

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 (Check if completed)	Aim4Excellence Modules 4-6 (Check if completed)	Aim4Excellence Modules 7-9 (Check if completed)	Advanced Credential (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 (if different from #)	Date of Birth (mm/dd/yyyy)	Funding Sources
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			