

Adult Care Home Staffing Plan for _____ to _____

Operator:	Resident Manager:	License #:
Adult Care Home Address:		Phone:
Live-in Care Providers: <input type="checkbox"/> Operator <input type="checkbox"/> Resident Manager <input type="checkbox"/> Caregivers:		

List all caregivers including Operator, Resident Manager, and caregivers, and write their **scheduled work hours**. The schedule must reflect coverage 24 hours a day, 7 days a week, and must provide scheduled time off for live-in providers/caregivers.

Caregiver Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If Operator or Resident Manager works outside the home, list work days and hours:	
Operator Signature:	Date:

