

**NOTICE OF FORM CHANGE NO. 06-026**

DATE

02/07/2006

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 9024 (7/00) - Capacity Worksheet

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 7/00	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

USE NEW FORM

When supply available in DSS Warehouse  Use new form effective \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

THIS FORM IS NOW A MASTER ONLY. ATTACHED IS A REPRODUCIBLE COPY.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# CAPACITY WORKSHEET

FACILITY NUMBER	FACILITY NAME
FACILITY ADDRESS: NUMBER, STREET	CITY
ZIP CODE	

**THIS FORM IS INTENDED TO HELP DETERMINE AND DOCUMENT THE MAXIMUM CAPACITY FOR A CHILD CARE CENTER BASED ON INDOOR/OUTDOOR SPACE AND TOILET/SINK RATIO IN THE FACILITY. THIS SHEET SHOULD BE USED DURING THE PRELICENSING VISIT. MAXIMUM CAPACITY SHOULD ALSO BE DOCUMENTED ON THE LICENSING REPORT (LIC 809) AND THE FACILITY SKETCH. THIS WORKSHEET SHOULD BE FILED WITH THE FACILITY SKETCH.**

**I. INDOOR PLAY SPACE** *(Do not include unsupervised small areas)*

ROOM NUMBER/DESCRIBE	LENGTH	WIDTH	AREA	ENCUMBERED	SPACE
1.	X	=	-	=	
2.	X	=	-	=	
3.	X	=	-	=	
4.	X	=	-	=	
5.	X	=	-	=	
6.	X	=	-	=	

7. **TOTAL SPACE** ..... =

**INDOOR CAPACITY (SPACE)** \_\_\_\_\_ **DIVIDED BY 35 (SQ FEET) EQUALS (A)** \_\_\_\_\_

**II. OUTDOOR PLAY SPACE**

YARD NUMBER/DESCRIBE	LENGTH	WIDTH	AREA	ENCUMBERED	SPACE
1.	X	=	-	=	
2.	X	=	-	=	
3.	X	=	-	=	
4.	X	=	-	=	
5.	X	=	-	=	
6.	X	=	-	=	

7. **TOTAL SPACE** ..... =

**OUTDOOR CAPACITY (SPACE)** \_\_\_\_\_ **DIVIDED BY 75 (SQ FEET) EQUALS (B)** \_\_\_\_\_

**III. SINK/TOILET RATIO**

1. SINKS AVAILABLE TO CHILDREN \_\_\_\_\_ MULTIPLIED BY 15 EQUALS (C) \_\_\_\_\_

2. TOILETS/URINALS AVAILABLE \_\_\_\_\_ MULTIPLIED BY 15 EQUALS (D) \_\_\_\_\_  
*(TWO TOILETS TO EACH URINAL)*

**IV CAPACITY LIMITATIONS**

1. CAPACITY BASED ON INDOOR SPACE ..... (A) \_\_\_\_\_
2. CAPACITY BASED ON OUTDOOR SPACE ..... (B) \_\_\_\_\_
3. CAPACITY BASED ON SINKS ..... (C) \_\_\_\_\_
4. CAPACITY BASED ON TOILETS/URINALS ..... (D) \_\_\_\_\_
5. CAPACITY APPROVED BY FIRE MARSHALL ..... (E) \_\_\_\_\_
6. MAXIMUM CAPACITY (LEAST OF THE ABOVE) \_\_\_\_\_

EXPLANATION

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EVALUATOR	DATE COMPLETED
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