

Licensed Providers' Employment Information

Name of Place of Employment **as it appears on the license.**
If a Family Child Care, use licensee name.

License/Control (NOT Provider) Number. Usually located at the top left corner of the license; contact your supervisor or licenser for assistance.

Fill in the job title that **most** closely describes what you do.

- Child Care Center Director*
- Child Care Center Program Supervisor*
- Child Care Center Lead Teacher*
- Child Care Center Assistant or Aide
- School-Age Program Director*
- School-Age Site Coordinator*
- School-Age Lead Staff or Group Leader*
- School-Age Child Care Assistant
- Family Child Care Provider/Licensee*
(Person whose name is on the license)
- Family Child Care Primary Worker*
- Family Child Care Assistant
- Other: _____

**Required to complete STARS training.*

In-home/Relative Providers' Information

(SSPS) Provider # : _____ *(Located on the top of your monthly subsidy invoice from DSHS)*

Relevant Training. *It is not necessary to attach documentation for these items.*

	Month/Year Taken	Month/Year Expires	
First Aid Class	____ / ____	____ / ____	Food Handler's Permit Expires
CPR Class	____ / ____	____ / ____	HIV/AIDS Class Taken
_____	Training hours (NOT credits) previous to 1999 or other than STARS		
_____	College Credits (NOT Hours) previous to 1999 or other than STARS		

Relevant Credentials. *Attach documentation; these items will not be entered without documentation.*

Degree/Credential <small>AA, BA, CDA, etc.</small>	Year Received	School or Institution	Major/Subject Area	Expiration <small>if applicable</small>

Educational Exemption Application. *To be considered, mark an option below and attach documentation.*

*An educational exemption is not required; it is one way to meet the 20-hour training requirement. If you have met the requirement, or are going to take the training, do NOT apply. We will send a response within 30 calendar days (it may come separate from your ID Number). **If your current name is not on the documentation, include proof of name change (e.g. marriage certificate).***

I work in a licensed center, family child care home **or** school-age program and have attached documentation of my:

- 12 college quarter credits specifically identified in Early Childhood Education/Child Development
- Associates (or higher) Degree in Early Childhood Education/Child Development
- Current Child Development Associate (CDA) credential
- Montessori Credential from a MACTE-accredited Montessori training program
- Completion of 13 Military Modules

I work in a program **licensed as** FAMILY CHILD CARE and have attached documentation of my:

- Associates (or higher) Degree in School-Age Care, Elementary Education, Special Education or Recreation

I work in a program **licensed as** SCHOOL-AGE CARE and have attached documentation of my:

- College degree (Associates or higher), in School-Age Care, Elementary Education, Special Ed or Recreation
- 45 college quarter credits specifically in School-Age Care, Elementary Education, Special Education or Recreation
- [Group Leaders Only] 12 college quarter credits specifically in School-Age Care, Elementary Education, Special Education or Recreation