

**INSTRUCTIONS TO COMPLETE
CHILD CARE AND SUPERVISION COMPONENT PROGRAM WORKSHEET (SR 2A-CTF-NURSE)**

PROVIDER NAME: Enter the provider/licensee name shown on the Group Home Program Rate Application (SR1).

MONTH/YEAR: Month and year for hours worked

NURSE'S NAME: List names of all nursing staff members who are performing child care and first-line supervision activities.

COLUMN A - PAID-AWAKE HOURS - Enter the total number of paid-awake hours for each nurse providing child care and first-line supervision, including hours of paid vacation or sick leave. (Maximum weekly totals per individual cannot exceed 54 hours.) Transfer to SR 2, Column (2).

COLUMN B - VERIFIED HOURS - Providers do not complete. For FCARB USE ONLY

COLUMN C - EDUCATION/EXPERIENCE

Enter the weighting for each staff member according to his/her respective professional level.

Example: If the service is provided by a licensed vocational nurse, enter 0.50 weighting in the appropriate LVN column in Column C. If the service is provided by a licensed registered nurse with two years experience in psychological nursing, enter 2.40 in the appropriate column in Column C.

COLUMN D - TRAINING

40+HOURS - Enter 0.60 for all staff if the provider furnishes 40 or more hours of formal training per year/FTE (Full-Time Equivalent) for child care nurse staff.

COLUMN E - WEIGHTING

Enter 1.0 and sum of weightings from Columns C and D. (Maximum total cannot exceed 1.75.)

COLUMN F - TOTAL WEIGHTED HOURS

Multiply Column A times Column E.

COLUMN A - TOTAL

Enter the grand total paid-awake hours, transfer to SR 2, Column 2.

COLUMN F - TOTAL

Enter the grand total weighted hours; transfer to SR 2, Column (3).