

Staffing Plan Form

Center Name: _____

Classroom Name	Age Range of Children	# of Children Enrolled	# of Teachers Assigned to Classroom	Teachers Names and Scheduled Hours	Highest Ratio During the Day	Lowest Ratio During the Day
Infants	6 weeks -6 months	8	2	Miss Ann 6:30 am - 3:30 pm Miss Sue 9:30 am -6:30 pm	1:6	1:4



Teacher Student Ratio Count Form

(One form per classroom must be completed daily by the classroom teacher for 20 consecutive days)

Classroom Name: _____

Center Name: ______ _____ Teacher Completing Form: ______

Date:		
Time	# of Teachers	# of Students
6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		

Date:		
Time	# of Teachers	# of Students
6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		

Date:		
Time	# of Teachers	# of Students
6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		

Date:		
Time	# of Teachers	# of Students
6:00 AM		
7:00 AM		
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10:00 AM		
11:00 AM		
12:00 PM		
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2:00 PM		
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