**STAFFING PATTERN FOR CHILD CARE CENTERS**

**LETTER OF COMPLIANCE FACILITIES**

**Name of Facility:** _______________________________________________________

**Facility #:** ___________________________

**Hours of Operation:**__________________________ **Total Hours Per Week:** ____________ **Days of Operation:** _______________

**Effective Date:** _________________________________________________ **Director:** _____________________________________

**DIRECTOR’S WORK SCHEDULE:**

**SUN:** | **MON:** | **TUES:** | **WED:** | **THURS:** | **FRI:** | **SAT:**
--- | --- | --- | --- | --- | --- | ---

Number of hours each day the Director is regularly scheduled with a group to directly supervise children:

**SUN:** | **MON:** | **TUES:** | **WED:** | **THURS:** | **FRI:** | **SAT:**
--- | --- | --- | --- | --- | --- | ---

See directions on back for instructions on how to fill in the staffing pattern.

**Time of Day** | **Room # / Group ID:** | **Age:** | **Capacity:** | **Total # of Children** | **# of 2 yr. Olds 18-24 mo.** | **# of Infants 0-18 mo.** | **Day(s)**
--- | --- | --- | --- | --- | --- | --- | ---

| Time of Day | 6:00 | 6:30 | 7:00 | 7:30 | 8:00 | 8:30 | 9:00 | 9:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 1:00 | 1:30 | 2:00 | 2:30 | 3:00 | 3:30 | 4:00 | 4:30 | 5:00 | 5:30 | 6:00 | 6:30 |

**Time of Day** | **Room # / Group ID:** | **Age:** | **Capacity:** | **Total # of Children** | **# of 2 yr. Olds 18-24 mo.** | **# of Infants 0-18 mo.** | **Day(s)**
--- | --- | --- | --- | --- | --- | --- | ---

| Time of Day | 6:00 | 6:30 | 7:00 | 7:30 | 8:00 | 8:30 | 9:00 | 9:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 1:00 | 1:30 | 2:00 | 2:30 | 3:00 | 3:30 | 4:00 | 4:30 | 5:00 | 5:30 | 6:00 | 6:30 |

**Signature of Operator, Agent or Director:** ________________________________ **Date:** _____________________

OCC 1206 - Revised 6/08 - All previous editions are obsolete.  Page 1 of 2
DIRECTIONS

1. Clearly identify each room/group, ages and list its capacity. Identify the days of the week covered by this pattern.

2. Use vertical lines to indicate hours of the day each staff member is directly supervising children in the room/group identified for each block. Some staff members may appear in more than one block at different times of the day or on different days of the week.

3. Do not continue a line through times when a staff member is not directly supervising children, i.e., off duty or on a break. Add name of person supervising children during this time.

4. Write full name of each staff member and position.

   D = Director  TI = Teacher with Infants/Toddlers  TP= Teacher with Preschool Age  TS = Teacher with School Age

   ATS = Assistant Teacher with School Age  A = Aide

5. List total number of children present in each group and number of two year olds, toddlers and infants included in each group for specific hours of the day. The number of children present cannot exceed the room’s capacity.

SAMPLE