

STAFFING PLAN: CHILD CARE CENTERS
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Instructions: List all staff and unsupervised volunteers in Part 1, including lead caregivers. List all lead caregivers in Part 2. List all supervised volunteers in Part 3.

Facility Name: _____ License Number: _____
Signature: _____ Title: _____ Date: _____
(Licensee or Licensee Designee)

PART 1: ALL STAFF AND UNSUPERVISED VOLUNTEERS

Staff and Unsupervised Volunteers	Work Assignment			Date of Completion for Required Trainings							Child Care Background Check ⁺			Date of Additional Documentation		
	Name	Start Date	Position And Age Group/ Assigned Room Scheduled Days & Time	Orientation ¹	Infant, Adult, Child CPR ²	First Aid ²	Prevention of Infectious Disease ³	SIDS & Safe Sleep ³	Shaken Baby/ Abusive Head Trauma/ Child Malt/Abuse & Neglect ³	90 Days Trainings R 400.8131(5) ³	Consent and Disclosure Form Completion Date ⁴	Date Printed ⁴	Eligibility Date ⁴	TB Test ⁵	Signed Abuse/ Neglect Statement ⁶	Annual Evaluation ⁷

You may copy this form if you need additional sheets.

¹The following individuals must have an orientation: licensees, licensee designees, child care staff members, child care aides.
²The following individuals must have infant, adult, and child CPR and first aid: child care staff members. At least 50% must be certified in CPR and first aid. The other child care staff members must be trained.
³The following individuals must have training in the prevention of infectious disease, SIDS/safe sleep, shaken baby/abusive head trauma/child maltreatment/abuse & neglect, and all required trainings under R 400.8131(5): child care staff members, unsupervised volunteers.
⁴The following individuals must have a Consent and Disclosure form, fingerprints, and be found eligible: licensee, licensee designee, child care staff members, unsupervised volunteers.
⁵The following individuals must have a negative TB test on file: child care staff members and all volunteers that have contact with children at least 4 hours per week for 2 or more consecutive weeks.
⁶The following individuals must have a signed abuse and neglect statement: licensee, licensee designee, child care staff member, child care aide, unsupervised volunteers, supervised volunteers.
⁷The following individuals must have an annual evaluation: child care staff members, child care aides.

*The original consent and disclosure should be on file. If unavailable, a new consent and disclosure form must be completed, signed, and dated. The updated form must include a statement that the original consent and disclosure form is not available, but that it was signed prior to fingerprinting.

Authority: 1973 PA 116 Completion: Mandatory Consequence: Failure to provide requested information may result in license denial/revocation.	LARA is an equal opportunity employer/program.
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STAFFING PLAN: CHILD CARE CENTERS PART 2: LEAD CAREGIVERS

Name of Lead Caregiver & Current Age Group/Assigned Room	Date of Promotion to Lead Caregiver	Date of Assignment to Current Age Group/Assigned Room	Education	Coursework in Early Childhood Education, Child Development, or a Child-Related Field	Hours of Experience	Completion of the Infant/Toddler Development and Care Training Infant/Toddler Caregivers Only
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track
				# Semester Hours: # CEUs/SCECHs: MiRegistry Hours:		Date of Completion: <input type="checkbox"/> Semester Hours <input type="checkbox"/> CEUs/SCECHs <input type="checkbox"/> MiRegistry Infant/Toddler Track

Authority:	1973 PA 116	LARA is an equal opportunity employer/program.
Completion:	Mandatory	
Consequence:	Failure to provide requested information may result in license denial/revocation.	

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