



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

Division of Early Learning- Licensing and Compliance Unit  
Facility Capacity/Staffing Pattern Form for Child Development Center

1. This form is to be completed by the center director or an authorized representative of the child development center with personal knowledge regarding the facility capacity and staffing pattern.
2. Top box should have the name of the child development center, the director, as well as the date.
3. In column 1, indicate the age range of the children in that classroom.
4. In column 2, specify the total number of children enrolled in that classroom.
5. In column 3, specify the authorized capacity.
6. In columns 4, 5 and 6, write down the names of the staff who are working and their workhours.
7. Columns 7 and 8 are for internal use of OSSE. Please do not complete those sections.

FACILITY NAME:			DIRECTOR:			Fiscal Year:	DATE:
1 Group Age Range	2 Number of Children Enrolled	3 Authorized Capacity	4 Name of Teacher Teacher/Shift	5 Name of Assistant Teacher/Work Hours	6 Name of Assistant Teacher/Work Hours	FOR LICENSING SPECIALIST USE ONLY	
						7 #Children Present	8 Ratio Met or Not Met

\_\_\_\_\_  
SIGNATURE of AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
Date



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**Non-Teaching Staff Form**

Name of Child Development Center/Name of Business: \_\_\_\_\_

Title of Position	Name of Staff Member	Hours on Duty (start/end)

\_\_\_\_\_  
SIGNATURE of AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
Date