) Regulations 2017](#)
  - Record keeping - Regulation 32
  - Providing safe environments for children and young people - Regulation 35
  - Sharing information - Regulation 39
- [Family and Community Services Regulations 2024](#)
  - Management of residential care facilities – Regulation 4
- [Freedom of Information Act 1991](#)
  - Section 12 – Right of access to agencies' documents
- [State Records Act 1997](#)
  - Care and management of official records - Part 5



- Custody of official records - Part 6

## 3.2 Whole of Government requirements

- [The Charter of Rights for Children and Young People in Care](#)
- [Code of Ethics for the South Australian Public Sector](#)

## 3.3 DCP requirements

- [Information gathering and sharing chapter in the Manual of Practice](#)

# 4. Procedure requirements

As defined by the *State Records Act 1997*, an official record is any information created or received by a staff member in the transaction of official department business. A record can be:

1. written, graphic or pictorial matter; or
2. a disk, tape, film or other object that contains information or from which information may be reproduced (with or without the aid of another object or device).

Logbooks are used for the purpose of recording information about children and young people who are living in residential care when the E-log system is not available. Each location must have a logbook held securely in the office to record any hand written observations when required.

Logbooks should only be accessed by staff who have a business need to use them. The supervisor or staff member designated by the manager is responsible for the safekeeping of logbooks.

Logbooks can be ordered by contacting the residential care business support team.

For confidentiality and records management purposes, all logbooks that are used for recording information about children and young people who are living in residential care are to remain the property of DCP residential care. Logbooks must not be removed for any purposes other than following the archiving process described in this procedure or when requested by the residential care manager.

Staff must follow the [Manual of Practice Information gathering and sharing chapter](#) and consult with the residential care supervisor or senior child and youth worker when considering sharing information.

All logbook entries about children and young people must be written in an objective and respectful manner with the knowledge that a person is legally entitled under the *Freedom of Information Act 1991* to access information that has been recorded about them.

Active efforts should be taken to support the [Aboriginal and Torres Strait Islander Child Placement Principle](#), when writing information about Aboriginal and Torres strait Islander infants, children and young people it is essential to record observations and information about family, community and cultural connections.

## 4.1 Recording instructions for logbooks

The same principles of practice for writing in the E-log must be observed for writing in logbooks.

Where a logbook is in use, staff should read all log entries for the previous shift at a minimum at the commencement of their shift and initial the designated area at the bottom of each page confirming entries have been read.



Handwriting must be clear, neat and easy to read.

When beginning a new logbook the relevant staff must record:

- ‘private and confidential’ on the front cover
- the starting date of the logbook
- the name of the residential care location.

On the first page of the logbook, a synopsis of children and young people’s whereabouts and all staff on shift must be recorded. when writing a synopsis, the first and last name for each child must be recorded. Where a child or young person has identified they would like to be known by their preferred name, staff should, when writing a synopsis, record the child or young person’s preferred name first followed by their legal first name in brackets, followed by their last name. For example, if the child or young person’s legal name is Jane brown, and they have identified their preferred name is David, the name should be written as David (Jane) Brown.

When recording an entry involving a child or young person who has identified they would like to be known by their preferred name, staff should write the child or young person’s preferred name Only. For example, if the child or young person’s legal name is Jane, and their preferred name is David, the entry should be written as ‘David LTP for a walk’. Staff should also ensure to use the child or young person’s preferred pronouns such as she/her, he/him and they/them.

When a logbook has been completed (no further room for entries), the end date must be recorded on the cover page. The supervisor should be advised as soon as a logbook has been completed to ensure the correct storage and archiving process occurs. Refer to the [Correct storage and management of completed logbooks](#) section of this procedure.

A black pen must be used to record all information in the logbook. A red pen must be used to underline the names of the children and young people and a green pen must be used to underline entries relating to medical information and medication administration. Do not use any other coloured pens, pencils or highlighters in the logbook.

When recording in the logbook, staff need to write the date (DD/MM/YYYY), time (24hr clock), code abbreviation and entry, and sign their name at the end of each entry where shown.

Refer to [Appendix A: E-log and logbook abbreviations](#) for code abbreviations to be used when recording in logbooks.

Record entries in chronological order. If a late entry record is required, use the abbreviation L/E at the start of the entry to identify the entry is not in chronological order.

Draw a line at the end of each entry to the end of the row to identify the entry has been completed.

If a mistake is recorded, put a single line through the error so that it can still be read, and write your initials next to the correction. Do not black out entries, use correction fluid or remove pages from the logbook.

**Example of logbook entry**

17:00	<u>MVT: Damien</u> returned from his walk.-----	Jason Brown
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L/E: 16:00	<u>MVT: Damien</u> left the house for a <del>bike ride</del> . <sup>SM</sup> walk-----	Sally Marsh
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## 4.2 Information that should be recorded in the logbook

- A synopsis (summary) of all children and young people's whereabouts at the end of every shift.
- All movements of children and young people in and out of the house.
- Positive behaviours, actions, observations or achievements.
- Important information about the child or young person's school or educational program, including attendance.
- All medication information about the child or young person including when they have taken medication, type of medication, dosage and who issued the medication.
- Medical appointment information for the child or young person including any outcomes from the appointment.
- Relevant information about the child or young person, including their whereabouts, interactions, appearance or behaviour.
- Observations or physical presentations of the child or young person that are concerning or relevant to their safety or wellbeing, or that of another person.
- Telephone calls and visits with or information about the child or young person's family and significant contacts.
- Details of any incident, including information exchange with police or other emergency services, that require an incident report and/or escalation to the Significant Incident Review Unit. Refer to the [Residential Care: Incident management Procedure](#) and [Significant incident reporting Procedure](#) for further information.
- Any other important information received about the child or young person living at the house.
- When relevant to the safety and wellbeing of children and young people, acknowledgment of basic daily care routines (for example, teeth brushing, eating, showering etc).
- Movements of staff and visitors to and from the house.

### 4.2.1 Information that must not be recorded in the logbook

- Information about child protection notifications of a sensitive nature (for example, information that implicates or involves a staff member or other concerns about the security of the information). Any information of this nature must be recorded in a secure attachment to an email to the residential care supervisor or next most senior appropriate person.
- Information about performance management or disciplinary action against staff or any other sensitive, personal or private information about a staff member.
- Personal communication between staff members or recording of routine procedures that are not directly relevant to the care, safety and wellbeing of children and young people.
- Staff household activities not relevant to the welfare of children and young people. For example, night staff completed mopping the floor.

## 4.3 Sharing information from a logbook

Sharing relevant information with the child or young person's care team is an essential component of effective and collaborative child protection practice. It is also important to maintain the confidentiality of children and young people and to provide information only that is relevant to meet the purpose of the information sharing. Staff should refer to the [Information sharing flowchart](#) and the [Share Information key step](#) in the Information gathering and sharing chapter in the Manual of Practice and should seek guidance



from the residential care supervisor or senior child and youth worker to determine whether to share information.

#### 4.4 Correct storage and management of completed logbooks

Completed logbooks must be stored securely in a manner that prevents them from deteriorating or becoming lost, completed logbooks should be stored in either:

- a locked filing cabinet in the staff office
- a locked filing cabinet in the supervisor's office
- a locked storeroom.

The secure area for completed logbooks must only be accessible to the supervisor, or other staff member as designated by the manager. One set of keys should remain with the supervisor or designated staff member and a spare set with the manager of the residential care house.

##### 4.4.1 Quality assurance

The residential care supervisor or delegated staff member must sight each page of the logbook(s) and check that all pages are accounted for, have not been subject to tampering and have been signed by staff. If there are signs that a logbook has been subject to tampering, report this information to the manager for further direction.

The residential care supervisor (or delegated staff member) must fill in the [Observation logbook record form \(record form\)](#) for completed logbooks. The record form must include the corresponding date range as indicated on the logbook and be signed by the residential care supervisor (or delegated staff member). Completed logbooks should be filed in chronological order when securely stored.

##### 4.4.2 Transfer of observation logbooks

The residential care supervisor (or delegated staff member) must transfer completed logbooks to the residential care business support team within six months of the date the logbook was completed.

When transferring completed logbooks, the transfer section on the record form must be completed by both the staff member transferring the logbooks and the staff member receiving them. The record form must be kept with the logbooks and the residential care supervisor must keep a copy of the form for their records.

When transferring logbooks, the residential care supervisor (or delegated staff member) must:

- place the logbooks in an envelope or other sealable packaging to ensure confidentiality
- clearly label the envelope or packaging with the date ranges only, in chronological order. Do not describe the contents for security purposes
- use the record form to record these details
- sign the transfer section on the record form and hand-over the logbooks to the residential care business support team. This should be completed in person where possible but the use of internal mail can be used.

Upon receiving the logbooks, the staff member from the residential care business support team must:

- check that the logbooks match the transfer record form
- sign the record form and provide a copy to the supervisor for their records.

Logbooks must not be left unattended in a public area, in motor vehicles or taken home. Management approval must be granted in writing to move any records from department premises.



### 4.4.3 Administration and archiving

Archived records are stored at State Records (if identified as permanent) or DCP temporary storage provider, Grace Records.

The residential care business manager or business support staff member must:

- request storage boxes from Grace Records for archiving, by completing the [Box supply order form](#)
- email the completed form to Grace Records ([recordssa@grace.com.au](mailto:recordssa@grace.com.au)) and include the Information Management Team ([DCPInformationManagementTeam@sa.gov.au](mailto:DCPInformationManagementTeam@sa.gov.au))

When the archiving boxes have been received by Grace Records:

- package the records (clearly labelled) into the archiving boxes
- provide a listing of the type of records to be archived which includes the corresponding box numbers
- email the listing of records to the information disposal coordinator ([DCPInformationManagementTeam@sa.gov.au](mailto:DCPInformationManagementTeam@sa.gov.au), to advise that the logbooks will require archiving.

The information disposal coordinator will contact the business manager (or business support staff member) when the information management team has the capacity to receive the boxes and a transfer date has been approved.

When organising the transfer, the business support team should ensure the lids of boxes are secured with tape, and address the boxes to:

Attention: Information Disposal Coordinator  
 Information Management Team  
 Department for Child Protection  
 Level 4, Education Building  
 31 Flinders Street  
 Adelaide SA 5000

## 5. Compliance, monitoring and evaluation

This document will be reviewed every three years to ensure currency and applicability, or more frequently if there are any changes to workplace practices and/or relevant legislation.

## 6. Related documents

Related documents, forms and templates
<a href="#">Observation logbook record form</a>
<a href="#">Box supply order form</a>
<a href="#">Residential Care: E-log Procedure</a>



## Document control

<b>Reference No./ File No.</b>			
<b>Document Owner</b>		<b>Lead Writer (position)</b>	
Directorate/Unit: DCP Residential Care		Senior Project Officer, OOHC Operational Support	
Accountable Director: Residential Care			
<b>Commencement date</b>	18 July 2024	<b>Review date</b>	6 September 2027
<b>Risk rating</b>	<b>Consequence Rating</b>	<b>Likelihood</b>	<b>Risk Rating</b>
<a href="#">Risk Assessment Matrix</a>	Minor	Unlikely	Low

REVISION RECORD		
Approval Date	Version	Revision description
1/08/2014	V1.0	Final
30/12/2015	Transitional	DECD document details, and revision record, cover sheets applied
18 August 2021	V2.0	Procedure reviewed and updated to new template and current practice including the addition of recording in observation logbooks
6 September 2024	V3.0	Procedure reviewed in accordance with the DCP policy review cycle



## Appendix A: E-log and logbook abbreviations

Term	Meaning	Term	Meaning
MED	Medical information/medication	MPR	Missing Persons Report (SAPOL)
ACH	Positive achievement	MFP	Missing from placement (no SAPOL)
LEGAL	Legal information/youth justice/court	BEH	Behaviour
INC	Incident	CM	Case manager/worker
FAM	Family	INFO	Information
MVT	Movement – leaving or returning to the placement	OBS	Observation
POLICE	Police involvement/intervention	PROG	Program/Education/School
ROU	Routine	VIS	Visitor
P/C	Phone call	S/O	Significant other
PSYCH	Psychologist/Psychiatrist		