## **Staffing Pattern**

Program license number\_\_\_\_\_

Date completed \_\_\_ / \_\_ / \_\_\_

Program name:							Location:						
Day(s) of	f week:												
I.													
6:00	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	6:00	I. Use a separate line for each staff
Sample:	M. Jone	s ———			<b>→</b>								member working directly with participants. Indicate volunteers if included in staff ratio.
													Note the name of the staff member or volunteer on the line.
													Indicate with an asterisk (*) those staff members trained in first aid and treatment of obstructed airways and certified in cardiopulmonary resuscitation.
													-
II.													
													II. Total number of participants presen each hour.
													<ul> <li>a. Number of participants deemed <u>capable</u> of taking appropriate action for self-preservation in an emergency</li> <li>b. Number of participants deemed <u>incapable</u> of taking appropriate action for self-preservation in an emergency.</li> </ul>