NAME OF CENTER:	

STAFF ROSTER

pclb	Age Group or Position	ion DNW, AIC, T, TIC	Credentialing Requirement	Current First Aid Certificate Expiration Date	nt/Child CPR on Date	NORMAL DAILY ATTENDANCE FOR INFANTS AND PRESCHOOL CHILDREN:																										
NAME	Age Group	Qualification DNW, SACW, SMIC, T, TIC	Creden Requir	Current Certif	Current Infant/Child CPR Expiration Date	00:9	6:30	7:00	7:30	8:30	00:6	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	2:00	5:30	00:9	6:30	7:00	7:30
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^{1.} List ALL personnel including director, child care staff, support staff, and regular substitutes.

^{2.} Indicate who is in charge during director's absence by placing * next to the name(s).

^{3.} Use the graph to document work hours. Indicate breaks and lunch times.

^{4.} Use the area on top of the form where time is listed to shade in the planned activity time.