

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

EDUCATOR/STAFF SCHEDULE

Program: _____ Date: _____

Age Group: _____ ****Maximum # of Children in Group:** _____

NAME	POSITION	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

Age Group: _____ ****Maximum # of Children in Group:** _____

NAME	POSITION	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

Non-Teaching Administrator(s)

*Complete a separate section for each group
*Indicate break coverage

****GROUP SIZE CANNOT EXCEED REGULATIONS**