



First-time Permit Applicant

CDTC Permit Stipend

Policies

2020-2021 Program Year

**For timely processing of your application, please read and follow all directions carefully.
Incomplete applications are returned to the applicant unprocessed.**

Refer to www.childdevelopment.org for detailed program policies.

1. **The Permit Stipend Program is limited to *one time per person each year*.**
 - The current year runs from August 1, 2020 through June 30, 2021.
2. The CDTC pays the application fee for eligible applicants. ***Please do not send payment.***
 - First time permit applicants may also request reimbursement for Live Scan fingerprint fees.
3. Stipend payments for first time applicants are currently available for:
Assistant, Associate Teacher, Teacher and Master Teacher levels.
 - Participation in the Permit Stipend Program is optional. However, if applying directly to the Commission on Teacher Credentialing, ALL fees are the responsibility of the permit applicant.
4. Permit applications submitted directly to the CTC are not eligible for reimbursement.
5. Print all forms single sided. Do not submit forms printed back to back.
6. Complete the submittal checklist (next page) to ensure your application is complete.
7. Permit Stipend Funding is processed on a first-come, first-serve basis.
8. Applicant must work or live in California to be eligible for the stipend program.
9. Incomplete or incorrect applications are not processed.
 - Unprocessed applications are returned within 6 weeks. *Failure to complete your application will delay obtainment of a Child Development Permit.*
 - CDTC will only allow applicants to resubmit an incomplete or incorrect application one time each program year. If additional corrections are required on a resubmitted application, CDTC will return the application with instructions on how to apply directly to CTC and *applicant will be responsible for paying ALL permit fees.*

For assistance or questions, please email CDTC-Permit@yosemite.edu.

Send complete application packet to:

Child Development Training Consortium

PO BOX 3603

Modesto, CA 95352

(Please do not send payment with application)



OWNER of Licensed Family Child Care First-time Permit Applicant

CDTC Child Development Permit Instructions

2020-2021 Program Year

☐ Permit Stipend Request Form

1. Complete all required fields; applicant information must match the information on Form 41-4.
2. #8 is not United States; please put county, not country.

☐ Application for Credential Authorizing Public School Service (Form 41-4; revised 7/2019)

1. Be sure to complete ALL fields.
2. All five (5) pages of the 41-4 form are required. *Page 2 is required, even if not marked.*
 - a. Section 1: Personal Information: **complete all required fields.** Missing social security number and birthdate are one of the top reasons for returned applications.
 - b. Section 2. Application Type: **Mark "New Credential/Permit"**
 - c. Section 3. Document Type: **Mark the Child Development Permit Level you are applying for.** Mark only one box unless half of your ECE/CD units are School-Age courses; then you may add the School Age emphasis if desired.
 - d. Section 4. Authorization Subject: **leave this section blank.**
 - e. Section 5. Child Development Permit RENEWAL Self-Verification: **leave this section blank**; you are not renewing. However, be sure to include page 2 with your application.
 - f. Section 6. Professional Fitness Questions: answer ALL professional fitness questions (a-f).
 - i. **If you answer "Yes" to any of the questions, you must complete the Professional Fitness Explanation Form (Form OA-EF) and submit the required supporting documentation.** This form can be found on the CTC website at ctc.ca.gov.
 - g. Section 7. Child Abuse and Neglect Mandated Reporting: read the Mandated Reporting statement and check the "I agree" box.
 - h. Section 8. Employing Agency Information: **leave this section blank.**
 - i. Section 9. Oath and Affidavit: DATE, CITY, COUNTY (not country), STATE, and SIGNATURE required.

THE CTC DOES NOT ACCEPT THE 41-4 IF IT HAS HAND-WRITTEN CORRECTION NOTATIONS, CROSS-OUTS, WHITE-OUTS OR OTHER ERRORS.

DO NOT submit a 41-4 application form with errors; replace it with an ERROR FREE 41-4 form.

☐ Request for Live Scan Service (Form 41-LS)

1. Complete fingerprinting at a live scan provider before submitting your application.
 - a. Section 6 (on bottom) must be complete and show ATI number and fees paid.
2. **Fingerprinting done for an employer or the Dept. of Social Services (for home care licenses) cannot be used in place of CTC fingerprinting.**
3. Fingerprinting is not required if fingerprints are already on file with the CTC; this will show on the CTC website at ctc.ca.gov at the Search for an Educator -> Secured Search screen.

☐ CDTC Live Scan Fingerprint Processing Fee Reimbursement Request Form

1. Attach the original live scan receipt or copy of the 41-LS form.

☐ Original college transcripts

1. **Etranscripts are not accepted unless submitted by the County Office of Education.**
2. You may open transcripts to check for accuracy. (Transcripts do not have to be sealed, just official.)

☐ Verification of FCC Experience Form (Form CL-878)

☐ Copy of Family Child Care State License

☐ Three (3) Verification of FCC Attendance Forms (Form CL-877) completed by different parents. (For Option 1.)

☐ Master Teacher Specialization Form (For Master Teacher Option 1.)

☐ Confidential Profile for Direct Services Participants.

For assistance or questions, please email CDTC-Permit@yosemite.edu

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2020 - 2021 CDTC Child Development Permit Stipend Request Form

CDTC use only:

Permit application fee
paid by CDTC:

- » The Permit Stipend Request form must accompany all required application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » Review the CDTC Submittal Checklist for all required application documents at www.childdevelopment.org.

1) *Full Legal Name (First/Middle/Last): _____ / _____ / _____		
2) *Birthdate (mm/dd/yyyy): _____		3) *Last Five Digits of Social Security Number: _____
4) *Mailing Address: _____		5) *State: _____
6) *City: _____	7) *Zip: _____	8) *County: _____
9) *Email: _____		
10) Contact Phone Number: () _____		11) Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
12) Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Alaskan/ Native American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> White/Caucasian		
13) Currently Attending College: <input type="checkbox"/> No <input type="checkbox"/> Yes, Name of College: _____		

You are applying for the CDTC to pay the application fee on your behalf to the Commission on Teacher Credentialing (CTC).

14) *Permit Type: (select <u>only one</u>) First Permit being issued Renewing Current Permit Upgrading Renewed Online; Reimbursement <i>If none of these stipend types apply, you do not qualify for the Permit Stipend Program.</i>	15) *Requesting Permit Level: (select <u>only one</u>) <table><tr><td>Assistant</td><td>Site Supervisor</td><td rowspan="4">} Upgrades only</td></tr><tr><td>Associate Teacher</td><td>Program Director</td></tr><tr><td>Teacher</td><td></td></tr><tr><td>Master Teacher</td><td>with School Age Emphasis (requires college coursework relating to children up to age 14, see matrix)</td></tr></table>	Assistant	Site Supervisor	} Upgrades only	Associate Teacher	Program Director	Teacher		Master Teacher	with School Age Emphasis (requires college coursework relating to children up to age 14, see matrix)
Assistant	Site Supervisor	} Upgrades only								
Associate Teacher	Program Director									
Teacher										
Master Teacher	with School Age Emphasis (requires college coursework relating to children up to age 14, see matrix)									

16) I verify that all required permit application documents are complete and attached. I understand if the permit application packet is found to be incomplete or needs corrections, CDTC will return it to me unprocessed, delaying obtainment of the permit for which I am applying. CDTC will allow me to resubmit the permit application for the permit stipend one time only. I certify that my information may be provided to the stipend provider, the California Department of Education - Early Education and Support Division, and/or their research partners for evaluating this project.

*Applicant's Signature: _____

*Date: _____

Mail this completed form with all permit application documents to:

Child Development Training Consortium
P.O. Box 3603 Modesto, CA 95352

For assistance email CDTC-Permit@yosemite.edu

Do not write in this space (For CDTC Staff Use Only)

Type of Permit:

- ☐ First Time
☐ Renewal
☐ Upgrade
☐ Online Renewal

Live Scan:

☐ Yes ☐ No ☐ CC

PD Profile: ☐

Date Rec'd: _____

Date Above: _____

File Date: _____

*=Required Fields

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

(For Privacy Act Notification see [Application Instructions](#))

Mail application and payment
(check or money order) to:
Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, California 95811-4213

Appeal: _____

Route to: _____

Commission Use Only: Fee Information

APP	FP	Other
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1. PERSONAL INFORMATION (type or print)

CTC Use Only

IHE/County/District Use Only

Issuance

Date: _____

Email: _____

***Social Security or Individual Tax Identification Number:** _____

***Date of Birth: (mm/dd/yyyy)** _____

***My Full Legal Name:** _____
First
Middle
Last

All Former/Maiden Name(s): _____

County/District of Employment (CA only): _____

***Address:** _____

***City:** _____

***State:** _____

***Zip:** _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

***Email Address:** _____

* = Required Information

2. APPLICATION TYPE REQUESTED: (select only one option)

New Credential/Permit

Extension by Appeal

Upgrade (Clear Credential or Child Development Permit)

Renewal

Add Subject/Authorization to Existing Document

Change of Restriction

Other: _____

3. CHOOSE DOCUMENT TYPE: (make only one selection in this section)

*** = Available at the request of a California Local Education Agency (LEA) only. Documents in bold font require you to select from Section 4 below a Subject or Authorized Area of Service to be listed on the document.**

TEACHING CREDENTIALS:	SERVICES CREDENTIALS:	EMERGENCY PERMITS*:	SUBSTITUTE PERMITS:	CHILD DEVELOPMENT PERMITS:
Single Subject	Administrative	Limited Assignment *	30-Day Substitute	Assistant
Multiple Subject	Pupil Personnel	Short-Term Staff*	Career Substitute*	Associate Teacher
Education Specialist	Speech-Language	Provisional Internship*	Prospective Substitute	Teacher
Career Technical (CTE)	Pathology	EM CLAD*	Teaching Permit for	Master Teacher
Adult Education	Teacher Librarian	EM Bilingual*	Statutory Leave*	Site Supervisor
Other:	School Nurse	EM Teacher Librarian*	30-Day CTE Substitute	Program Director
_____	Other:	EM Resource Specialist*		Children's Center
	_____			Permit
				School-Age
				Emphasis

4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)

Multiple Subject (Elementary Teaching) Single Subject (Secondary Teaching): (Specify World Language-if applicable)	English Learner Authorization CLAD Certificate Bilingual Authorization: (Specify Language) _____	Supplementary Authorization/ Subject Matter Authorization:
Special Education Specialty Areas:	Pupil Personnel Services:	CTC Use Only
CTE Industry Sector:		
Adult Education Subjects:		



5. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit (any level except the Associate Teacher Permit) you must complete a specific number of planned and approved professional growth activities for each five-year renewal. These activities must be recorded on the *Professional Growth Plan and Record* form. As the holder of a Child Development Permit choosing to self-verify completion of these requirements, you may be subject to an audit. The Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of this application. If the Commission determines through its audit that you did not complete the professional growth requirements, your permit will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your *Professional Growth Plan and Record* form for one year following the submission of this application.

DECLARATION:

I certify (or declare) that I have read the above and completed the following for this renewal of my Child Development Permit:

I have completed _____ hours of professional growth activities

My Professional Growth Advisor is _____

Advisor's Name

Advisor's Phone Number

6. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding [*Professional Fitness Explanation Form*](#).

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



WARNING: You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential;
- The Commission may reject your application if it is incomplete and it will be delayed.



a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired, or
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

Yes

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- infractions (DUI or reckless driving convictions are not infractions)

Yes

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

Yes

No

d. Are any criminal charges currently pending against you?

Yes

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No



- f.** Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No

7. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a documentholder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a documentholder, I will fulfill all the duties required of a mandated reporter.

I agree

8. EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

County CDS Code _____ School District CDS Code _____

Charter School/Non-Public School or Agency/Statewide Agency Name _____

Applications for One-year Nonrenewable Credentials, Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day or Prospective Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

Before submitting, please review the application for completeness:

- 1) Personal information with correct SSN, date of birth, and email address filled in on page 1
- 2) Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)
- 3) All Professional Fitness Questions marked Yes or No on pages 3 and 4
- 4) Read and agreed to your responsibilities as a mandated reporter
- 5) Payment (check or money order attached to the front of this form). See [Credential Leaflet CL-659](#) for fee schedule.



Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

Applications submitted that are incomplete or without the appropriate fee included will not be processed and will be returned.

9. OATH AND AFFIDAVIT *

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

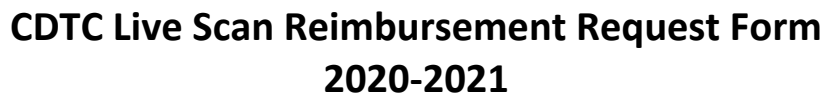
Date _____ City _____ County _____ State _____
(mm/dd/yyyy) (where you sign the form)

SIGNATURE OF APPLICANT _____

* You must complete all portions of this section.

Comments/Additional Subject Requests:





Attach the ORIGINAL RECEIPT* showing the paid Live Scan Processing fees.

- A. Only first-time permit applicants** are eligible to apply for the Live Scan fee reimbursement of FBI and DOJ fees (currently \$49). Only the permit applicant, their employer, or other agency can receive reimbursement payments.
- B.** The reimbursement request form must be submitted as part of a complete permit application packet.
- C.** Reimbursement payments are processed on a first come, first served basis. Funding is limited; submission of this request form does not guarantee a reimbursement payment.
- D.** Please allow 4-6 weeks for processing; a check will be issued from the Yosemite Community College District.

For assistance, email CDTC-Permit@yosemite.edu

*=Required Fields

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

ORI: A0281 <small>Code assigned by DOJ</small>		Type of Application: License/Certification/Permit		Section 1
Job Title or Type of License, Certification or Permit:		TEACHER CRED 44340 EC		
Agency Address Set Contributing Agency:				Section 2
CASM TEACHER CREDENTIALING <small>Agency authorized to receive criminal history information</small>		03294 <small>Mail Code (five-digit code assigned by DOJ)</small>		
1900 Capitol Avenue <small>Street No. Street or PO Box</small>				
Sacramento <small>City</small>	CA <small>State</small>	95811-4213 <small>Zip Code</small>		
			Contact Telephone No.	
				Section 3
*Name of Applicant: _____ <small>(Please print) Last First MI</small>				
*Alias: _____ <small>Last First</small>		*Driver's License No: _____		
*Date of Birth: _____		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
		Misc. No. BIL - _____ <small>Agency Billing Number</small>		
*Height: _____		*Weight: _____		
		Misc. Number: _____		
*Eye Color: _____		*Hair Color: _____		
		_____ <small>Street No. Street or PO Box</small>		
*Place of Birth: _____		_____ <small>City, State and Zip Code</small>		
*Social Security Number (full): _____		* Required Fields		
				Section 4
*OCA Number: _____ <small>(SSN OR ITIN#)</small>		Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI		
If resubmission, list Original ATI Number: _____				
				Section 5
SUPPLEMENTAL AGENCY/EMPLOYER <small>(County Office of Education/School District)</small>				
Employer Name _____				
Street No. _____		Street or PO Box _____		
City _____		State _____ Zip Code _____		
		Mail Code (COE/SD five digit code assigned by DOJ) _____ () _____		
		Agency Telephone No. (optional) _____		
				Section 6
Live Scan Transaction Completed By: _____				
		Name of Operator _____		Date _____
Transmitting Agency _____		ATI No. _____		Amount Collected/Billed _____



CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE EXPERIENCE

This form should be completed by individuals that operate a family home child care facility to verify family child care experience. The experience must be obtained while holding a Small or Large Family Child Care Home License issued by the California Department of Social Services.

- ▶ Do not mail this form directly to the Commission. It must be submitted with a child development permit application packet.

Check One:

<u>Permit Level</u>	<u>Required Experience</u>
Assistant	None Required
Associate Teacher.....	50 days of 3+ hours/day within 2 years
Teacher.....	175 days of 3+ hours/day within 4 years
Master Teacher.....	350 days of 3+ hours/day within 4 years
Site Supervisor.....	350 days of 3+ hours/day within 4 years (including at least 100 days of supervising adults)
Program Director.....	Site Supervisor status and one program year of site supervisor experience

Applicant's Full Legal Name _____
First Middle Last

Last four digits of your Social Security Number _____

I _____ have served as a small /large family child care provider
Name of Applicant Circle One

from _____ to _____
Month/Year Month/Year

Name of Family Child Care Facility _____

Mailing Address _____
Street

City State ZIP

Attached is a copy of the Small/Large Family Child Care Home License issued by the California Department of Social Services. **Note: Site Supervisor and Program Director applicants must hold a Large Family Child Care Home License issued by the California Department of Social Services**

Site Supervisor Applicants:

I certify that I have a minimum of 100 days of experience supervising adults.

Program Director Applicants:

I certify that I have held a Large Family Child Care Home License for a minimum of one year.

I certify under penalty of perjury that all the foregoing statements are true and correct.

Signature of Applicant

Date



State Of California
Commission On Teacher Credentialing
Certification, Assignment and Waivers Division
1900 Capitol Avenue
Sacramento, CA 95811-4213

Email: credentials@ctc.ca.gov
Website: www.ctc.ca.gov

CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE ATTENDANCE

This form should be completed by parents/guardians to verify attendance of their child or children in a family child care program.

- The parent/guardian should not mail this form directly to the Commission. It must be submitted with a Child Development Permit application packet.

This is to certify that: _____ has provided an early care
Name of Family Child Care Provider
and education program to my child or children.

I have/had _____ child/children in the provider's early care and education program.
Number

The child or children attended the provider's early care and education program:

from: _____ to: _____
Begin Date *End/Present Date*

Name of Parent/Guardian

Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Parent/Guardian



Master Teacher Specialization Designation Form

If you are applying for the Child Development Master Teacher Permit under Option 1, complete the necessary information below.

*Permit Applicant Name:

*State the name of your Master Teacher Specialization (refer to examples below):

List the course number and title of each class you are using to meet the specialization requirement of six (6) semester units.

*Course Number	*Course Title	*Number of Units
*Total Number of Master Teacher Specialization Units:		*

Examples of Specializations

- Infant/Toddler
- Health and Safety
- Teacher/Family Relationships
- Children with Special Needs
- School-Age Child Care
- Bilingual/Bicultural
- Preschool Programming
- Music

^Administration and core areas are not acceptable specializations

For assistance email CDTC-Permit@yosemite.edu or call (209) 572-6080

Vendor/Organization Code _____

Title of Training _____

Date _____ (mm/dd/yyyy)

Complete this form if you work directly with children in a **child care center, school-age child care, family child care home, elementary school classroom (e.g., TK)** or as an **individual child care provider**.

Confidential Profile for Direct Service Participants

California Department of Education, Early Education and Support Division, Quality Improvement Training

This training is funded through the California Department of Education (CDE), Early Education and Support (EESD) Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? ____/____/____ (mm/dd/yyyy)
2. In what city were you born? _____
3. What are the last five digits of your social security number? X X X - X ____ - ____

Education Information

4. What is your highest level of education? Please check only one answer.

- | | | |
|--|--|--|
| <input type="checkbox"/> No high school diploma/No GED | <input type="checkbox"/> AA/AS (2-year college degree) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School diploma/GED | <input type="checkbox"/> BA/BS (4-year college degree) | <input type="checkbox"/> Doctorate |

5. Do you have a college degree from a foreign country?

- ☐ Yes ☐ No ☐ I do not have a degree

6. If you have a degree, please select the area that best represents the major for any degree you have attained.

Please check all that apply.

Degree	ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
AA/AS/2-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you hold a current California child development permit, indicate your current level:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> I do not have a permit | <input type="checkbox"/> Associate teacher | <input type="checkbox"/> Master teacher | <input type="checkbox"/> Program director |
| <input type="checkbox"/> Assistant teacher | <input type="checkbox"/> Teacher | <input type="checkbox"/> Site supervisor | |
| <input type="checkbox"/> Children's Center Instruction | | <input type="checkbox"/> Children's Center Supervision | |

8. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> I do not have a credential | <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> School Nurse Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Single Subject | |
| <input type="checkbox"/> Bilingual Specialist | <input type="checkbox"/> Pupil Personnel Services | <input type="checkbox"/> Specialist Instruction | |
| <input type="checkbox"/> Clinical/Rehabilitative Services | <input type="checkbox"/> Reading/Language Arts | <input type="checkbox"/> Speech-Language Pathology | |

IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.

Employment Information

9. Which best describes the setting or program you primarily work in? Please check only one answer.

- ☐ Licensed child care center/early childhood program (including Head Start, After-school program, etc.)
☐ License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
☐ Informal provider (family, friend, neighbor)
☐ Licensed family child care home ☐ Other (please specify) _____

10. If you work in a center or school-based ECE program, which best describes your primary position?

- ☐ Assistant teacher/teacher aide/associate ☐ Site supervisor ☐ Director – multi-site
☐ Teacher/lead teacher/associate ☐ Assistant Director ☐ Executive director
☐ Teacher-director ☐ Director – single site ☐ Other (please specify) _____
☐ Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
☐ Professional support staff (e.g. curriculum specialist, mental health consultant)

If working as a substitute please specify position type in which you more frequently work as a substitute.

11. If you work in a family child care home, which best describes your primary position?

- ☐ Owner/operator of the family child care ☐ Assistant in the family child care ☐ Other (please specify) _____

12. What is your city of employment? _____

13. What is your county of employment? _____

14. What is your zip code of employment? _____

15. Please write in (if less than one year, write in 1):

Number of years you have been employed in the ECE field _____

Number of years you have been employed with your current employer _____

Number of years you have been employed in your current position with your employer _____

16. How many paid hours per week and months per year do you work at your current job, on average?

Number of paid hours per week _____

Number of months per year _____

17. How many children are currently enrolled in your classroom or program? If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program. _____

18. How many children of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 17.

Less than one year _____

3 years old _____

1 year old _____

4 years old through prekindergarten _____

2 years old _____

School-age in before/after school program _____

19. Do you currently care for children who are dual language learners?

- ☐ Yes ☐ No ☐ Don't know

20. Do you currently care for children who have an Individualized Family Service Plan (IFSP), an Individualized Education Plan (IEP)?

- ☐ Yes ☐ No ☐ Don't know

21. What is your current gross salary, for this early care and education job, (before taxes and other deductions)? Please

Respond only once – by hour or by month or by year. Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.

Per hour _____ or Per month _____ or Per year _____

Demographic Information This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

22. What is your gender?

- ☐ Female ☐ Male

23. How do you identify your race/ethnicity? Please check only one answer.

- ☐ Asian ☐ Native American/Alaskan ☐ Multi-racial
☐ Black/African-American ☐ Pacific Islander ☐ Other (please specify) _____
☐ Latino/Hispanic ☐ White/Caucasian

24. What is the primary language you speak at home?

- ☐ English ☐ Spanish ☐ Hmong
☐ Mandarin and/or Cantonese ☐ Tagalog ☐ Other (please specify) _____
☐ Russian ☐ Vietnamese

25. Please check all the languages you speak fluently.

- ☐ English ☐ Spanish ☐ Hmong
☐ Mandarin and/or Cantonese ☐ Tagalog ☐ Other (please specify) _____
☐ Russian ☐ Vietnamese

26. The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. If you would like more information or to sign up for this workforce registry please go to their website: <https://www.caregistry.org/>

If you have a registry ID number, do you give us permission to include the information provided on this form (including date of birth, and last five digits of your social security number) to the registry? Submission of your information to the registry will be done in a confidential and secure manner.

- ☐ Yes ☐ No

If you checked "yes" please enter your number below.

Your registry ID number: _____.

Thank you very much for completing the registration form!