

Weekly 1:1 Staffing Record Week of: 1/25/21 – 1/31/21 For (resident name): SAMMY SAMPLE

Instructions: Write name of staff caregiver providing 1:1 supervision for this resident in corresponding time periods in which 1:1 is provided (according to individual's plan). Each staff person must initial each hourly box to verify they provided 1:1 supervision and note any changes. Include full name or Initials Key.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm	Susie Toobad ^{SJT}						
1:00 pm	Susie Toobad ^{SJT}						
2:00 pm	Susie Toobad ^{SJT}						Susie Toobad ^{SJT}
3:00 pm	Susie Toobad ^{SJT}						Susie Toobad ^{SJT}
4:00 pm		Johnny B Good ^{JBG}	Johnny B Good	Johnny B Good	Johnny B Good	Johnny B Good	Susie Toobad ^{SJT}
5:00 pm		Johnny B Good	Johnny B Good	Johnny B Good	Johnny B Good	Johnny B Good	Susie Toobad ^{SJT}
6:00 pm		Johnny B Good	Johnny B Good JBG	Johnny B Good		Johnny B Good	
7:00 pm		Johnny B Good		Johnny B Good		Johnny B Good	
8:00 pm		Instead of					
9:00 pm							
10:00 pm							
11:00 pm							
12:00 am							
1:00 am							
2:00 am							
3:00 am							
4:00 am							
5:00 am							

CFH Operator signature verifying appropriate 1:1 supervision was provided as indicated: Freddy D.Foster Date signed: 1/31/21

Weekly 1:1 Staffing Record *Week of:* _____ *For (resident name):* _____

Instructions: Write name of staff caregiver providing 1:1 supervision for this resident in corresponding time periods in which 1:1 is provided (according to individual's plan). *Each staff person must initial each hourly box to verify they provided 1:1 supervision and note any changes. Include full name or Initials Key.*

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3:00 am							
4:00 am							
5:00 am							

CFH Operator signature verifying appropriate 1:1 supervision was provided as indicated: _____ Date signed: _____