MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
STAFFING PATTERN FOR CHILD CARE FACILITIES

/Name of Facility: _____ Days and Hours of Operation:_____ Total Hours Per Week: _____

Effective Date of this Staffing Pattern: _____ **Director:** _____

DIRECTOR'S WORK SCHEDULE:

SUN:	MON:	TUES:	WED:	THURS:	FRI:	SAT:

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

2. Use horizontal lines to indicate hours of the day each staff member is directly supervising children in the room identified for each block.

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 the name of the person supervising the children during this time.

4. Write the full name of each staff member and position. D = Director, TI = Teacher - Infants/Toddlers, TP= Teacher - Preschool Age, TS = Teacher - School Age, ATS = Assistant Teacher - School Age, A = Aide

5. List the total number of children present in each group and the number of two-year-olds, toddlers and infants included in each group for specific hours of the day.

ROOM NUMBER/NAME: _____   AGE GROUP:_____   CAPACITY:_____ (may not exceed assigned capacity)

Staff Name and Position (Teacher, Aide)	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
Total # of Children																										
# of 2-year-olds																										
# of toddlers 18-23 months																										
#of Infants 0-17 months																										

Days covered by this staffing pattern: _____

Signature of Operator, Agent, or Director: _____ **Date:** _____

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