



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

Division of Early Learning-Licensing and Compliance Unit  
Provider Capacity/Staffing Pattern Form for Family Child Care Homes

1. This form is to be completed by the family child care provider and/or name of the business with personal knowledge regarding the provider capacity and staffing pattern.
2. Top box should have the name of the family child care provider and/or name of the business, as well as date.
3. In column 1, indicate the age range of the children in that home/classroom.
4. In column 2, specify the total number of children enrolled in that home/classroom.
5. In column 3, specify the authorized capacity.
6. In columns 4 and 5, write down the names of the staff who are working and their work hours.
7. Complete column 6, if applicable. If there is a volunteer in your program, indicate name and hours worked.
8. Columns 7 and 8 are for internal use of OSSE. Please do not complete those sections.

<b>Provider:</b>						<b>Fiscal Year:</b>	<b>DATE:</b>
1 Group Age Range	2 Number of Children Enrolled	3 Authorized Capacity	4 Name of Child Care Provider/Work Hours	5 Name of Associate Caregiver/Work Hours	6 Name of Volunteer/Work Hours	FOR LICENSING SPECIALIST USE ONLY	
						7 Number of Children Present	8 Ratio Met or Not Met

\_\_\_\_\_  
SIGNATURE of FAMILY CHILD CARE PROVIDER

\_\_\_\_\_  
Date



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## Non-Teaching Staff Form

Name of Family Child Care Provider/Name of Business: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE of FAMILY CHILD CARE PROVIDER

\_\_\_\_\_  
Date