|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Caregiver Name**  | **Number of Children** | **Number of Staff** | **Required Ratio** |
|  | ***Example******Beth Smith*** |  |  |  |  |  |
|  **Position** | ***CG/CCA/ ADMIN*** |  |  |  |  |  |  |  |  |
|  **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 |  |  |  |  |  |  |  |  |  |

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|  5:00 am |  |  |  |  |  |  |  |  |  |
|  5:30 am |  |  |  |  |  |  |  |  |  |

**General Instructions for Completion:**

* For Each Staff member providing direct care enter the following information in their appropriate boxes:
	+ Name (first and last).
	+ Position: Use the following: ADMIN for Administrator, CCA for Child Care Associate (centers only), 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.
* For Homes only: If providing nighttime care between the hours of 10 pm to 6 am the capacity reduces to 5 children. This includes all children in the home under the age of 18 years during these times.
* For homes indicate NA for Room.

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

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**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

**Licensed Group Home**

2:12 Staff/Child Ratio

No more than 5 children under 30 Mo.

No more than 4 non-ambulatory

**Licensed Home**

1:8 Staff/Child Ratio

No more than 3 children under 30 Mo.

No more than 2 non-ambulatory