Instructions and Policies/Center Based/General Child Care Renewal Assistant and Associate Teacher

1. In order to process your Child Development Permit funding application successfully, please assist us by reading and following all directions carefully.

2. **The Commission on Teacher Credentialing (Commission) will only provide credentials, certificates, and permits through an online view and print process.**

3. August 1, 2013 through July 31, 2014, the Child Development Training Consortium (CDTC) will pay the permit application and fingerprint (Live Scan) processing fees (if applicable) for the following:
   - **Assistant** (first-time & renewal)
   - **Associate Teacher** (first time, renewal & upgrade)
   - **Teacher** (first-time, renewal & upgrade)
   - **Upgrades** from one of the three lower level permits to Master Teacher, Site Supervisor and Program Director
   - **Reimbursement of $70.00 for the On-line Renewal of the Teacher Permit Only is available.**

   Refer to the enclosed Child Development Permit Matrix (English and Spanish) and Child Development Permit Matrix with a School-Age Emphasis to determine the education and experience required for each permit level.

4. **Funding for permit application fees are limited to one time each fiscal year.**

5. If you have already submitted your Child Development Permit application and fees to the Commission on Teacher Credentialing or a County Office of Education, you are **not eligible** to participate in this project at this time.

6. Applications may be submitted at any time through July 2014.

7. An incomplete application will be returned to you unprocessed within 6 weeks.

8. **DO NOT** submit any form of payment with your application.

9. Funding is limited. At such time it is determined that the total CDTC budget will be expended, permit applications will be 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 eligible permits

10. The funding for this project ends July 31, 2014.

11. You must work or live in California.

12. **We recommend that you keep a copy of your completed Child Development Permit application for your records.**

Return completed application, along with the required documents to:

Child Development Training Consortium
1620 N. Carpenter Rd, Suite C16, Modesto, CA 95351
For assistance email: lovettc@yosemite.edu or gomezo@yosemite.edu
or call: (209) 572-6080

Para asistencia en Español: (209) 548-5725 / Web site: www.childdevelopment.org

Directions and Checklist for Center Based/General Child Care

Assistant and Associate Teacher Permit Renewal Applicants Only
Assistant and Associate Teacher Level Permits Cannot be Renewed Online

Note: The Commission on Teacher Credentialing requires a new Live Scan fingerprint when renewing Your permit if your permit has been <u>expired for 18 months or more</u>. The CDTC will not reimburse for the additional Live Scan Fingerprinting.

Check off each step at you complete it.

_____ 1. **The first step in renewing your Assistant level permit is to obtain a Professional Growth Advisor. If you do not have a Professional Growth Advisor, go to the CDTC web site www.childdevelopment.org to obtain one.**

_____ 2. **You must obtain the required state form as a renewal permit applicant:**
Renewal & Reissuance Application (for Renewing Existing Credentials) - Form 41-REN and the "Instructions for Renewal."
You may print form 41-REN from the Commission on Teacher Credentialing (Commission) web site www.ctc.ca.gov. If you have difficulty in obtaining the required state form, please contact the Child Development Training Consortium by email: lovettc@yosemite.edu or call: (209) 572-6080.

_____ 3 **Complete the Renewal & Reissuance Application – Form 41-REN:**
   a. **Section 1 – Personal Information**
      Complete all sections of the Personal Information. Please do not use abbreviations. This form can be completed on-line and printed for original signature, or you may print the form and complete in black ink.
   b. **Section 2 – Credential or Permit**
      This section requires the name of the permit you are renewing. Write out the full title of the permit you are renewing.
   c. **Section 3 – Professional Clear Credential Renewal Self-Verification**
      You must write in the number of hours of professional growth activities you have completed. Write in your Professional Growth Advisor's name and telephone number. **Note: This step is not required if you are renewing an Associate Teacher Permit.**
   d. **Section 4 – Personal and Professional Fitness**
      Please read information and questions carefully and thoroughly before answering. If you answer "yes" to any question, you must refer to the "Instructions for the Application". Additional documentation will need to be submitted.
   e. **Oath and Affidavit Section**
      Fill out all areas of this section including the current date. Do not use abbreviations. **It is very important to sign your name in this section.**

_____ 4. **For *Associate Teacher Renewals ONLY, this permit level <u>does not</u> require a Professional Growth Advisor:* This permit requires units to renew, not professional growth hours. Enclose your official/original college transcripts:** Your county office of education may require sealed transcripts. In order to renew the Associate Teacher Permit for an additional five years, you **must** submit original transcripts showing the completion of an additional 15 semester units toward the Child Development Teacher Permit. These classes must have been taken after applying for the Associate Teacher Permit the first time. All course work must be completed with a grade of "C" or better. General Education units must be degree applicable. **Important, you can only renew the Associate Teacher Permit one time.**

_____ 5. **Enclose a copy of your current Child Development Permit or you can print a copy from the Commission's web site www.ctc.ca.gov.**

_____ 6. **Complete the Child Development Permit Application (located on pages 3 & 4):**

   The application consists of the following parts:
   _____ Section A - To be completed by the permit applicant – name and mailing address should be the same on all forms submitted.
   _____ Section B - Employer information to be completed by the permit applicant, if applicable.
   _____ Section C - To be completed by the applicant's college child development advisor – If you have difficulty completing this step, please email lovettc@yosemite.edu or call (209) 572-6080.
   _____ Section D - To be completed by the county credentialing agency, usually the county office of education – skip this question if you work in Los Angeles, Sacramento or San Francisco counties.

_____ 7. **Complete the "CDD Confidential Profile for Direct Service Participants" form.** If completing this form electronically, use the tab feature to enter data. Return with your Child Development Permit application to the Child Development Training Consortium.

_____ 8. **Return your completed application, along with the required documents to the Child Development Training Consortium.**

Child Development Permit Funding Application

CDTC Use Only
Fees: $ _____

Section A:	To be completed by you, the applicant. DO NOT USE ABBREVIATIONS. *If completing this form electronically use the tab feature to enter data.*
Section B:	Employer information to be completed by the permit applicant, if applicable.
Section C:	To be completed by your college child development advisor or qualified agency representative for assessment of eligibility. **IMPORTANT: Please contact your college Early Childhood Education department to inquire if they are part of the VOC Project.** Email: lovettc@yosemite.edu or call: (209) 572-6080 if you have difficulty completing this step.
Section D:	To be completed by the county credentialing agency (usually the county office of education). Take all completed, original application forms and official college transcripts (if applicable) with you. **Disregard this section if you work in Los Angeles, Sacramento, or San Francisco Counties.**

Section A: *Applicant must complete and sign Section A.*

Name: **Date:**

Birthdate: / / (mm/dd/yyyy)   **Social Security Number:** (Last five digits of SS# are REQUIRED) ___ - ___ ___ ___ ___

Mailing Address: **County:**

City: **State:**   **Zip:**

Home Phone: (   )   **Work Phone: (   )**   **Email:**

Which permit are you applying for? (Check only one)
❑ Assistant ❑ Associate Teacher ❑ Teacher ❑ Master Teacher ❑ Site Supervisor ❑ Program Director

Are you applying with a School-Age Emphasis? ❑ Yes ❑ No

Which type of permit are you applying for? (Check only one) ❑ This is my very first Child Development Permit
❑ I am renewing my current permit ❑ I am upgrading to a higher level permit ❑ On-line Renewal

Current Job Title: _____   *Long-Term Career Goal*: ❑ Assistant ❑ Associate Teacher ❑ Teacher
❑ Master Teacher ❑ Site Supervisor ❑ Program Director ❑ Family Child Care ❑ Own a Center ❑ Other (specify):_____

Gender:
❑ Male
❑ Female

Languages:
What languages (other than English) do you speak fluently? _____
What languages (other than English) do you use in your work? _____

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

Which age groups of children do you work with? (Check all that apply)
❑ Less than one year   ❑ 1 year old   ❑ 2 years old   ❑ 3 years old
❑ 4 years old through pre-kindergarten   ❑ School-age in before/after school programs

Do you work with children under 5 years who have disabilities or other special needs *? ❑ Yes ❑ No
* These are children (between birth and 18 years of age) who:
1. Have an IEP (an Individual Education Plan); or 2. Have an IFSP (an Individualized Family Service Plan); or
3. Have behavior, development, or health issues that affect their family's ability to get child care services.

What is the full and complete name (NO ABRREVIATIONS PLEASE) and location of the college where you completed the majority of the course work required for the Child Development Permit you are applying for now?
College name: _____   **State**: _____

Are you currently a student? ❑ No ❑ Yes
If yes, which college are you currently attending? _____

I verify that all required documents are completed and attached. I understand an incomplete permit application packet will be returned to me unprocessed and will delay receipt of the permit for which I am applying. I understand that information I have provided may be provided to California Department of Education, Early Education and Support Division and/or their research partners for the purpose of evaluating this project.

Applicant's Signature   *Date*

For Consortium Use Only:	Live Scan: ❑ No ❑ Yes	Rec'd Date: _____	File Date: _____	Fee Paid: $ _____

Child Development Permit Funding Application

Section B:	_Employer Information to be completed by the Permit Applicant, if applicable_

Permit Applicant's Name:

Name of Employer or Contracting Agency: _____

Address: _____

City: _____ _Zip:_ _____

Applicant's Job Title: _____ _Applicant's Hourly Wage:_ $ _____

**Program Funding Received (Check all that apply):** ❑ CDE/CDD Alternative Payment Voucher ❑ CDE/CDD Direct Funded
❑ City/Municipal ❑ Head Start ❑ Parent Fees ❑ Other (Specify): _____

**Employer Type (check only one):**
❑ Licensed Center ❑ License-Exempt ❑ Licensed Family Child Care Home ❑ Exempt (Unlicensed) Home Care

Section C:	_Skip this part if you are renewing any permit except for the Associate Teacher. To be completed by your college child development advisor or qualified agency representative. Call (209) 572-6080 if you have difficulty completing this step._ _**IMPORTANT: Please contact your college Early Childhood Education department to inquire if they are part of the VOC Project. The VOC Project allows participating programs to assure the Commission that an applicant has met the requirements for the permit. Participation in the program by a community college or four-year institution is voluntary. All six types of child development permits may be approved.**_

**I have reviewed the application of the above named individual. I believe that the courses completed fulfill the requirements of the Child Development Permit for which the applicant is applying.**

College:	_Phone:_ ( )
Print Name:	_Title:_
Email:	
Signature:	_Date:_

Section D:	_To be completed by the county credentialing agency (usually the county office of education)._ _Take all completed, original application forms and official college transcripts (if applicable) with you._ _**Disregard this section if you work in Los Angeles, Sacramento, or San Francisco Counties.**_

**I have reviewed the application of the above named individual. All required documents are attached and ready for submission to the Commission on Teacher Credentialing. I understand that CDTC staff does not evaluate transcripts to ensure educational requirements have been satisfied.**

Agency:	_Phone:_ ( )
Print Name:	_Title:_
Email:	
Signature:	_Date:_

Return completed application, along with the required documents to:

Child Development Training Consortium
1620 N. Carpenter Rd, Suite C16, Modesto, CA 95351
For assistance email: lovettc@yosemite.edu or gomezo@yosemite.edu
or call: (209) 572-6080

**Do not include any form of payment with your application.**
**An incomplete application will be returned to you unprocessed.**

Vendor/Organization Code <u>7134DTC9</u>

Title of Training <u>Stipend for Permit</u>

Date _____ (mm/dd/yyyy)

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 Division (EESD) 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. **If you have a college degree, is your highest 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.**

ECE/Child or Human Development	Education/Psychology/ Social Work	Business/Math/Science/ Health	Other
□ AA/AS/2-year college degree	□ AA/AS/2-year college degree	□ AA/AS/2-year college degree	□ AA/AS/2-year college degree
□ BA/BS/4-year college degree	□ BA/BS/4-year college degree	□ BA/BS/4-year college degree	□ BA/BS/4-year college degree
□ Master's degree	□ Master's degree	□ Master's degree	□ Master's degree
□ Doctorate	□ Doctorate	□ Doctorate	□ 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

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

9. **Which best describes the setting or program you primarily work in? Please check only one answer.**
    □ Licensed child care center/early childhood program   □ 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   □ Site supervisor   □ Director – multi-site
    □ Teacher/lead teacher   □ Assistant Director   □ Executive director
    □ Teacher-director   □ Director – single site   □ Other (please specify) _____
    □ Specialized teaching staff (e.g. special education teacher, supervising master teacher)
    □ Professional support staff (e.g. curriculum specialist, mental health consultant)

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 are enrolled in the following age groups? Please respond to all age groups that apply. 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.
    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. A workforce registry is being piloted in several local quality improvement programs in California. A registry will track the education and training of the early care and education workforce in order to allow program planners to better understand the characteristics and needs of the workforce. The organizers of the pilot workforce registry would like to extend their workforce data to include participants of the California Department of Education-sponsored professional development activities.

Do you give us permission to include the information provided on this form in the pilot registry? All information will remain confidential.

□ Yes   □ No

Thank you very much for completing the registration form!