FACILITIES STAFF WORK SCHEDULE

INSTRUCTIONS: This form is to be completed by the licensing evaluator and reviewed by the licensing supervisor.

The purpose of this form is to review staff coverage in large Residential Facilities for 24-hours per day covering a (3) three-week period to ensure sufficient staff coverage. CAREFULLY review split shifts, weekend coverage and irregular days off to ensure sufficient staff coverage.

FACILITY NAME			FACIL	ITY NU	MBER			-	FACILI	ITY TYP	'E	-						FAC	ILITY CA	APACI	TY		
CLIENT/RESIDENT CENSUS	RK TITLE Sun n (e.g., Aides)			ISING E		TOR												DAT	F				
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For The Month(s)20		En	nter Dates of Week					Enter Dates of Week							En	ter Da	ates o	tes of Week					
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SERVICE AREA AND WORK TITLE	Sun			Wed			Sat	Sun		Tues				Sat	Sun				Thurs		Sat		
1. Care and Supervision (e.g., Aides)		En	ter \	Nork	Ηοι	urs			En	<u>ter N</u>	lork	Ηου	irs			<u>En</u>	ter V	Vork	Hou	rs			
Employee Name(s)																				l			
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2. Food Services (e.g, includes cook, dishwasher)																			+				
Employee Name(s)																							
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FACILITY NAME/NUMBER

FACILITY STAFF WORK SCHEDULE (Continued)

For The Month(s) 20		Enter Dates of Week					Enter Dates of Week							Enter Dates of Week							
SERVICE AREA AND WORK TITLE	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
3. <u>Housekeeping (e.g. Maid)</u>					Hour						Work								Hours		-
Employee Name(s)																					
 <u>Administrative/Clerical Staff</u> Employee Name(s) 																					
5. Transportation/Maintenance																					
Employee Name(s)																					
6. <u>Other</u> (specify other service areas below) Employee Name(s)																					
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