DAILY STAFFING LOG

_____ _____ _____

FACILITY NAME DATE CENSUS

SHIFT: ☐ DAY ☐ EVENING ☐ NIGHT TOTAL HOURS WORKED FOR ALL_____

TOTAL HOURS WORKED FOR EACH OF THE FOLLOWING:			
RNs	**LPNs**	**CNAs**	**OTHERs**

FACILITY MUST (F356 & AR REQUIREMENTS*): •POST ON A DAILY BASIS •MAINTAIN FOR 18 MONTHS •SIGN IN AT BEGINNING OF EACH SHIFT •CLEAR AND READABLE FORMAT •POST IN PROMINENT LOCATION, READILY ACCESSIBLE TO RESIDENTS AND VISITORS, WITHIN 20 FEET OF MAIN ENTRANCE, ALONG WITH LAYOUT OF FACILITY

SIGN AND PRINT NAME	RN LPN CNA	HALL, WING, CORRIDOR, UNIT	TIME IN	TIME OUT	ACTUAL HOURS
	RN				
	LPN				
	CNA				

COMMENTS: _____

_____

_____

Administrator /DON /Designee Signature_____ Date _____

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*Ark. Code Ann §20-10-1406