

Weekly Administrator Report

Administrator:_____

Report Date:_____

Facility Name:_____

I. Client Specific Updates

Are There Any Special Incidents to Report? YES NO

If YES, explain:

Are Any Clients Out of the Facility? YES NO

If YES, explain:

Any Recent or Scheduled Doctors Appointments? YES NO

If YES, explain:

Any Medication Changes? YES NO

If YES, explain:

Are All Physicals and Labs Current and Up-to-Date? YES NO

If NO, explain:

Are There Any Other Client Related Updates/Issues/Move-ins/Move-outs? YES NO

If YES, explain:

II. Facility Updates

Is Staffing Sufficient at the Facility? YES NO

If NO, explain:

Are There Any Repairs Needed at the Facility? YES NO

If YES, explain:

Are Any Regional Center or Licensing Visits Scheduled or Expected? YES NO

If YES, explain:

Are There Any Other Facility Related Updates/Issues? YES NO

If YES, explain: