Weekly 1:1 Staffing Record **Week of:** _____ **For (Resident Name):** _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							
12:00am							
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							

SIGNATURE KEY

SIGN	**PRINT FULL NAME**
INITIAL	

At end of the week, **AFH Provider signature** verifying accuracy of above 1:1 record: _____ **Date:** _____