

Staff Child Ratio and Group Size Form (Please complete 1 per classroom) Site Self Report_ Verification Center: Reviewer: Title of Reviewer: Date: Name of Classroom **Age Range** *Number of # of Staff Present Children **Enrolled** in the Classroom **Information On Staff Present** Staff Name (First & Last) **Staff Position Additional Notes:** Name of Director/Site Supervisor/Authorized Site Representative: **Director /Site Supervisor/Authorized Site Representative Signature: Reviewer Signature:** FOR OFFICE USE ONLY Overall points for ratio and/group size: *Please submit an updated Staff Child Ratio and Group size form when

enrollment changes the staffing pattern in the classroom