



**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: \_\_\_\_\_

**Position**  
**CPR/FA**  
 6:00 am  
 6:30 am  
 7:00 am  
 7:30 am  
 8:00 am  
 8:30 am  
 9:00 am  
 9:30 am  
 10:00 am  
 10:30 am  
 11:00 am  
 11:30 am  
 12:00 pm  
 12:30 pm  
 1:00 pm  
 1:30 pm  
 2:00 pm  
 2:30 pm  
 3:00 pm  
 3:30 pm  
 4:00 pm  
 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

Caregiver Name						Number of Children	Number of Staff	Required Ratio
<i>Example Staff</i>								
<b>CCA</b>								
<b>7:15</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>11:30</b>								
<b>12:15</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>X</b>								
<b>4:00</b>								

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: \_\_\_\_\_

Room: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Age range: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Day(s) of week: \_\_\_\_\_

		Caregiver Name and Position					Number of Children	Number of Staff	Required Ratio
Position	Example Staff								
CPR/FA	CCA								
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