DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

STAFFING PATTERN FORM

There must be at least two staff members with each group at all times and one must be a qualified teacher. At least one staff member must be First Aid/CPR certified.

Name of Center: _____

Name of Director:_____**Work Schedule:** _____

Classroom Name	*Age of Youngest Child*	*Number of Children Enrolled*	*Name of Staff Member*	*Title of Position*	*Work Schedule (Start/End)*

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