



**Department of
Early Education and Care**

THE COMMONWEALTH OF MASSACHUSETTS

**DESIGNATION OF ADMINSTRATIVE AUTHORITY
SMALL GROUP, LARGE GROUP AND SCHOOL AGE CHILD CARE**

Name of Licensee: _____

Name of Program: _____

Small Group or Large Group _____ Capacity _____

Address: _____

As Licensee for the above named program, I designate the following individual(s) as the person(s) duly authorized to act as an agent for the licensee, and who shall be responsible for the program administration as set forth in the administrative plan. The individual(s) designated meet the requirements of 606 CMR 7.04 17(m)

Program Administrator (1) _____

Scheduled Administrative Hours: _____ Scheduled Teaching Hours: _____

Program Administrator (2): _____

Scheduled Administrative Hours: _____ Scheduled Teaching Hours: _____

Site Coordinator: _____

Scheduled Administrative Hours: _____ Scheduled Teaching Hours: _____

DESIGNATION OF ADMINSTRATIVE RESPONSIBILITY

(When indicating "Person Responsible", include the person's hours if the person is not the designated Administrator noted above.) * **Attach a current staff schedule including administration.**

| RESPONSIBLITIY | PERSON(S) RESPONSIBLE |
|---|------------------------------|
| Business Management/Record Keeping: | |
| account/books | _____ |
| records | _____ |
| personnel records | _____ |
| children's records | _____ |
| financial documentation | _____ |
| staff schedules | _____ |
| Development and Maintenance of Programming: | |
| early childhood education program | _____ |
| kindergarten | _____ |
| school age | _____ |
| services for children w/disabilities | _____ |
| daily activities | _____ |
| equipment | _____ |

Staff Development
Staff Training
Staff Orientation
Staff Supervision
Parent Involvement
Social Services
Infant/Toddler Program, if applicable
(must be Lead Teacher Qualified)

(Licensee Signature)

(Date)