



Client Last Name

Client First Name

Caregiver Last Name

Caregiver First Name

Nov	Shift 1				Shift 2				Total Daily Hours*	Calendar Week Hours	
	Service Type	Time In	Circle AM or PM	Time Out	Circle AM or PM	Service Type	Time In	Circle AM or PM			Time Out
1	Fri										
2	Sat										
3	Sun										
4	Mon										
5	Tue										
6	Wed										
7	Thu										
8	Fri										
9	Sat										
10	Sun										
11	Mon										
12	Tue										
13	Wed										
14	Thu										
15	Fri										
16	Sat										
17	Sun										
18	Mon										
19	Tue										
20	Wed										
21	Thu										
22	Fri										
23	Sat										
24	Sun										
25	Mon										
26	Tue										
27	Wed										
28	Thu										
29	Fri										
30	Sat										

**COVID PROTOCOL**

Initial each box  
 I wash my hands frequently during my shift and assist the client I am working with to do so.  
 I screened myself and each client for COVID-19 symptoms at the start of each shift.  
 I have my mask and know that I am required to wear it during each shift.

Authorized Tasks															Respite	FAMILY INITIALS
1-A	1-B	2	3	4	5	6	7	8	15	16	17	Adult Tasks Only				
Locomotion In	Locomotion Out	Bed Mobility	Transfers	Eating	Toileting	Dressing	Personal Hygiene	Bathing	Walk in Room	Telephone Use	Skin Care/Foot Care	Meal Prep	House Work	Essential Shopping	Transportation	Medication Reminder

Total Daily Hours in quarter hour increments only. (.00, .25, .50 or .75)

# of hours allocated to \_\_\_\_\_ is \_\_\_\_\_  
 Service Type \_\_\_\_\_  
 # of hours allocated to \_\_\_\_\_ is \_\_\_\_\_  
 Service Type \_\_\_\_\_

Caregiver Signature \_\_\_\_\_

Service Type Examples: Personal Care, Respite, Private Pay Client/Family Signature \_\_\_\_\_

Monthly Schedules: Please note that schedules for the month are due to the supervisor at least five business days before the month starts. Example: If you are working with a client in November 2024, please submit your entire November schedule by October 24, 2024 to your supervisor. This will help to ensure supervisors are aware of when staff are working, if we are within the amount of hours authorized by the state, and allow time to offer more services to the client/family or the caregiver before the month begins. Please note that clocking in and out of Therap is mandatory for EVV compliance. If your schedule changes, please alert your supervisor immediately so Therap is up to date and has a scheduled slot for you to clock in and out of.

Shift Log: Please note that your shift logs are due weekly. They should be sent directly to your supervisor. Please also note that you are paid for the hours that are clocked in and out in Therap. It is the staff's responsibility to ensure that their clock in/out are accurate. Staff should be checking their clock in/out in Therap daily & weekly and requesting changes to their supervisor ASAP. If changes are not made prior to payroll, this could cause discrepancies in pay. Staff should not be relying on supervisors cross referencing their shift logs with Therap.

COVID-19 Protocols: Three statements are included on the shift log for HCA's to initial every shift. The screening questions to ask yourself and the client are listed on the SAILS Washington Home Care COVID - 19 Screening Questions form. You should also be taking your temperature prior to starting every shift, wearing your mask throughout your shift, and washing your hands prior to starting and frequently throughout the day. If you do not have a mask or your mask is worn out, SAILS Washington has a stock of masks and PPE available for all employees, free of charge.

## SAILS Washington Home Care COVID – 19 Screening Questions:

### *Staff and Client Screening Questions:*

- 1 Do you have any of these symptoms that are not caused by another condition? Fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, recent loss of taste or smell, sore throat, congestion, nausea, vomiting, or diarrhea.
- 2 Within the past 14 days have you been in close contact with anyone that you know had COVID-19 or COVID-like symptoms?
- 3 Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
- 4 Have you traveled outside of Washington State in the past 14 days?
- 5 Within the past 14 days, has another employer, public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?
- 6 Have you worked with a client at another agency, have a coworker at another agency or have someone close to you that has symptoms of COVID 19 or has had a positive test result?

\*\* If you have answered yes to any of these questions please return to your automobile contact your supervisor immediately. If your client answers yes to any of the questions above, contact your supervisor immediately.