



DIVISION OF ELEMENTARY
& SECONDARY EDUCATION

Office of Early Childhood
Early Childhood Education and Out of School Time Program Assistance
Child Care Arrangement Verification

This is NOT an approval for services.

Name of Casehead/Applicant _____

The CCDF Program Participant (Child Care Provider) must complete the information below

List children of casehead/applicant who are enrolled and complete all applicable information for each child.
Return form to casehead upon completion.

Child's Name	Age	Starting Date

Signature of Facility Director of Designee		Print Name					
Name of Child Care Facility		Telephone Number					
Mailing Address		City		Zip Code		County	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Quality Approved?		Level 1		Level 2	
License No.		Level 3		Level 4		Level 5	
Level 6		Level 1		Level 2		Level 3	
Facility Email Address:							

Check Facility type: ☐ Child Care Center ☐ Licensed Child Care Home ☐ Registered Child Care Family Home ☐ Out of School Time

For additional information contact:

Family Support Specialist:

Phone:

Fax:

Email: