



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Provider Capacity/Staffing Pattern Form for Family Child Care Homes

Please note: This form is to report the staffing pattern in *a family child care development home*.

1. Top box should have the name of the family child care provider and/or name of the business, as well as date.
2. In column 1, indicate the age range of the children in that home/classroom.
3. In column 2, specify the total number of children enrolled in that home/classroom.
4. In column 3, write down the names of the staff who are working on each shift.
5. Complete column 5, if applicable. If there is a volunteer in your program, indicate name and shift.
6. Columns 6 and 7 are for internal use of OSSE. Please do not complete those sections.



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Early Childhood Education
Child Care Licensing Unit

Provider Capacity/Staffing Pattern Form for Family Child Care Homes for Non-Teaching Staff Form

Name of Facility: _____

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