

Licensed Provider File Check List

Must Be Received By: _____ / _____ / _____

Provider Name _____ Phone Number _____

Provider Address _____ City _____ Zip _____

Parent Name _____ Phone Number _____

Parent Address _____ City _____ Zip _____

Type of Care (*check one*)

_____ Licensed Family Day Care Home

_____ Licensed Center

_____ Licensed Exempt Center

Documents to be turned in by a Licensed Provider or Licensed Exempt Center

_____ Current License or Exemption from Licensure Form

_____ Licensed Provider Rate Statement

_____ Provider's Facility Contract (*documentation of Holidays, Absences & Rates*)

_____ Licensed Provider Handbook Page

_____ Picture ID _____ Social Security or TIN Number

_____ W-9 Form

_____ Other _____