

## Professional Credential Verification & Class List:

Family & Group Day Care Homes

**Program/Site Name:** \_\_\_\_\_

**Home Provider Information:**

| Name: | Email Address: | Lattice Level: | Credential/Certificate/Degree: |
|-------|----------------|----------------|--------------------------------|
|       |                |                |                                |

Other Credentials:

| Aim4Excellence Modules 1-3<br>(Check if completed) | Aim4Excellence Modules 4-6<br>(Check if completed) | Aim4Excellence Modules 7-9<br>(Check if completed) | Advanced Credential<br>(Specify below) |
|--|--|--|--|
|  |  |  |  |

**Assistant Information** (if applicable):

| Assistant Name(s): | Email Address(es): | Lattice Level: | Credential/Certificate/Degree: |
|--------------------|--------------------|----------------|--------------------------------|
|                    |                    |                |                                |
|                    |                    |                |                                |

**Class Roster:**

Do any children enrolled in your class have different funding sources (i.e. 4 children enrolled in EHS program and 2 children private pay)?       Yes    No

If yes, complete column #4, "Funding Sources".

| Child | Identifier<br>(if different from #) | Date of Birth<br>(mm/dd/yyyy) | Funding Sources |
|-------|-------------------------------------|-------------------------------|-----------------|
| 1     |                                     |                               |                 |
| 2     |                                     |                               |                 |
| 3     |                                     |                               |                 |
| 4     |                                     |                               |                 |
| 5     |                                     |                               |                 |
| 6     |                                     |                               |                 |
| 7     |                                     |                               |                 |
| 8     |                                     |                               |                 |
| 9     |                                     |                               |                 |
| 10    |                                     |                               |                 |
| 11    |                                     |                               |                 |
| 12    |                                     |                               |                 |