2018 - 2019 Child Development Permit Stipend Policies & Instructions for Upgrading from Assistant, Associate Teacher, or Teacher Permits only

To ensure timely processing of your Child Development Permit Application Packet, please read and follow all application directions carefully. Incomplete applications are returned to the applicant. Refer to www.childdevelopment.org for more information.

1. The Child Development Permit Stipend program year runs August 1, 2018 through July 31, 2019.
2. The Child Development Training Consortium (CDTC) Permit Stipend Program pays the permit application fee to the Commission on Teacher Credentialing (CTC) for persons seeking the Child Development Permit levels listed below (including permits with a School-Age Emphasis).
   - **Permit Upgrade from these Permit Levels Paid for by CDTC – Assistant, Associate Teacher, and Teacher only** (Valid and expired permits are eligible to submit for renewal)
   - **Participation in the Permit Stipend Program is Optional** – Individuals may ***either*** apply for the CDTC Permit Stipend Program (to pay the permit application fee) ***or*** apply directly to the CTC. When applying directly to the CTC, ***ALL*** fees are the responsibility of the permit applicant.
3. Permit applications submitted directly to the CTC are not eligible for reimbursement.
4. Permit Stipend Funding is processed on a first-come, first-serve basis with priority given to eligible applicants who are applying for:
   a) Initial (first-time) permits, starting with the lowest level permits
   b) Permit renewals, starting with the lowest level permits
   c) Permit upgrades, starting with the lowest level permits
5. Applicant must work or live in California to be eligible for the Permit Stipend and Live Scan fees.
6. **To get started, print all forms single sided.** Do not submit forms printed back to back.
7. Follow the directions on the Child Development Permit Stipend Submittal Checklist.
8. **DO NOT submit any form of payment with your permit application packet** because you are applying for CDTC to pay the permit application fee**.** If your permit application is complete, CDTC will issue and send the payment with your permit application to the CTC.
9. Permit application packets received incomplete or incorrect are not processed and returned to the applicant within 6 weeks, delaying 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 the resubmitted application, CDTC will return the application to the applicant with instructions on how to apply directly to CTC. When applying to the CTC, ***ALL*** fees are the responsibility of the permit applicant.
10. The Permit Stipend Program is limited to one time per person each year, see dates above.
11. Permit extension and downgrade applications are not eligible for the CDTC Permit Stipend.
12. **Before submitting, make a copy of the entire permit application packet for your records.**
13. Send Child Development Permit Stipend Request form with permit application packet including all required Commission on Teacher Credentialing application documents to:

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

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

Revised 9/24/18

2018 – 2019 Child Development Permit Stipend Submittal Checklist: Upgrade Applicant

***Participation in the Permit Stipend Program is Optional*.**

Option 1: Apply for the permit application fee to be paid for by the CDTC^ Permit Stipend Program

- Complete the Submittal Checklist steps and mail to CDTC at P.O. Box 3603, Modesto, CA 95352
- Incomplete application packets will not be processed and returned to the applicant. CDTC will only allow applicants to resubmit one time each program year; refer to the Policies and Instructions form.
- Refer to www.childdevelopment.org for more information.

Option 2: Apply directly to the CTC^^ and assume the responsibility of paying the application fee.

- Complete only steps 2, 3, 4, 5 below and mail with payment to CTC, Certification Division at 1900 Capitol Avenue Sacramento, California 95811-4213
- Refer to www.ctc.ca.gov for more information.

^CDTC: Child Development Training Consortium ^^CTC: Commission on Teacher Credentialing

☐ **1.** Complete the CDTC Child Development **Permit Stipend Request Form** for permit application fee**.**

- Applicant information must match the information on the CTC Form 41-4.

☐ **2.** Complete CTC **Form 41-4** *Application for Credential Authorizing Public School Service*. ***The CTC does not accept the 41-4 if it has hand-written correction notations, cross-outs, white-outs or the like.*** Review for completeness. ALL five (5) pages of the 41-4 form are required.

- **Section 1**: Complete **all required fields** identified with an asterisk (*).
- **Section 2**: For **CREDENTIAL TYPE (OPTIONS),** select or write, "Permit Upgrade". For **Child Development Permit (PK)**, write the permit you are applying for and, using the Permit Matrix, wrote the option number (1, 2, 3, or 4) next to the permit level. Leave the School-Age Emphasis box blank, *unless* half of the ECE/CD units are School-Age.
- **Section 3**: Upgrade applicants write "N/A", renewal information is not applicable.
- **Section 4**: Answer **ALL professional fitness questions** (a-f). If you answer "Yes" to any of the questions, you must complete the corresponding *Professional Fitness Explanation Form*.
- **Section 5**: Read the statement and **check the "I agree" box**.
- **Section 6**: Complete the information or enter "N/A", if not employed by school district.
- **Section 7**: Enter current **DATE**, **CITY**, **COUNTY** (not country), **STATE**, and **SIGNATURE**.

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

☐ **3.** If there has been a name change, complete the CTC **Form 41-NC** *Request to Change Name or Personal Profile*, available at www.ctc.ca.gov.

☐ **4.** Provide a **copy of the permit** submitting for upgrade, available at www.ctc.ca.gov "**Educator Login**".

☐ **5.** Provide **original college transcripts** (not a student computer printout).

- CTC suggests opening transcripts to review for required coursework.
- CDTC will not accept eTranscripts, unless submitted by the county office of education.

☐ **6.** **If upgrading from a permit that has been expired more than 18 months**, complete the CTC *Request for Live Scan Service* **Form 41-LS** fingerprinting process and **submit**.

☐ **7.** If applying with Permit Matrix **Option 1**, complete and submit the **Verification of Experience Form.**

☐ **8.** If applying for Master Teacher **Option 1**, complete and submit **Master Teacher Specialization Form.**

☐ **9.** Complete Confidential Profile for Direct Service Participants Form (PD Profile).

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

2018 - 2019 Child Development Permit Stipend Request Form

CDTC use only:
Permit application fee paid by CDTC:

Complete every question, sign, and date verification statement. Do not send any form of payment.

- 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.
- **Original ink signature required. Photocopies, faxes, or other non-original forms are not accepted**

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) Contact Phone Number: ( )

10) Gender: ☐ Female ☐ Male

11) *Email Address:

12) *Stipend Type, (select only one), **"I am":**

- ☐ **Applying for my very first Child Development Permit**
- ☐ **Renewing** an Assistant -OR- Associate Teacher -OR- Teacher Permit
- ☐ **Upgrading from** an Assistant -OR- Associate Teacher -OR- Teacher
- ☐ **Submitting** for Online Teacher Permit Renewal Reimbursement

You are applying for the Child Development Training Consortium to pay the application fee on your behalf to the Commission on Teacher Credentialing (CTC).

If none of these stipend types apply to your situation, you do not qualify for the Permit Stipend Program. To apply for your child development permit, you must submit your permit application with supporting documents and application fee directly to the CTC.

13) *Permit Level, (select only one): ☐ **Assistant** ☐ **Associate Teacher** ☐ **Teacher** -- Or, select one below **only** if upgrading from one of the **levels in bold above**. ☐ Master Teacher ☐ Site Supervisor ☐ Program Director

14) *School-Age Emphasis (requires college coursework relating to children up to age 14, see Matrix): ☐ No ☐ Yes

15) Race/Ethnicity: ☐ Asian ☐ African-American/Black ☐ Alaskan/ Native American ☐ Hispanic/Latino ☐ Multi-racial ☐ Pacific Islander ☐ Other (specify): ☐ White/Caucasian

16) Currently Attending College: ☐ No ☐ Yes, Name of College:

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:**

Submit this completed Permit Stipend Request Form with all required Commission on Teacher Credentialing permit application documents to:

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

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

For Child Development Consortium Staff Use Only **(Do not write in this space)**

PD Profile: ☐ Hard Copy ☐ Needed		**Type of Permit:** ☐ First Time ☐ Renewal ☐ Upgrade ☐ Online Renewal	
Live Scan: ☐ Yes ☐ No		**Date Received:**	**File Date:**

*=Required Fields

Revised 9/17/18

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

(For Privacy Act Notification see Application Instructions)

Appeal:_____

Route to: _____

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

Commission Use Only: Fee Information		
APP	FP	Other

CTC Use Only

IHE/County/District Use Only

Issuance Date:_____

Email Address:_____

1. PERSONAL INFORMATION (type or print)

*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 or District of Employment:
*Address:		
*City:	*State:	*Zip:
Home Phone:	Work Phone:	Message Phone:
*Email Address:		

2. CREDENTIAL TYPE (choose only one type below) OPTIONS:

Substitute Permits (PT)

Single Subject (Secondary Teaching)

Specify Subject (If you are requesting more than one subject, enter it in *Comments*.)

Specify World Language (if applicable)

Term

Multiple Subject (Elementary Teaching)

Term

Education Specialist (Special Education)
(If you are requesting more than one subject, enter it in *Comments*.)

Specify Specialty Area

Term

Other Specialist Credentials

Added Authorizations (AASE)

English Learner Authorizations

BILINGUAL AUTHORIZATION - Specify Language

Services Credentials

Term

Specify Other Health Services

Child Development Permits (PK)

☐ School-Age Emphasis

Designated Subjects (PW)

Subject(s) Term

Supplementary Authorization(s) (PJ)

Subject Matter Authorization(s) (PJ)

CTC Use Only

* = Required Fields

3. 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**

4. 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 reproved, 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

5. 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**

6. 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.

7. 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** _____
(where you sign the form)

SIGNATURE OF APPLICANT _____

Comments/Additional Subject Requests:

2017-18 Child Development Permit Application
Verification of Experience

When applying for a Child Development Permit with Option 1, experience must be verified by submitting this Verification of Experience form or an original letter from the employer on official letterhead.

- Have employer or supervisor complete this form to verify the required experience.
- *Submit additional Verification of Experience forms if needed to reach the required total number of days.*
- Verification of experience must accompany all other required permit application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- **Original ink signature required. Photocopies, faxes, or other non-original forms are not accepted.**

***This is to verify/certify that:** _____
(Name of Permit Applicant)

Has served in an instructional capacity in a child care and development program the following dates:

***Start Date:** _____ ***End Date:** _____
(Month/Year) (Month/Year)

***In the position of:** _____
(Job Title)

***With children ages:** _____

*Seeking Permit Level:	Has the required days of experience:	Within the last:	*Verified by (initials):
☐ Associate Teacher	50 days, at least 3 hours per day	2 Years	_____
☐ Teacher	175 days, at least 3 hours per day	4 Years	_____
☐ Master Teacher	350 days, at least 3 hours per day	4 Years	_____
☐ Site Supervisor	350 days, at least 3 hours per day, including 100 days supervising adults	4 Years	_____
☐ Program Director	One year of site supervisor experience		_____

Check below, only if individual has completed less than the required number of days for permit level listed above, write the total number of days and initial:

☐ Total number of days worked or volunteered, at least 3 hours per day: _____ _____
(Number of days) (Verified by Initials)

Agency where individual obtained experience:

*School/Agency Name:		
*Address:		
*City:	*Zip:	*Phone:

My signature verifies the named individual has completed the experience checked and initialed above.

*Signature:	*Date:
*Name (please print):	
*Title:	*Phone:

*=Required Fields

Revised 12/10/18

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

*=Required Fields

Revised 9/17/18

Vendor/Organization Code __7134DTC9_____

Title of Training _Permit Stipend_____

Date_____(mm/dd/yyyy)

Complete this form if you work in **child care center, school-age child care, family child care home,** 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.**
   - □ No high school diploma/No GED
   - □ High School diploma/GED
   - □ AA/AS (2-year college degree)
   - □ BA/BS (4-year college degree)
   - □ Master's degree
   - □ 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	□	□	□	□
BA/BS/4-year college	□	□	□	□
Master's	□	□	□	□
Doctorate	□	□	□	□

7. **If you hold a current California child development permit, indicate your current level:**
   - □ I do not have a permit
   - □ Assistant teacher
   - □ Children's Center Instruction
   - □ Associate teacher
   - □ Teacher
   - □ Master teacher
   - □ Site supervisor
   - □ Children's Center Supervision
   - □ Program director

8. **If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.**
   - □ I do not have a credential
   - □ Administrative Services
   - □ Bilingual Specialist
   - □ Clinical/Rehabilitative Services
   - □ Early Childhood Special Education
   - □ Multiple Subject
   - □ Pupil Personnel Services
   - □ Reading/Language Arts
   - □ School Nurse Services
   - □ Single Subject
   - □ Specialist Instruction
   - □ Speech-Language Pathology
   - □ Other

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-schoolprogram, etc.)
□ Licensed family child care home
□ License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
□ Informal provider (family, friend, neighbor) □ 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!