



CARES

Comprehensive Approaches to Raising Educational Standards

El Dorado County Early Care and Education Planning Council

6767 Green Valley Road, Placerville, CA 95667 (530).295.2312

2007 – 2008 Provider Application

PART 1: Provider Information

Please print in ink.

You MUST complete all questions for your application to be considered.

1. Last Name:	2. First Name:	3. M.I.:		
4. Social Security #:				
5. Date of Birth: Month: Date: Year:	6. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
7. Highest Level of Education Completed: (Please check one)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> No formal education <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some High School <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> Some College <input type="checkbox"/> Some Graduate School </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> AA in ECE/CD <input type="checkbox"/> AA in non – ECE/CD <input type="checkbox"/> BA in ECE/CD <input type="checkbox"/> BA in non – ECE/CD <input type="checkbox"/> Graduate Degree in ECE/CD <input type="checkbox"/> Graduate Degree in non – ECE/CD </td> </tr> </table>			<input type="checkbox"/> No formal education <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some High School <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> Some College <input type="checkbox"/> Some Graduate School	<input type="checkbox"/> AA in ECE/CD <input type="checkbox"/> AA in non – ECE/CD <input type="checkbox"/> BA in ECE/CD <input type="checkbox"/> BA in non – ECE/CD <input type="checkbox"/> Graduate Degree in ECE/CD <input type="checkbox"/> Graduate Degree in non – ECE/CD
<input type="checkbox"/> No formal education <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some High School <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> Some College <input type="checkbox"/> Some Graduate School	<input type="checkbox"/> AA in ECE/CD <input type="checkbox"/> AA in non – ECE/CD <input type="checkbox"/> BA in ECE/CD <input type="checkbox"/> BA in non – ECE/CD <input type="checkbox"/> Graduate Degree in ECE/CD <input type="checkbox"/> Graduate Degree in non – ECE/CD			
8. If you received a BA or higher, did you receive the degree in a foreign country? If yes, from what country? _____	9. If you are working towards an AA degree, what is your major? _____ (Please attach a copy of transcripts stating major)	10. If you are working towards a BA degree, what is your major? _____ (Please attach a copy of transcripts stating major)		
11. Do you have a Teaching Credential? (Please circle one) Y N If yes, from what country? _____	If you have a California Teaching Credential, what type(s)? Check all that apply. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Single Subject <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Education Specialist (Disabilities and Other Special Needs) <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Administrative </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Pupil Personnel Services <input type="checkbox"/> Clinical/Rehabilitative Services <input type="checkbox"/> School Nurse Services <input type="checkbox"/> Library Media Services <input type="checkbox"/> Other Health Services <input type="checkbox"/> Bilingual Specialist <input type="checkbox"/> Reading Certificate <input type="checkbox"/> Other </td> </tr> </table>		<input type="checkbox"/> Single Subject <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Education Specialist (Disabilities and Other Special Needs) <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Administrative	<input type="checkbox"/> Pupil Personnel Services <input type="checkbox"/> Clinical/Rehabilitative Services <input type="checkbox"/> School Nurse Services <input type="checkbox"/> Library Media Services <input type="checkbox"/> Other Health Services <input type="checkbox"/> Bilingual Specialist <input type="checkbox"/> Reading Certificate <input type="checkbox"/> Other
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12. How many years have you provided child care in the each of these settings?				
_____ Center-based care				
_____ Family child care				
_____ License-exempt				

13. Home Address:	14. Apt #:	15. City:	16. State:	17. Zip:
18. Mailing Address:	19. Apt #:	20. City:	21. State:	22. Zip:
23. Home Phone:	24. Other (alternate home number, cell phone, other):			
25. E-mail:				
26. How do you identify your race/ethnicity? (You may choose up to 3 categories)		27. What is your primary language spoken at home? (Please check more than 1 if you are multilingual)		
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other If other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Filipino / Tagalog <input type="checkbox"/> French <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other If other _____		
28. Please select the type of program where you are currently employed: (If you are unsure, please ask your Employer)				
<input type="checkbox"/> State Preschool <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Private / Other Local Subsidy <input type="checkbox"/> Private / Non - Subsidized		<input type="checkbox"/> CDE / General Child Care <input type="checkbox"/> Public School <input type="checkbox"/> Military Base <input type="checkbox"/> Family Child Care <input type="checkbox"/> Other		
29. Have you previously participated in the El Dorado County CARES program? (Please circle one) Y N Year _____				
30. Have you received funds from a Compensation program in another county? (Please circle one) Y N Year _____				
31. Child Development Permit <i>currently held</i> : (Attach Copy of Permit)		32. Child Development Permit you have <i>applied for</i> in the past year: (Attach Copy of Application)		
<input type="checkbox"/> Do not have a Permit <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director		<input type="checkbox"/> Have not applied for a Permit <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director		
Date of Issue: Month: Date: Year:		Date of Application: Month: Date: Year:		
33. Total number of semester units you have completed prior to entry into the CARES program: _____		34. Number of ECE or CD workshops, conferences, or training you took prior to your application to the CARES program: _____		

Please complete Part 2 of the Application that applies to *your* early care employment type (i.e. Center Based, Family Child Care, or Community Care Provider).
Page 2

CENTER - BASED Provider Information
(Including Assistants, Teachers, Master Teachers and Site Supervisors)

PART 2: Center - Based Providers must complete ALL questions on this page.			
<input type="checkbox"/> Yes, I provide early care and education services for pay at least 15 hours per week to children 0- 5 or work directly in a State Subsidized center-based program in El Dorado County.			
1. Name of Center (including site name):			
2. City:	3. State:	4. Zip Code:	5. Site PHONE:
6. Site FAX:		7. School District for site location: (If you are unsure, please ask your Employer)	
8. Director's First Name:		9. Director's Last Name:	10. Director's Phone at Center:
11. Is the center: <input type="checkbox"/> Private, for profit <input type="checkbox"/> Private, non – profit <input type="checkbox"/> Public (If you are unsure, please ask your Employer)	12. Is your worksite open: <input type="checkbox"/> Late (After 6 pm) <input type="checkbox"/> Early (Before 7 am) <input type="checkbox"/> Midnight to 5 am <input type="checkbox"/> On weekends <input type="checkbox"/> Year – round Other _____	13. How many months is your center open? _____	14. How many children do you work with in each of the following age groups? Please provide a number. _____ Birth to 23 mos. _____ 2 yrs. to 2 yrs. 11 mos. _____ 3 yrs. to 5 yrs. _____ K - 6
15. How many children* with identified disabilities are in your care? _____ <small>*A child with special health care needs or a disability is a child who has special needs because his/her well-being, development, and/or learning are compromised if special and expertly designed attention is not given to his or her early development. These children need environments that are specifically organized and adjusted to minimize the effects of their disabilities or health needs and to promote learning of a broad range of skills. They can have any number of specific conditions, including cerebral palsy, spina bifida, deafness or blindness, mental retardation, motor delays, language problems, emotional problems, autism, severe asthma, diabetes, and so on.</small>			
16. Start Date at Current Center:		17. Hours Worked per Week:	18. Hourly wage:
Month:	Year:		\$ _____
		19. Annual Salary:	
		\$ _____ <small>(Annual Salary, before taxes and not including benefits, received from child care position)</small>	
20. Job Title:		<input type="checkbox"/> Teacher <input type="checkbox"/> CCC Staff <input type="checkbox"/> Center Director <input type="checkbox"/> Other _____	
<input type="checkbox"/> Administrative Director <input type="checkbox"/> Teacher Director <input type="checkbox"/> Assistant Teacher			
21. What are the primary languages you speak with children and families in your workplace? Please check all that apply.			
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Filipino / Tagalog <input type="checkbox"/> French <input type="checkbox"/> Japanese		<input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other If other _____	
22. Do you currently care for children that receive child care subsidies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what agency do the subsidies come from? _____			
23. Do you receive benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Retirement <input type="checkbox"/> Child Care <input type="checkbox"/> Other _____			
24. I certify that all information provided is true and correct and understand that I must show progress on the Child Development Permit matrix and apply for a Child Development Permit.			
Signature of Applicant _____		Date _____	
Application and Verification Information Required: <input type="checkbox"/> completed Application Part 1 AND Part 2 <input type="checkbox"/> copy of College Transcripts <input type="checkbox"/> completed and signed Employment Declaration Form <input type="checkbox"/> copy of Child Development Permit (if applicable)			

FAMILY CHILD CARE Provider Information

(Work in a licensed Family Child Care home; completed the minimum educational requirements for licensing)

PART 2: Family Child Care Providers must complete ALL questions on this page.			
<input type="checkbox"/> Yes, I provide early care and education services for pay at least 15 hours per week to children 0 to age 5 in an EI Dorado County Family Child Care home.			
Please check one: <input type="checkbox"/> I am an employee at a family child care home (be sure to complete questions 18-21, below) <input type="checkbox"/> I own and operate my own family child care home (be sure to complete question 22, below)			
1. Name of Family Child Care Home:		2. FCC License #: (If you are the owner, please attach a copy of your License)	
3. Site Address:		4. Site PHONE:	5. Site FAX:
6. City:	7. State:	8. Zip:	9. School District for family care home location: (If you are unsure, please ask your Employer)
10. Is your worksite open: <input type="checkbox"/> Late (After 6 pm) <input type="checkbox"/> Early (Before 7 am) <input type="checkbox"/> Midnight to 5 am <input type="checkbox"/> On weekends <input type="checkbox"/> Year-round Other _____		11. Of the children in your care, how many are related to you? <input type="checkbox"/> None <input type="checkbox"/> At least 1 – Number _____ <input type="checkbox"/> All – Number _____	
12. How many children* with identified disabilities are in your care? _____ <small>*A child with special health care needs or a disability is a child who has special needs because his/her well-being, development, and/or learning are compromised if special and expertly designed attention is not given to his or her early development. These children need environments that are specifically organized and adjusted to minimize the effects of their disabilities or health needs and to promote learning of a broad range of skills. They can have any number of specific conditions, including cerebral palsy, spina bifida, deafness or blindness, mental retardation, motor delays, language problems, emotional problems, autism, severe asthma, diabetes, and so on.</small>			
13. How many children do you work with in each of the following age groups? <u>Please provide a number.</u> ____ Birth to 23 mos. ____ 2 yrs. to 2 yrs. 11 months ____ 3 yrs. to 5 yrs. ____ K - 6		14. Do you currently care for children that receive child care subsidies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what agency do the subsidies come from? _____	
15. Do you receive benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Retirement <input type="checkbox"/> Child Care Other <input type="checkbox"/> _____			
16. Start Date at Current Position: Month: Year:		17. Hours Worked per Week:	
*For FCC Employees: Please complete the following section if you are an employee at a family child care home			
18. Last Name Of Owner:		19. First Name Of Owner:	
20. Hourly Wage:		21. Annual Salary: \$ <small>Annual Salary, before taxes and not including benefits, received from child care position</small>	
*For FCC Owner/Operators: Please complete the following section if you operate your own family child care home			
22. Net Income: \$			
<small>(Annual income from child care minus all business expenses, item 31 of schedule C on your federal income tax return)</small>			
23. I certify that all information provided is true and correct and understand that I must show progress on the Child Development Permit Matrix and apply for a Child Development Permit.			
_____ Signature		_____ Date	
Application and Verification Information Required: <input type="checkbox"/> completed Application Part 1 AND Part 2 <input type="checkbox"/> copy of College Transcripts <input type="checkbox"/> completed and signed Employment Declaration Form <input type="checkbox"/> copy of Family Care License <input type="checkbox"/> copy of Child Development Permit (if applicable)			

COMMUNITY CARE (LICENSE-EXEMPT) Provider Information

PART 2: Community Care Providers must complete ALL questions on this page.

- Yes, I provide early care and education services for pay at least 15 hours per week to children 0-5 in El Dorado County.

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> I am a center based instructional assistant (without 6 ECE units). | <input type="checkbox"/> I am a license-exempt provider |
| <input type="checkbox"/> I am a family child care assistant (without 6 ECE units). | <input type="checkbox"/> In a Facility administered by a Tribal Council |
| <input type="checkbox"/> I am a ROP student working with children | <input type="checkbox"/> The center I work at is located on a military installation |
| <input type="checkbox"/> I am currently receiving CalWORKS | <input type="checkbox"/> The center I work at is a school site. |
| | <input type="checkbox"/> I provide care in the child's home |
| | <input type="checkbox"/> I care for children from at most one other family besides my own. |

1. Name of Business:

2. Job Title:

3. Site Address:

4. Site PHONE:

5. Site FAX:

6. City:

7. State:

8. Zip:

9. Last Name Of Director:

10. First Name Of Director:

11. Director Phone Number:

12. How many children do you work with in each of the following age groups? Please provide a number.

- ____ Birth to 23 mos.
 ____ 2 yrs. to 2 yrs. and 11 mos.
 ____ 3 yrs. to 5 yrs.
 ____ K - 6

13. Is your worksite open:

- Late (After 6 pm)
 Early (Before 7 am)
 7:00 am to 6:00 pm weekdays
 On weekends
 Year-round
 Other _____

14. Of the children in your care, how many are related to you:

- None
 At least 1 – Number _____
 All – Number _____

15. School District for site location:

(If you are unsure, please ask your Employer)

16. **How many children* with identified disabilities are in your care?** _____

*A child with special health care needs or a disability is a child who has special needs because his/her well-being, development, and/or learning are compromised if special and expertly designed attention is not given to his or her early development. These children need environments that are specifically organized and adjusted to minimize the effects of their disabilities or health needs and to promote learning of a broad range of skills. They can have any number of specific conditions, including cerebral palsy, spina bifida, deafness or blindness, mental retardation, motor delays, language problems, emotional problems, autism, severe asthma, diabetes, and so on.

17. Do you currently care for children that receive child care subsidies? Yes No

If yes, what agency do the subsidies come from? _____

18. Do you receive benefits? Yes No Medical Dental Retirement Child Care Other _____

19. Start Date at Current Center:

20. Hours Worked per Week:

Month:

Year:

21. Hourly Wage:

22. Annual Salary: \$

Annual Salary, before taxes and not including benefits, received from child care position

23. I certify that all information provided is true and correct and understand that I must show progress on the Child Development Permit Matrix and apply for a Child Development Permit.

Signature of Applicant

Date

Application and Verification Information Required:

- completed application Part I AND Part 2
 coy of College Transcripts
 copy of fingerprint clearance
 completed and signed Employment Declaration Form
 copy of Child Development Permit (if applicable)