

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
**STAFFING PATTERN FOR CHILD CARE CENTERS
AND
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:				Total # of Children	# of 2 yr. Olds	# of Toddlers 18-24 mo.	# of Infants 0-18 mo.
	Age:							
	Capacity:							
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:				Total # of Children	# of 2 yr. Olds	# of Toddlers 18-24 mo.	# of Infants 0-18 mo.
	Age:							
	Capacity:							
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	+	+	+	+				

Day(s) _____

Day(s) _____

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

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

Time of Day	Rm#/Group ID: _____				Total # of Children	# of 2 yr. Olds	# of Toddlers 18-24 mo.	# of Infants 0-18 mo.
	Age: 2's and 3's							
	Capacity: 20				0	0	0	0
6:00	*	*	*	*	2	1		
6:30	+	+	+	+	6	1		
7:00	*	*	*	*	6	2		
7:30	+	+	+	+	6	3		
8:00	*	*	*	*	10	3		
8:30	+	+	+	+	15	3		
9:00	*	*	*	*	20	6		
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	*	*	*	*	20	6		
5:30	+	+	+	+	10	4		
6:00	*	*	*	*	6	1		
6:30	+	+	+	+	0	0	0	0
Day(s)	Monday, Wednesday, Friday							

Identify each room/group

Use vertical lines to indicate hours worked

Write in staff using full name and position

Indicate the total number of children present

Indicate the number of 2 year olds present

Indicate the number of toddlers present

Indicate the number of infants present