Ontario Ministry of Education

# Program Staff Schedule

| Room [1] | No. Children in attendance | RECE or Non-RECE[2] | Shift [3] | Room [1] | No. Children in attendance | RECE or Non-RECE[2] | Shift [3] |
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| Staff name [4] | | | | Staff name [4] | | | |
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| Room [1] | No. Children in attendance | RECE or Non-RECE [2] | Shift [3] | Room [1] | No. Children in attendance | RECE or Non-RECE [2] | Shift [3] |
| | | | | | | | |
| Staff name [4] | | | | Staff name [4] | | | |
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[1] Identify room: Infant, Toddler, Preschool, Kindergarten, Primary/Junior School Age or Junior School Age
[2] Indicate RECE, otherwise approved or Non-RECE
[3] Hours in program in this room
[4] Provide staff first name and last initial

Name of Child Care Centre: _____ Date of Inspection: _____

Name of Licensee/Person-in-charge *(please print)*:_____Signature of Licensee/Person-in-charge:_____

Name of Program Advisor:_____Signature of Program Advisor:_____