# Gateways to Opportunity® Credentials Supplement Application Family Child Care Credential

For questions and additional information about the Gateways Credential Program please call 866.697.8278 or visit us at www.ilgateways.com. Please read through the Frequently Asked Questions before completing this application. Please complete in blue or black ink.

Family Child Care Credential					
Level 2–5 Credential (\$65 application fee required)					
O New O Renewal	O Level Advancement				
How did you first learn about Gateways to Opportunity Credentials? (check only one)					
O Center Director	O Local Child Care Resource & Referral	O Conference/Presentation			
O Mailing	○ Co-Worker	O Provider Association			
O Website/Social Networking	O Professional Development Advisor (PDA)	O Other			
APPLICANT SIGNATURE  I verify that I have read this paragraph and that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that the Illinois Department of Human Services may use my name and application information for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. Additional information may be required.  Print Name:					
Print Name:					
Applicant Signature:	D	ate:			

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

GATEWAYS TO OPPORTUNITY®

Illinois Professional Development System





## **Gateways Family Child Care Credential**

### Work & Practical Experience—Verification Form

Complete this form to verify experience as a family child care provider for the Gateways to Opportunity Family Child Care Credential.

Step 1: Personal Information		
Name:	Registry Member ID:	
Address:		
City:	State:	Zip Code:
Please indicate age groups served (mark	all that apply):	
O Infants/Toddlers (0–36 months)	Preschool (3–5)	○ School-Age (5–12)
Position (mark all that apply):  O Family Child Care Provider/Owner	Start Date:	End Date:
·		End Date:
O Other		End Date:
Total hours worked in family child care:	:	
Total hours worked in family child care	(Hours Per Week)	By Weeks Per Year x By Number Of Years)
Step 2: Family Child Care Experience	Verification	
family child care provider. (Examples inclinents, professional colleagues and neig	lude: Employer (if a hbors you collabor	people that could verify your experience as a FCC Assistant), Current or past family child care ate with.) Please note: we may contact to verify
Contact 1: Name:		
Email:		Phone:
Affiliation to applicant (How is this contact	ct knowledgeable ab	oout your experience in family child care?):
Contact 2: Name:		
Email:		Phone:
Affiliation to applicant (How is this contac	ct knowledgeable at	oout your experience in family child care?):
<i>Note:</i> Please include a copy of your curre license (optional).	ent Illinois Departm	ent of Children and Family Services (IDCFS)
Participant Signature:		Date:
By signing the above, I verify that the information provided h	nerein is accurate and correct	to the best of my knowledge. I understand false or misleading

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statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.

#### **Information Update Form**

#### **SECTION 1 - CONTACT / PERSONAL INFORMATION**

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at www.ilgateways.com.

First Name:		Middle Initial:
Last Name:		
Has your name changed in the last 12	months? O Yes O	No If yes, list previous name:
Person ID/Registry Member ID:		
Home Address:		
City:	State:	_ Zip Code:
County:	Home Phone:	Cell Phone:
E-mail Address:		
Please contact me at my: O Home	e Address/Phone	O Work Address/Phone (if completing section 2)
SECTION 2 – CURRENT EMPLOYME	NT	
		rt-time or full-time paid employment in the fields of Early Care hildhood Family Support. <b>If this does not apply to you, please</b>
Employer Business Name:		
Work Site Name:		
Address:		
City:	State:	_ Zip Code:
County:		
Work Phone:		Work Fax:
Type of Program: (check only one)		
O Child Care Center	OS	chool-Age/Youth Development Program Only
$\odot$ Family Child Care Home	O P	ublic or Private School
O Group Family Child Care Home	$\circ$	hild Care Resource & Referral (CCR&R)
O Head Start	0.0	Other









Direct Services to Children	*If Licensed, License ID number:	Licensed Capacity:
Current Position Title: Current Position Start Date: Hours worked per week:  Position Codes (to be used above)  Direct Services to Children  1. Director and/or Administrator (one-site) 1. Director and/or Administrator (one-site) 1. Director and/or Administrator (one-site) 1. School-Age Child Care Provider 1. School-Age Child Care Passistant 1. Director Age Child Care Passistant 1. School-Age Child Care Assistant 1. School-Age Child Care Assistant 1. School-Age Child Care Assistant 1. School-Age Child Care Provider 1. School-Age Child Care Assistant 1. Substitute/Floater 1. Substitute/Floater 1. Substitute/Floater 1. Substitute/Floater 1. Substitute/Floater 1. Howevelopment Practitioner 1. Howevelopment Practitioner 1. Substitute/Floater 1. Howevelopment Practitioner 1. Howevelopment Practitioner 1. Howevelopment Practitioner 1. School-Age Child Care Assistant 1. Howevelopment Practitioner 1. School-Age (R.12 years) 1. Correct Practical Practitioner 1. Howevelopment Prac	Date Employment Began; (with this employer)	
Hours worked per week: Weeks worked per year:		
Hours worked per week: Weeks worked per year:  Position Codes (to be used above)  Direct Services to Children  1. Director and/or Administrator (one-site) 1. Group Family Child Care Provider 2. Assistant Director 3. Director/Teacher 1. School-Age Child Care Assistant 5. Assistant Teacher 1. School-Age Child Care Assistant 6. Teacher Aide (Preschool for All) 7. Substitute/Floater 8. Family Child Care Provider 9. Family Child Care Assistant 1. Director/Administrator (multi-site) 1. CircR&R Staff 1. CircR&R Staff 1. Consultant 1. Consu		(rafar to halow)
Position Codes (to be used above)  Direct Services to Children 1. Director and/or Administrator (one-site) 2. Assistant Director 3. Director/Teacher 4. Teacher 4. Teacher 5. Assistant Teacher 6. Teacher Aide (Preschol for All) 7. Substitute/Floater 8. Family Child Care Provider 8. Family Child Care Provider 9. Family Child Care Provid		
Direct Services to Children  1. Director and/or Administrator (one-site) 1. Group Family Child Care Provider 2. Assistant Director 3. Director/Teacher 1. School-Age Child Care Assistant 3. Director/Teacher 1. School-Age Child Care Assistant 5. Assistant Teacher 1. School-Age Child Care Assistant 6. Teacher Aide (Preschool for All) 6. Teacher Aide (Preschool for All) 7. Substitute/Floater 8. Family Child Care Provider 9. Family Child Care Assistant 16. Director/Administrator (multi-site) 16. Director/Administrator (multi-site) 17. CCR&R Staff 18. Higher Education Faculty/Staff 19. Trainer 19. Trainer 19. Trainer  Ages of Children You Currently Work With (Family Child Care check all that apply, others check only one.) 10. Infant (6 wks-14 months) 10. Toddler (15-23 months) 10. Toddler (15-23 months) 10. Toddler (15-23 months) 10. Toddler (15-23 months) 10. Not Applicable (N/A) 11. Trainer 12. Verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a limited amount of my Registry record information may be released to IDCFS, DI-NS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required below.  Print Name:  Applicant Signature:  Date:  Date:  Parent/Legal Guardian:  Date:	Hours worked per week:	Weeks worked per year:
Direct Services to Children  1. Director and/or Administrator (one-site) 1. Group Family Child Care Provider 2. Assistant Director 3. Director/Teacher 1. School-Age Child Care Assistant 3. Director/Teacher 1. School-Age Child Care Assistant 5. Assistant Teacher 1. School-Age Child Care Assistant 6. Teacher Aide (Preschool for All) 6. Teacher Aide (Preschool for All) 7. Substitute/Floater 8. Family Child Care Provider 9. Family Child Care Assistant 16. Director/Administrator (multi-site) 16. Director/Administrator (multi-site) 17. CCR&R Staff 18. Higher Education Faculty/Staff 19. Trainer 19. Trainer 19. Trainer  Ages of Children You Currently Work With (Family Child Care check all that apply, others check only one.) 10. Infant (6 wks-14 months) 10. Toddler (15-23 months) 10. Toddler (15-23 months) 10. Toddler (15-23 months) 10. Toddler (15-23 months) 10. Not Applicable (N/A) 11. Trainer 12. Verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a limited amount of my Registry record information may be released to IDCFS, DI-NS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required below.  Print Name:  Applicant Signature:  Date:  Date:  Parent/Legal Guardian:  Date:	Position Codes (to be used above)	
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2. Assistant Director 3. Director/Teacher 4. Teacher 5. Assistant Teacher 13. School-Age Child Care Assistant 5. Assistant Teacher 14. Youth Development Practitioner 6. Teacher Aide (Preschool for All) 7. Substitute/Floater 8. Family Child Care Provider 9. Family Child Care Children 9. Family Child Care Children 9. Family Child Care Children 9. CR&R Staff 9. Consultant 9. Consultant 9. Other Indirect Services 9. Trainer 9. Ages of Children You Currently Work With (Family Child Care check all that apply, others check only one.) 9. Infant (6 wks-14 months) 9. School-Age (K-12 years) 9. Toddler (15-23 months) 9. Youth (13-21 years) 9. Toddler (15-23 months) 9. Youth (13-21 years) 9. Toddler (15-23 months) 9. Not Applicable (N/A) 9. Preschool (3-5 years) 9. SECTION 3 — APPLICANT SIGNATURE 9. Verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a limited amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal educat		10 Group Family Child Care Provider
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17. CCR&R Staff 18. Higher Education Faculty/Staff 19. Trainer  Ages of Children You Currently Work With (Family Child Care check all that apply, others check only one.)  Infant (6 wks-14 months)  Toddler (15-23 months)  Twos (24-35 months)  Preschool (3-5 years)  SECTION 3 – APPLICANT SIGNATURE  Verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a limited amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.  Print Name:  Applicant Signature:  Date:  Parent/Legal Guardian:  Date:	Indirect Services	
18. Higher Education Faculty/Staff 19. Trainer  Ages of Children You Currently Work With (Family Child Care check all that apply, others check only one.)  Infant (6 wks-14 months)  Toddler (15-23 months)  Twos (24-35 months)  Preschool (3-5 years)  SECTION 3 – APPLICANT SIGNATURE  I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a limited amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.  Print Name:  Applicant Signature:  Date:  Print Name:  Parent/Legal Guardian:  Date:		20. Education/Curriculum Coordinator
Ages of Children You Currently Work With (Family Child Care check all that apply, others check only one.)  Infant (6 wks-14 months)  Toddler (15-23 months)  Twos (24-35 months)  Preschool (3-5 years)  SECTION 3 – APPLICANT SIGNATURE  I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a limited amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.  Print Name:  Applicant Signature:  Date:  Print Name:  Parent/Legal Guardian:  Date:		
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I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a <i>limited</i> amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.  Print Name:    Date:	CECTION O ADDITION OF THE SECONDARIES	
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