Gateways Credential

Work & Practical Experience—Verification Form
Family Child Care Providers

Family Child Care Providers (FCCP) must complete this form to verify experience for the Gateways to Opportunity Credentials. Please follow the steps below:

Step 1: Include copies of your Illinois Child Care license for the years of experience to be counted toward a Credential.

Step 2: Please have two families with children in your program complete the *Proof of Care* form. Those applying for the Infant Toddler Credential must have verification of direct infant toddler teaching experience in addition to direct ECE experience.

Personal Information

Participant Name:_____

Name on License: _____

Address: _____ Apt. #: _____

City: _____ State:_____ Zip Code:_____

Ages of Children Served: _____

Total Hours in Business: _____
(Hours Per Week x By Weeks Per Year x By Number Of Years)

Participant Signature: _____**Date:**_____

I verify that I have read this paragraph and that all information provided is true and accurate. By signing above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted, including the request for additional documentation. I understand that an individual determined to have submitted fraudulent, altered, or false documentation or information will be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the individual as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the individual as determined by IDEC.

Gateways Credential

Proof of Care
Family Child Care Providers

Parent/Guardian Statement

Your Family Child Care Provider is applying for a Gateways to Opportunity program and must provide proof of caring for children. Thank you for taking the time to complete this form to support your Family Child Care Provider. If you have any questions while completing this form, please call the Gateways to Opportunity office at (866) 697-8278 and ask to speak with a Professional Development Counselor.

This form verifies that: (Name Of Provider) _____
is the Family Child Care Provider (FCCP) for my child(ren).

Parent/Guardian Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Please complete the following chart for your child(ren) (one row per child in care):

Name of Child	*Current age of Child*	*Hours Per Week Child is in the Care of this Family Child Care Provider*	*Weeks Per Year Child is in the Care of this Family Child Care Provider*	*Number of Years Child has been in the care of this Family Child Care Provider*
Jane Doe (sample)	5	20	40	3

Days of care *(select all that apply)*:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Drop off time:_____:_____am/pm
Pick up time:_____:_____am/pm
Do your child(ren) still attend this program? ☐ Yes ☐ No
If no, when did they stop attending? _____

Parent/Guardian Signature: _____ **Date:**_____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

You may receive a phone call from our office to verify the information provided.