

# Illinois Director Credential

## Work & Practical Experience in Early Childhood/ School-Age Administration—Verification Form Family Child Care Providers

Family Child Care Providers (FCCP) must complete this form to verify administrative experience for the Illinois Director Credential. Please follow the steps below:

**Step 1:** Include copies of your Illinois Department of Children and Family Services (IDCFS) license for the years of experience to be counted.

**Step 2:** Please have two families with children in your program complete the Proof of Care Form.

**Step 3:** Please include:

- Two copies of your most recent *employee(s)* pay stub or two copies of the most recent employee time sheet.

**AND**

- Copy of *employee(s)* W-2 or 1099 form(s).

### Personal Information

Participant Name: \_\_\_\_\_

License Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ages of Children Served:  0–3  3–5  5–12

Hours per week: \_\_\_\_\_ x Weeks per year: \_\_\_\_\_ x # of years: \_\_\_\_\_ = Total Hours: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.