



VERIFICATION OF CHILD CARE EXPERIENCE

DELAWARE DEPARTMENT OF EDUCATION – DEEDS EARLY LEARNING

General Information

This form is to be used as proof of work experience conducted in a licensed child care center, licensed family child care, or other setting recognized by DEEDS Early Learning.

“Experience” mean the practical knowledge or skill gained from documented direct participation in working with children birth through second grade in a group setting for early care and education positions or with children kindergarten through sixth grade in a group setting for school-age positions.

Instructions

This Verification of Child Care Experience form is to be completed, signed, and dated by the acting Center Administrator or owner of the Family Child Care. In the event the verification is for the owner of the Family Child Care Center, please also attach a copy of the family child care license.

APPLICANT:

First Name	Last Name	Last Four of SSN

PLACE OF WORK EXPERIENCE:

Center Name
Street Address
City, State, Zip
Center Phone Number and Email

WORK EXPERIENCE:

Position Currently Held	Currently Employed (please circle) Yes No
Employment Start Date (mm/dd/yyyy)	Employment End Date (mm/dd/yyyy)
Ages of Children Applicant Worked With (please circle) 0-3, 3-5, 5-8, 8-12, 12 & Up	Hours Worked <u>Directly</u> With Children Per Week

I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

Printed name and title of the Administrator/Owner completing this form (May **NOT** be applicant)

Signature – May NOT be digital

Date