



November 2020

Client Last Name

Client First Name

Caregiver Last Name

Caregiver First Name

COVID PROTOCOL

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

Authorized Tasks

Adult Tasks Only

Nov		Shift 1				Shift 2				Total Daily Hours*	Calendar Week Hours	COVID PROTOCOL			Nov	Authorized Tasks														Adult Tasks Only				FAMILY INITIALS	
		Time In	Circle AM or PM	Time Out	Circle AM or PM	Time In	Circle AM or PM	Time Out	Circle AM or PM			Initial each box				1-A Locomotion In	1-B Locomotion Out	2 Bed Mobility	3 Transfers	4 Eating	5 Toileting	6 Dressing	7 Personal Hygiene	8 Bathing	15 Walk in Room	16 Telephone Use	17 Skin Care/Foot Care	10 Meal Prep	11 House Work	12 Essential Shopping	13 Transportation	14 Medication Reminder			
												hands frequently during my shift and assist the client I am working with to do so.	screened myself and each client for COVID-19 symptoms at the start of	my mask and know that I am required to wear it																					
1	Sun		am		pm		am		pm					1	Sun																				
2	Mon		am		pm		am		pm					2	Mon																				
3	Tue		am		pm		am		pm					3	Tue																				
4	Wed		am		pm		am		pm					4	Wed																				
5	Thu		am		pm		am		pm					5	Thu																				
6	Fri		am		pm		am		pm					6	Fri																				
7	Sat		am		pm		am		pm					7	Sat																				
8	Sun		am		pm		am		pm					8	Sun																				
9	Mon		am		pm		am		pm					9	Mon																				
10	Tue		am		pm		am		pm					10	Tue																				
11	Wed		am		pm		am		pm					11	Wed																				
12	Thu		am		pm		am		pm					12	Thu																				
13	Fri		am		pm		am		pm					13	Fri																				
14	Sat		am		pm		am		pm					14	Sat																				
15	Sun		am		pm		am		pm					15	Sun																				
16	Mon		am		pm		am		pm					16	Mon																				
17	Tue		am		pm		am		pm					17	Tue																				
18	Wed		am		pm		am		pm					18	Wed																				
19	Thu		am		pm		am		pm					19	Thu																				
20	Fri		am		pm		am		pm					20	Fri																				
21	Sat		am		pm		am		pm					21	Sat																				
22	Sun		am		pm		am		pm					22	Sun																				
23	Mon		am		pm		am		pm					23	Mon																				
24	Tue		am		pm		am		pm					24	Tue																				
25	Wed		am		pm		am		pm					25	Wed																				
26	Thu		am		pm		am		pm					26	Thu																				
27	Fri		am		pm		am		pm					27	Fri																				
28	Sat		am		pm		am		pm					28	Sat																				
29	Sun		am		pm		am		pm					29	Sun																				
30	Mon		am		pm		am		pm					30	Mon																				

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

Total Hours

Caregiver Signature

Client/Family Signature

Timesheet Fax: 1-866-865-3583

Email: timecard@sailsgroup.com

Mail: 19730 64th Ave W, Ste 215, Lynnwood, WA 98036

Contact: timecard@sailsgroup.com Phone: (425) 333-4114

Monthly Schedules: Please note that 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 August 2020, the supervisor should have your entire August schedule submitted by July 24th, 2020. 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.

Timesheets: Please also note that your timesheets are due weekly. This will help to ensure accurate record keeping and timely pay schedules. Soon, SAILS Washington would like to begin paying HCA's twice monthly. In order for this to happen, we need to be able to verify the hours worked and have a copy of the signed timesheet. Pay will be calculated based on telephony records. Timesheet is for back up documentation only and is based on scheduled hours.

COVID-19 Protocols: Three statements have been added to the timesheet for HCA's to initial every shift. The screening questions to ask yourself and the client are 1. Do you have or have you had in the last 72 hours a fever of 100.4 or higher? 2. Have you had or do you have a Sore Throat? 3. Have you had a cough that is persistent? 4. Have you had or do you have shortness of breath? If you answer yes to any of these questions, please return to your automobile and contact your supervisor immediately. If the client answers yes, contact your supervisor immediately. 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.