

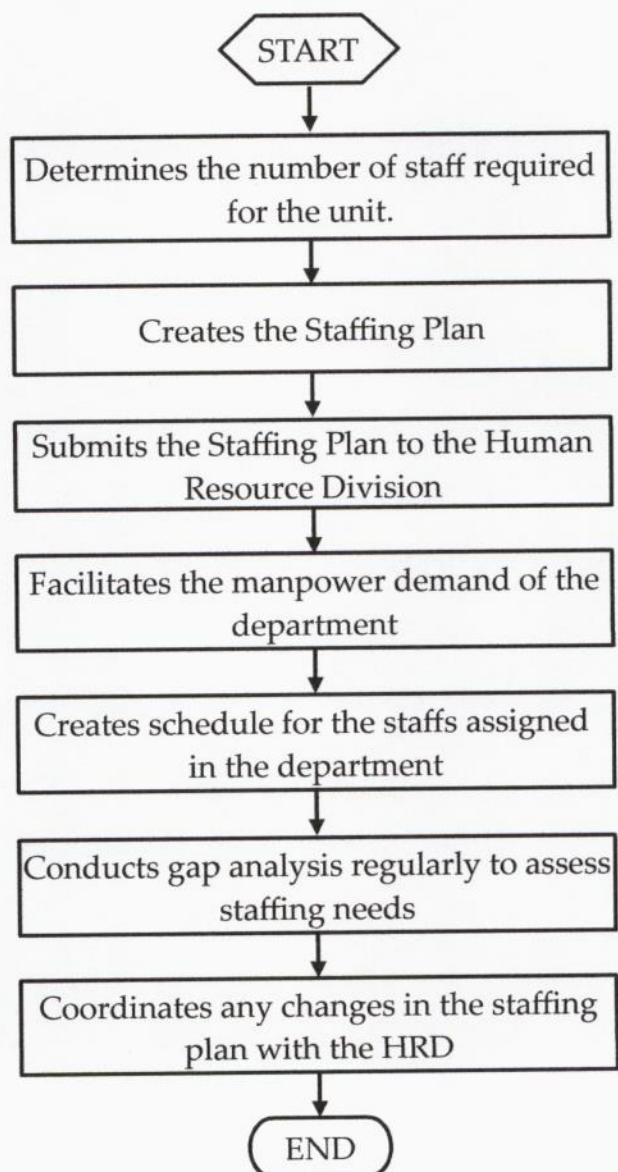



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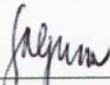
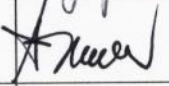

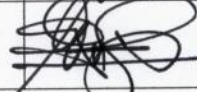
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| Page Number: | 1 of 2 |
| Department/Section: | Neonatal Intensive Care Unit |
| Document Title: | STAFFING PLAN |

FLOWCHART



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APPROVAL:

| | Name/Title | Signature | Date |
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