

Unit Staffing Report for ICF-IID Facilities

Facility Name	Vendor No.	Unit Name/Number	Date
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Enter the number of staff on duty (in full time equivalents) during each shift, in each position (RN, LVN, DCS), for each day during the designated week.

SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY		
	RN	LVN	DCS*	RN		DCS*	RN	LVN	DCS*	RN	LVN	DCS*
Day												
Evening												
Night												
Daily Resident												

SHIFT	THURSDAY			FRIDAY			SATURDAY			TOTAL		
	RN	LVN	DCS*	RN	LVN	DCS*	RN	LVN	DCS*	RN	LVN	DCS*
Day												
Evening												
Night												
Daily Resident										Average Daily Census		

Designated Week: _____

* DCS (Direct Care Staff)–These are individuals assigned to the direct personal care of residents, including those conducting a training program to develop the resident's self-help and socialization skills. It does not include professionals performing their duties related to their profession.

Enter the number of residents that are in the following characteristic categories:

Age Six or Under	Severely/Profound Intellectual Disability	Severely Physically Handicapped	Moderate Intellectual Disability	Aggressive	Assaultive
Security Risks	Severely Hyperactive Behavior	Psychotic-like Behavior	Requires Habit Training	Requires Prevocational Training	Functions in Sheltered Employment

THIS SECTION TO BE COMPLETED BY SURVEY STAFF

1. Divide the total staff (_____) by **21**; this will be the **average number of staff per shift**: _____

2. Divide the average daily census (_____) by the **average number of staff per shift** to get:

Ratio of Staff to Residents 1:
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- ☐ **MEETS 1861 (j)(I) – 1:15**
- ☐ **DOES NOT MEET 1861 (j)(I)**

Signature–Survey Staff

Date