**STAFFING PLAN: Residential Child Care Facility**

**State of Alaska**

**Department of Health & Social Service**

**Division of Health Care Services**

**Residential Licensing**

Please complete this form by describing a complete staffing plan for the Facility. The staff plan must include management, caregivers, volunteers, contract personnel, on-call/relief, treatment counselors and any other employees of the Facility. Please include descriptions of each position’s responsibilities (if they have been updated), and a current organizational chart.

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ONSITE SCHEDULE**

|  |  |
| --- | --- |
| **NAME - POSITION** | **DAYS OF WEEK (M - SU) HOURS (8:00 am– 4:00 pm)**  |
|  Administrator |  |  |
|  Associate Admin |  |  |
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I have submitted a complete staffing plan and am prepared to modify the proposed staff plan as needed to meet the needs of the residents in placement.

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Printed Name of Owner or Administrator

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Signature of Owner or Administrator Date