

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS INFANT/TODDLER DAILY STAFFING PLAN I

| |
|----------|
| Center: |
| Room: |
| Session: |
| Date: |

| PRIMARY CARE GIVER ASSIGNMENTS | |
|--------------------------------|--------------|
| GROUP 1 | GROUP 2 |
| Staff | Staff |
| Child | Child |
| Child | Child |
| Child | Child |
| Child | Child |
| | |
| | |

| SUGGESTED DAILY SCHEDULE | STAFF | STAFF | STAFF | OTHERS |
|--------------------------|-------|-------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |