



Municipality of Anchorage
Child Care Licensing Program

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

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
 - Pediatric 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 mos.
 No more than 2 non-ambulatory

Licensed Center

Ages of Children	Staff/Child Ratio
Young infants 6 wks. through 11 mos.	1:4
Older infants 12 mos. through 18 mos.	1:5
Toddlers 19 mos. through 36 mos.	1:6
Preschool - 3 yrs. through 4 yrs.	1:10
Kindergarten - 5 yrs. through 6 yrs.	1:10
School Age - 7 yrs. through 12 yrs.	1:10