



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. For additional instructions see page 2.

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 qualified Administrator/Owner completing this form (May **NOT** be applicant)

Signature – May NOT be digital

Date

Printed name of the **applicant**

Signature – May NOT be digital

Date

How to Complete a Verification of Child Care Experience Form

The **Applicant section** and the **Place of Work Experience section** are to be filled out by the Educator.

***All boxes are required. Any box left blank will be viewed as an incomplete form and a request will be sent to you, the Educator, to provide us with a completed VOE.

The **Work Experience section** is only to be filled out by the acting Child Care Center Administrator or Director. If the verification is for the owner of a Family Child Care Center, please upload copies of your Family Child Care License along with this form.

***All work experience boxes are to be filled out in their entirety. Any box left blank will result in the Educator being asked to provide us with a new, completed VOE.

***Printed name **and** title of a qualified Administrator or Owner are required

***Non-Digital signature is **required** along with date of signature

Any questions pertaining to the Verification of Child Care Experience form may be directed to DEEDSEarlyLearning@doe.k12.de.us

