2019 - 2020 Child Development Permit Stipend Policies & Instructions for Licensed Family Child Care OWNER - Online Teacher Permit Renewal

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, 2019 through July 31, 2020.
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).
   - **Online Renewal– Teacher Permit only** (Reimbursement to applicant after renewing permit online)
3. Permit application packets received incomplete or incorrect are not processed and returned to the applicant within 6 weeks, delaying obtainment of reimbursement.

   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, at which point ***ALL*** fees are the responsibility of the permit applicant.
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 the stipend 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 reimbursement you the online permit application fee**.**
9. The Permit Stipend Program is limited to one time per person each year, see dates above.
10. Permit extension and downgrade applications are not eligible for CDTC Permit Stipend Program.
11. **Before submitting, make a copy of the entire permit application packet for your records.**
12. 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

2019 – 2020 Child Development Permit Stipend Submittal Checklist for Online Teacher Permit Renewal

Complete the Submittal Checklist steps and mail:
Child Development Training Consortium (CDTC)
PO Box 3603, Modesto , CA 95352

- Refer to www.childdevelopment.org for more information.
- **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, at which point ***ALL*** fees are the responsibility of the permit applicant.

☐ **1.** Complete the CDTC Child Development **Permit Stipend Request Form.**
- Online renewal reimbursement is only available for the **Teacher** permit.

☐ **2.** Complete the *online permit renewal process* on the Commission on Teacher Credentialing (CTC) website at www.ctc.ca.gov, select "**Educator Login**".
- Refer to the renewal tutorial on the website for assistance.
- Pay all renewal fees online and the **print payment confirmation page**.

☐ **3.** Provide a **copy of the Teacher permit** being submitted for renewal.
- Available at www.ctc.ca.gov, "Educator Login".

☐ **4.** Provide a copy of the **payment confirmation page** from the CTC website.
- *Must include payment amount and permit level*.

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

Submit all application documents listed above to:
Child Development Training Consortium P.O. Box 3603 Modesto, CA 95352

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

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

2019 - 2020 CDTC 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 7/17/19

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.**
   - □ 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-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!