NOT PUBLIC

Staffing Patterns – Child Care

Program License #_____

Form completed by (name) _____ **Date completed** _____

Classroom_____ Age Category _____

Use a separate line for each staff person working directly with children. Write the first and last name of the staff person and the position title on the line. Use a separate form for each classroom.

Complete name of staff person and position title	**Day/s of week** **Mon** ☐ **Tues** ☐ **Wed** ☐ **Thurs** ☐ **Fri** ☐ **Sat** ☐ **Sun** ☐
First Last Title: T, AT, A	Hours

	6A	7A	8A	9A	10A	11A	12	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	12	1A	2A	3A	4A	5A
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_____																								
Total number of children present each hour.																								

FOR DHS USE ONLY	Names of Staff present:	Job Title
Number of children present:		

DHS Notes: