



# Staffing Report

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Center/Home Base: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Date: \_\_\_\_\_

Next Scheduled Staffing: \_\_\_\_\_

Health Summary \_\_\_\_\_

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Academic Summary \_\_\_\_\_

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Family Summary \_\_\_\_\_

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Staffing Committee Members

Relationship

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