



Renewal (Online)

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, 2019 through June 30, 2020.
 2. The CDTC pays the application fee for eligible applicants. *Please do not send payment.*
 3. **Stipend payments for online renewals are currently available for: *Teacher level and higher*.**
 - Note: Receipt for Site Supervisor and Program Director must be dated after Jan 4, 2021 to be eligible for stipend.
 - 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. Permit Stipend Funding is processed on a first-come, first-serve basis.
 6. Applicant must work or live in California to be eligible for the stipend program.
 7. Print all forms single sided. Do not submit forms printed back to back.
 8. Complete the submittal checklist (next page) to ensure your application is complete.
-

Send your application to:
) u # h\ " U #° "
h " V\ u " with application

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



Renewal (Online)

CDTC Child Development Permit Checklist 2020-2021 Program Year

Complete the steps below and mail original documents to CDTC when complete.

- Refer to www.childdevelopment.org for a complete list of policies and information.

- ☐ **Permit Stipend Request Form**
 1. Complete all required fields.
 2. Online renewal reimbursement is only available for permits at Teacher level or higher.
- ☐ **Renew online and pay fees**
 1. Complete the online permit renewal process on the Commission on Teacher Credentialing (CTC) website at www.ctc.ca.gov, under "Educator Login".
 - Refer to the renewal tutorial on the website for assistance.
 - Pay all renewal fees online.
- ☐ **Payment confirmation page.** Print confirmation showing payment amount and permit level.
 - Teacher and Master Teacher receipts must show a date of Nov 2, 2020 or later.
 - Site Supervisor and Program Director receipts must show a date of Jan 4, 2021 or later.
- ☐ **Copy of permit** being renewed.
 - Available at www.ctc.ca.gov "Educator Login".
- ☐ **Confidential Profile for Direct Service Participants Form** (PD Profile).

Make a copy for your records. Do not include any form of payment with your application.

Mail original application documents to:

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For further assistance please email CDTC-Permit@yosemite.edu.



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) Is the program where you are employed participating in Quality Counts CA (QCC/QRIS): <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know/Not working					
13) 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					
14) 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).

15) *Permit Type: (select <u>only one</u>)		16) *Requesting Permit Level: (select <u>only one</u>)	
First Permit being issued		Assistant	
Renewing Current Permit		Associate	
Upgrading		Teacher	
Renewed Online; Reimbursement		Master Teacher	
		Site Supervisor	
		Program Director	
		Optional Selections - not required	
If none of these stipend types apply, you do not qualify for the Permit Stipend Program.		Option 1 Option 2 School Age Emphasis (see ctc.ca.gov for more information)	

17) 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:

Date Above:

*=Required Fields

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!