

3 BED CERTIFIED CCFFH SIGN IN SHEET

INSTRUCTIONS: ALL CAREGIVERS are required to Sign In and Sign Out when providing care in a 3 Bed Certified CCFFH.
 One (1) Week Period Per Sheet. Keep in Your CCFFH Binder

DATE	PRINT NAME	SIGNATURE	CHECK ONE			CHECK ONE		TIME IN	TIME OUT
			NA	CNA	LPN/ RN	PCG	SCG		
Example: 6/4/11	JOHN DOE	<i>John Doe</i>						9:15 am	10:15 am

PCG enters the DAILY number of hours away from the CCFFH

PCG enters the WEEKLY number of hours away from the CCFFH

<u>DAILY</u> TOTAL: Number of Hours PER DAY the PCG is out of the CCFFH							<u>WEEKLY</u> TOTAL: Number of Hours PER WEEK the PCG is out of the CCFFH
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	