

# AB212 Application

Due May 11

1. Have you participated in AB212 in the past?  Yes  No
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Gender:  Male  Female
5. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_
6. Home or Cell Phone: \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. What is your race/ethnicity? Check all that apply.
  - Alaska Native/American Indian
  - Black/African American
  - Hispanic/Latino
  - Pacific Islander
  - White
  - Asian
  - Other
9. What is your primary language spoken at work?
  - Chinese
  - Vietnamese
  - English
  - Japanese
  - Korean
  - Spanish
  - Tagalog
  - Other
10. How many years have you been in the field of Early Care and Education? \_\_\_\_\_
11. What is your California ECE Workforce Registry ID Number? \_\_\_\_\_
12. How many ECE/CD units have you completed prior to this year? \_\_\_\_\_
13. What is your highest level of education that you have completed?
  - High School Diploma/GED
  - Associate Degree in ECE/CD
  - Associate Degree in non-ECE/CD
  - Bachelors Degree in ECE/CD
  - Bachelors Degree in non-ECE/CD
  - Degree from a foreign country
  - Masters Degree in ECE/CD
  - Masters Degree in non-ECE/CD
  - Doctoral Degree

14. Do you plan to complete a degree this year?  Yes  No

If yes, what type of degree will you apply for: \_\_\_\_\_

15. What level of Permit do you currently hold: \_\_\_\_\_ Date Issued: \_\_\_\_\_

16. If you will apply for a Child Development Permit or upgrade what level will you apply for: .

- Assistant Teacher
- Associate Teacher
- Teacher
- Master Teacher
- Site Supervisor
- Program Director

Date of Permit application: \_\_\_\_\_

17. I plan to obtain my college units from:

- A community college
- California State University
- Private College

Please list the college you are attending: \_\_\_\_\_

**Staff use only:**

*Projected stipend for college units:*

*Professional Growth Hours:*

*Projected stipend for Permit level:*

*Projected stipend for retention award:*

*Total projected stipend:*

## Facility and Employment Information

18. Work Site Name: \_\_\_\_\_

19. Work Site Phone: \_\_\_\_\_

20. Work Site Address: \_\_\_\_\_

21. Director's Name: \_\_\_\_\_

22. Director's Phone: \_\_\_\_\_

23. Normal hours of operation for this work site (check all that apply)

8:00 am to 5:00 pm

Before 8:00 am

After 5:00 pm

Other (please specify): \_\_\_\_\_

24. How many children in each age group did you work with on an average day:

3 years to 5 years: \_\_\_\_\_ 6 years and older: \_\_\_\_\_

25. Of the children in your care, how many have an identified special need?

3 years to 5 years: \_\_\_\_\_ 6 years and older: \_\_\_\_\_

26. Start date with current employer/program:

mm/dd/yyyy: \_\_\_\_\_

27. Current position: \_\_\_\_\_

28. Average number of hours per week that you work at this job: \_\_\_\_\_

29. Gross Annual Salary: (Annual salary before taxes and not including benefits): \_\_\_\_\_

30. Hourly wage: \$ \_\_\_\_\_

I certify that the information provided in this application is true and correct. I understand that the verification of inaccurate information will result in returning all monies with and exclusion from the program in future years.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification that the above applicant was employed at this program during the period of July last year, **and is currently actively employed as of June this year**, and that the facility/program information provided in this application is accurate and correct.

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Method of verification:  phone  written verification  email

# AB 212 Stipend Program

## Intent to Participate

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Mailing Address (where your reimbursement will be sent):

\_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

### Employment

School District: \_\_\_\_\_ School Site: \_\_\_\_\_

School Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Number of years with current employer: \_\_\_\_\_

### Verification of Employment (This section to be completed by employer)

I certify that \_\_\_\_\_ is

a) is a California State Preschool Program (CSPP) teacher

Principal/Supervisor's Signature: \_\_\_\_\_

Principal/Supervisor's Printed Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**AB 212 Stipend Program**  
**Professional Development Plan**

*Copy this page for additional courses / professional development throughout the year.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Mailing Address (where your reimbursement will be sent):  
\_\_\_\_\_  
Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Email Address: \_\_\_\_\_  
Home Email Address: \_\_\_\_\_

**Early Childhood Education or Child Development Unit Bearing Coursework**

College/University: \_\_\_\_\_ Dates: \_\_\_\_\_  
ECE/Child Development Course Title and Number: \_\_\_\_\_ # units: \_\_\_\_\_  
NCOE Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Early Childhood Education or Child Development Professional Learning Opportunities**

*e.g. CPIN, NCOE workshops, Early Edge TK Conference, California Kindergarten Association PE 1 Conference,  
Stanford University Bing Institute.*

Organization Providing PD: \_\_\_\_\_ Date: \_\_\_\_\_  
Conference/Workshop Title: \_\_\_\_\_ # of hours: \_\_\_\_\_  
NCOE Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Vendor/Organization Code 1028

Title of Training AB212

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 (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?

#### 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	<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:**

- I do not have a permit
- Assistant teacher
- Associate teacher
- Teacher
- Master teacher
- Site supervisor
- Program director
- Children's Center Instruction
- Children's Center Supervision

**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
- Early Childhood Special Education
- Multiple Subject
- School Nurse Services
- Other (specify)
- Single Subject
- Bilingual Specialist
- Pupil Personnel Services
- Specialist Instruction
- Clinical/Rehabilitative Services
- Reading/Language Arts
- 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.)
- 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 (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/leadteacher/associate     Assistant Director     Executive director
- Teacher-director     Director – single site     Other (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 (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.

Age of Child	Total Number of Children
Less than one year	
1 year old	
2 years old	
3 years old	
4 years old through prekindergarten	
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  
 Black/African American  
 Latino/Hispanic  
  
 Native American/Alaska Native  
 Pacific Islander  
 White/Caucasian  
 Multi-racial  
 Other (specify) \_\_\_\_\_

**24. What is the primary language you speak at home?**

- English  
 Mandarin and/or Cantonese  
 Russian  
 Spanish  
 Tagalog  
 Vietnamese  
 Hmong  
 Other (specify) \_\_\_\_\_

**25. Please check all the languages you speak fluently.**

- English  
 Mandarin and/or Cantonese  
 Russian  
 Spanish  
 Tagalog  
 Vietnamese  
 Hmong  
 Other (specify) \_\_\_\_\_

**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!

Download and complete the Federal W9 Form to complete your application

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>