CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

REQUEST FOR NIGHTTIME CARE SPECIALIZATION

This form is required to be submitted for a child care facility seeking to offer child care services any time after 10:00 p.m. or before 6:00 a.m., or 24 hours a day. Approval of this specialization is required regardless of the duration of services provided during this time period. An approval for nighttime care will also be necessary from your local or state fire marshal's office prior to a nighttime care specialization being approved by the department.

7 AAC 57.805. Nighttime care specialization. (a) A child care facility may not provide care between the hours of 10:00 p.m. and 6:00 a.m. unless the facility has a nighttime care specialization approved by the department. (b) A child care center that provides nighttime care shall provide a room away from sleeping children where children who are awake may engage in activities. (c) A child care home and a child care group home shall provide nighttime care to no more than five children, including the caregiver's own children under 18 years of age.

Facility Name:_____

Facility Type: ☐ **Home** ☐ **Group Home** ☐ **Center**

Identify the hours you would like to provide nighttime care: _____

Maximum number of children you will have in care during nighttime care hours: _____
(This number must include your own children, including any foster children under 18 years of age)

In order to be approved for a nighttime care specialization, a facility must submit their nighttime care plan and attach any supporting documentation necessary to show compliance with licensing regulations with this form. A facility's nighttime care plan must include how the facility will provide the following:

☐ A shower, tub, or sponge bath as needed for body cleanliness.

☐ Dinner, nighttime snack, and breakfast.

☐ Supervision for sleeping children in care.

☐ Accommodations for sleeping children.

☐ Accommodations away from sleeping children for children who are awake to engage in activities.

☐ Fire inspection report confirming approval for nighttime care.

_____
Administrator Printed Name

_____ _____
Administrator Signature **Date**