Municipality of Anchorage
Child Care Licensing Program

Child Care Facility Staffing Plan

(Use a separate form for each room or age group)
Please refer to Page 2 for instructions.

Office Use Only

Facility: _____

Room: _____

Month/Year: _____

Age range: _____

Hours of Operation: _____

Number of Children: _____

Day(s) of week: _____

Position	Caregiver Name						Number of Children	Number of Staff	Required Ratio
	Example Staff								
CPR/FA	*ADMIN*								
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: See Instructions on Page 2. If providing nighttime care between the hours of 10:00 pm to 6:00 am, complete and submit 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
	Example Staff								
Position	*ADMIN*								
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, AA for Associate Administrator, 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 7:15 am enter in the 7:00 am 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 4:00 pm enter in the 4:00 pm box "4:00").

- New facilities complete as many form(s) as needed to show a plan for compliance, 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 months
No more than 2 non-ambulatory

Licensed Center

Ages of Children	Staff/Child Ratio
Birth. through 18 mos.	1:5
Toddlers 19 mos. through 35 mos.	1:6
Preschool - 3 yrs. through 4 yrs.	1:10
Kindergarten - 5 yrs. through 6 yrs.	1:14
School Age - 7 yrs. through 12 yrs.	1:18