



**Municipality of Anchorage  
Child Care Licensing Program**

**ADMINISTRATOR DESIGNATION AND QUALIFICATION FORM**

**Name of Administrator Applicant:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

This form provides the department with information about the individual who will be responsible for the day-to-day operations of the facility.

1. Read and mark the items applicable to your facility type and attach documentation to support compliance with licensing regulations. Supporting documentation includes but is not limited to, proof of:
  - **Age** – such as birth certificate, passport, or passport card, driver’s license, or state identification card;
  - **Education and/or training** – such as transcripts, certificates of completion, training or employment training attendance records;
  - **Experience in child care, financial, and managerial/supervisory** – such as a resume documenting employment history summarizing job duties performed.
2. Attach four completed *Child Care Facility Administrator Reference CC57* forms signed and dated by the person making the recommendation. At least **one** reference must be from an individual who can attest to your professional skills. **Three** of the references must be from individuals who are not related to you.
3. Submit this form and all applicable attachments to the department for approval.

**The Administrator must provide supporting documentation to demonstrate compliance with the following requirements based on their facility type:**

**An Administrator for a Child Care Home:**

Must be at least 21 years of age.

**An Administrator for a Child Care Center:**

Must be at least 21 years of age.

Must have the management and supervisory skills necessary to select and supervise personnel, including delegation of responsibility and motivation of staff.

Must have at least 12 semester hours of college credit in early childhood development, child development, child psychology, or the equivalent, or hold a current CDA credential, or Montessori Certificate.

**In addition to the above specific facility type requirements, Administrators for *all child care facility* types must provide supporting documentation showing they meet the following qualifications:**

- Are an adult with sufficient experience;
- Have early childhood training or education to fulfill the duties of an Administrator;
- Have an understanding of the development of children;
- Have the ability to care for children;
- Have the skills to work with:
  - Children;
  - Family members;
  - Department staff;
  - Community agencies; and, if applicable
  - Staff of the child care facility.
- Have the skills necessary to handle finances and plan and evaluate programs.
- Have completed the health and safety trainings required by 7 AAC 57.350(a)(4):
  - Prevention and control of infectious diseases, including immunizations;
  - Prevention of sudden infant death syndrome and use of safe sleeping practices for children of all ages;
  - Administration of medication, consistent with standards for parental consent;
  - Prevention of and response to emergencies due to food and allergic reactions;
  - Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic Staff of the child care facility.
  - Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
  - Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a human-caused event;
  - Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
  - Appropriate precautions in transporting children (*if applicable*);
  - Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR); and
  - Recognition and reporting of child abuse and neglect under state and local law.

**I certify that the contents of this form and information provided are true, accurate and complete.**

\_\_\_\_\_  
**Printed Name of Facility Owner/Governing Body Representative**

\_\_\_\_\_  
**Signature of Facility Owner/Governing Body Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Administrator**

\_\_\_\_\_  
**Signature of Administrator**

\_\_\_\_\_  
**Date**