

DIRECT CARE STAFF SCHEDULE

Week Beginning: _____

Service Level: _____

Administrator Name: _____

Number of Consumers residing in the home: _____

Signature: _____

Hours	b	Monday	b	Tuesday	b	Wednesday	b	Thursday	b	Friday	b	Saturday	b	Sunday
6:00 AM														
7:00														
8:00														
9:00														
10:00														
11:00														
12:00N														
1:00PM														
2:00														
3:00														
4:00														
5:00														
6:00														
7:00														
8:00														
9:00														
10:00														
11:00														
12:00MN														
1:00 AM														
2:00														
3:00														
4:00														
5:00														

List Direct Care Staff using letters A,B,C,D,E,F,G,Q (below). Complete the schedule (above) showing the corresponding letter of each staff on duty for each hour of each day. Use the first column of each day (shaded – b) for Basic (24/7) Staffing.

A _____

F _____

Required Direct Care Hours: _____

B _____

G _____

Less: Hours no staff are scheduled: _____

C _____

Administrator Q _____

*(*No people under the supervision of home staff – e.g. all at Day Program.)*

D _____

(Only assign Q to the schedule when the Administrator's duties are direct supervision of consumers or program preparation functions and NOT Home Administrator responsibilities or duties).

Total Direct Care Hours: _____

E _____