NAME OF CENTER _____ **STAFF ROSTER** DATE_____

NORMAL DAILY ATTENDANCE FOR INFANTS AND PRESCHOOL CHILDREN: _____

NAME	Age Group or Position	Qualification DNW, SACW, SMIC, T, TIC	Credentialing Requirement	Current First Aid *Certificate Expiration Date*	Current Infant / Child CPR *Expiration Date*	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	7:00	7:30

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.