Staffing Plan for the Week of								**to**							
Operator:					Resident Manager:							License #:			
Adult Care Home Address:												Phone:			
Live-In Care Providers:		☐ Operator			☐ Resident Manager			☐ Caregiver(s):							
		Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		**Sunday**	
Full Name	**Role**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Not scheduled to work but available in the home:															
Nurse Consultant Name & Phone Number:								Backup Operator Name & Number:							
Name & Contact Number for Backup Caregiver:								License #/Class for Backup Operator:							
Operator signature:								Date:							

Retention: Retain staffing plans with facility records for minimum of three years.

Recommended staffing plan updated 3/27/2024

Staffing Plan for the Week of | | **to** |

Operator:	Resident Manager:	License #:
Adult Care Home Address:		Phone:

		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		Date		Date		Date		Date		Date		Date		Date	
Staff Name	**Resident Initials**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Supports provided:															
Staff Name	**Resident Initials**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Supports provided:															
Staff Name	**Resident Initials**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Supports provided:															
Staff Name	**Resident Initials**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Supports provided:															
Staff Name	**Resident Initials**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
Supports provided:															

Operator signature:	**Date:**