CHILD CARE LICENSING PROGRAM
Division of Public Assistance
Child Care Program Office
http://dhss.alaska.gov/dpa/Pages/ccare

Office Use Only

Child Care Facility Staffing Plan

Facility:_____ Room:_____
Month/Year:_____ Age range:_____
Hours of Operation:_____ Number of Children:_____
Day(s) of week:_____

	Caregiver Name								
	Example Staff						**Number of Children**	**Number of Staff**	**Required Ratio**
Position	***CCA***								
CPR/FA									
6:00 am									
6:30 am									
7:00 am	**7:15**								
7:30 am	***X***								
8:00 am	***X***								
8:30 am	***X***								
9:00 am	***X***								
9:30 am	***X***								
10:00 am	***X***								
10:30 am	***X***								
11:00 am	***X***								
11:30 am	***11:30***								
12:00 pm	***12:15***								
12:30 pm	***X***								
1:00 pm	***X***								
1:30 pm	***X***								
2:00 pm	***X***								
2:30 pm	***X***								
3:00 pm	***X***								
3:30 pm	***X***								
4:00 pm	***4:00***								
4:30 pm									
5:00 pm									
5:30 pm									
6:00 pm									
6:30 pm									
7:00 pm									
7:30 pm									
8:00 pm									
8:30 pm									
9:00 pm									
9:30 pm									
10:00 pm									

Note: if providing nighttime care between the hours of 10:00 pm to 6:00 am complete page 2

Child Care Facility Staffing Plan

(Use a separate form for each room or age group)

Facility:_____
Month/Year:_____
Hours of Operation:_____
Day(s) of week:_____

Room:_____
Age range:_____
Number of Children:_____

	Caregiver Name and Position						Number of Children	Number of Staff	Required Ratio
	Example Staff								
Position	***CCA***								
CPR/FA									
10:00 pm									
10:30 pm	***10:30***								
11:00 pm	***X***								
11:30 pm	***X***								
12:00 am	***X***								
12:30 am	***X***								
1:00 am	***X***								
1:30 am	***1:45***								
2:00 am	***2:15***								
2:30 am	***X***								
3:00 am	***X***								
3:30 am	***X***								
4:00 am	***X***								
4:30 am	***X***								
5:00 am	***X***								
5:30 am	***X***								
6:00 am	***6:00***								

General Instructions for Completion:

- For each staff member providing direct care enter the following information in their appropriate boxes:
  - Name (first and last), if the individual is a current staff member and this information is known.
  - Position: Use the following: ADMIN for Administrator, CCA for Child Care Associate, CG for Caregiver
  - CPR/FA by using a check mark to indicate the staff has valid certification(s)

- Indicate the time each staff begins providing direct care to children by entering their start time in the box. (For example: provides care at 7:15am enter in the 7:00am box "7:15"). Enter an "x" in each box indicating the times they are providing direct care. Indicate the time the staff stops providing direct care by entering in their end time in the box. (For example: stops providing care at 4:00pm enter in the 4:00pm box "4:00").

- New facilities complete form(s) as if operating at capacity.

- Staff to child ratios must be maintained at all times.

Licensed Home
1:8 Staff/Child Ratio
No more than 3 children under 30 Mo.
No more than 2 non-ambulatory

Licensed Group Home
2:12 Staff/Child Ratio
No more than 5 children under 30 Mo.
No more than 4 non-ambulatory

Licensed Center

Ages of Children	Staff/Child Ratio
Birth to 18 Mo	1:5
19 Mo up to 36 Mo	1:6
36 Mo through 4 Yrs	1:10
Kindergarten- 5 and 6 Yrs	1:14
School Age- 7 Yrs up thru 12 Yrs	1:18