

This is a sample of the form that, along with your Log Summary/Quality Assurance form, will be sent to you after the review of your quarterly time logs. Review the forms with copies of your documents. After reviewing the form, please fax your response to the Network office.

**Network for a Healthy California—LAUSD 2009–2010
Quality Assurance Time Log Report – For Reporting Period _____**

School _____ Location Code _____ District _____

| Codes | Problems with <u>Weekly Individual Time Log</u> form |
|------------------------------|--|
| 1 | Participant not on Summary Log/QA (needs Revised Intent to Participant) |
| 2 | Incorrect calculation of time reported |
| 3 | Time reported in minutes/fractions instead of hours/decimals or misuse of decimal values |
| 4 | Weekly Time Log (WITL) not signed by participating teacher and/or Lead Teacher |
| 5 | WITL pre-dated/dated inappropriately by participant and/or Lead Teacher on signature line (hours after the date cannot be counted) |
| 6 | No WILT for those listed on the <u>Summary Log/QA Form</u> |
| 7 | WITLs were done in pencil (No hours could be reported) |
| 8 | Multiple WITLs were received for one participant |
| 9 | WITLs were copies, not originals |
| 10 | Logged hours for each participant were logged exactly the same way (all/most of the WITLs were the same) |
| 11 | White out was used to correct mistakes rather than using a single slash mark and initialing any of the mistakes (either initialed by the participant or LT) |
| 12 Original Signatures | Time logs did not have the original signature and/or date of the Lead Teacher and/or participating teacher. Time Logs without original signatures were not counted and reported. Original signatures verify the time logs. |
| 13 | Self Certification: Lead teachers may not certify their own time logs. Alternate LTs or school administrator (s) must certify the Lead Teacher time log. Also, nurses with their own award may not certify their own logs. Nurses' logs will be certified by the <i>Network's</i> staff. |
| 14 | Other: |

For Network Office Use Only:

Review of Time Logs:

- All School's Time Logs 10% Sampling of school logs Nurse Award

Submission of Time Logs:

- On time Late (after the deadline)

Quality of Time Logs:

- No/Very few problems Some problems Problematic
(0 – 10% of the logs) (11 – 20% of the logs) (Over 20% of the logs)

Outline of Support or Sequential Consequences for Problematic and/or Late Submission of Time Logs

For Period 1 and 2:

- Lead Teacher Contacted and/or Technical support offered:
Contact Person _____ Date _____
- Suspension of Harvest of the Month
- Administrator Contacted
Name of Administrator _____ Date _____
- Present/future participation/funding in the *Network* in jeopardy (especially after Period 3 Review)

After Period 3 Review:

- Time Log Compliance throughout the year (timely submission, problems, etc.) Yes No
- Over/under expenditures/budget issues
- Renew participation for 2010 – 2011
- Limited Funding or Non-renewal of participation for 2010–2011

Name/Signature of *Network* Reviewer _____ Date _____