

CARES PLUS DATA ELEMENT REQUIREMENTS

COLUMN HEADING	DESCRIPTION
Data Element	Data to be captured.
Data Type	Data type: i.e. date, text, list field, number.
Value	This column defines the valid value if the data field is constrained.
Required Data Elements	<u>Initial Enrollment</u> : basic data elements required to register a participant in the CARES Plus Program. Data entry for all MTP participants must be completed by August 20 th of each year. Data entry for 80% of all other applicants enrolling in CORE, and all Components, must be completed by September 15 th of each year.
	<u>Final Enrollment</u> : data required to fully enroll a participant in the CARES Plus Program. For final enrollment data entry, the remaining 20% of participants enrolled in CORE, and all Components, must be completed no later than December 31 st . Final enrollment data should be completed for all individuals who were registered during initial enrollment period.
	<u>Completion</u> : required for program participation completion and is due by July 31 st , 2014 for fiscal year 2013-14 and thereafter.
Purpose	Defines the programmatic needs for the required data elements. Some data elements may be used for more than one purpose. D= Demographics, PI= Personal Information, C= Compliance, and O= Operations.
Comments	Contains notes regarding the data element. Entries listed as 'New Data Elements' are data elements that were not listed in Round 1. Entries listed as 'Optional' were previously required in Round 1, and are not required for Round 2. The comments in italics identify changes from the Round 1 data elements.

IMPORTANT NOTE

Following initial enrollment, Lead Agencies must update participant and program participation data by the last day of each calendar month. Important data updates for program operations are participant withdrawals and changes in address or contact information.

THE DATA ELEMENTS LISTED BELOW WERE REQUIREMENTS OF ROUND 1 AND ARE NOT REQUIRED FOR ROUND 2.		
OPTIONAL	REMOVED	
1. Middle Initial (replaced with Middle Name)	1. Previous Last Name	27. Incentive Estimated Value
2. Work Phone	2. City of Birth	28. Incentive Type
3. Typical Hours of Operation	3. Consent	29. Component A-Area
4. Teaching Credential	4. Secondary Language	30. Component B-Statement on Prioritization of Courses
5. Teaching Credential Type (Conditional)	5. Type of Care Provided	31. Component B-Course Provider
	6. Hourly Wage (Conditionally Required)	32. Component B-Course Provider Location
	7. Date of Last Wage Increase	33. Component B-Applicability of Coursework
	8. Hours Per Week	34. Component B-Applicability of Degree
	9. Months Worked Per Year	35. Component B-Applicability of Credential
	10. Benefits	36. Component C-Local CARES Plus Training-Course Title
	11. Center Type	37. Component C-Local CARES Plus Training-Provider
	12. Accreditation Type	
	13. Licensing Status	
	14. Priority Zone Status	
	15. Typical Hours of Operation	
	16. How Many Months of Operation Per Year	
	17. Age Served by Program (by Age Group)	
	18. Relation to Children in Care	
	19. Foreign Education	
	20. Credential Expiration	
	21. Professional Growth Hours in Last 5 Years	
	22. Date Permit Acquired	
	23. Permits Applied for but not yet received	
	24. Date Permit Applied for	
	25. First Aid Training	
	26. CPR Certification	

PARTICIPANT DEMOGRAPHIC DATA – PERSONAL INFORMATION							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	PROGRAM COMPLETION		
First Name	Text		Required	Required	Required	PI	
Middle Name	Text						Optional <i>Replaces Middle Initial.</i>
Last Name	Text		Required	Required	Required	PI	
Date of Birth	Date		Required	Required	Required	PI	
County of Participation	List	List of CARES Plus Counties	Required	Required	Required	O,D	
Participant Status	List	<ul style="list-style-type: none"> Active Deactivated 	Required	Required	Required	O,D	Defaults to "Active".
Last 5 Digits of SSN	Number						Optional
Other Unique Identifier	Text						Optional
Gender	List	<ul style="list-style-type: none"> Male Female Decline to state 		Required	Required	D	
Race/Ethnicity	List	<ul style="list-style-type: none"> American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander White Other Decline to state 		Required	Required	D	Select all that apply. <i>Revised list of values.</i>

PARTICIPANT DEMOGRAPHIC DATA – PERSONAL INFORMATION							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	PROGRAM COMPLETION		
Primary Language	List	<ul style="list-style-type: none"> • English • Spanish • Arabic • Armenian • Cantonese • Hmong • Japanese • Korean • Mandarin • Punjabi • Russian • Filipino (Pilipino or Tagalog) • Vietnamese • Other 	Required	Required	Required	O,D	Select one. <i>Revised list of values.</i>
Home Address Street line 1	Text		Required	Required	Required	PI	
Home Address Street line 2	Text						Optional
Home Address City	Text		Required	Required	Required	PI	
Home Address State	List	List of States	Required	Required	Required	PI	
Home Address Zip Code	Number	(zip plus four format #####-####)	Required	Required	Required	PI	
Mailing Address Street line 1	Text		Conditional	Conditional	Conditional	PI	Required if different from Home Address. <i>New Data Element.</i>
Mailing Address Street line 2	Text					PI	Optional

PARTICIPANT DEMOGRAPHIC DATA – PERSONAL INFORMATION							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	PROGRAM COMPLETION		
Mailing Address City	Text		Conditional	Conditional	Conditional	PI	Required if different from Home Address. <i>New Data Element.</i>
Mailing Address State	List	List of States	Conditional	Conditional	Conditional	PI	Required if different from Home Address. <i>New Data Element.</i>
Mailing Address Zip Code	Number	(zip plus four format #####-####)	Conditional	Conditional	Conditional	PI	Required if different from Home Address. <i>New Data Element.</i>
Home Phone Number	Number	(Phone number format)	Conditional	Conditional	Conditional	PI	
Cell Phone Number	Number	(Phone number format)					Optional
Work Phone Number	Number	(Phone number format)					Optional
E-mail address	Text		Required	Required	Required	O	<i>This data element is now required.</i>

PARTICIPANT DEMOGRAPHIC DATA – EMPLOYMENT HISTORY							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Work Facility Name	Text			Required	Required	O	
Facility Address - Street line 1	Text			Required	Required	O	
Facility Address - Street line 2	Text					O	Optional
Facility Address - City	Text			Required	Required	O	
Facility Address - State	List	List of States		Required	Required	O	
Facility Address - Zip Code	Number	(zip plus four format #####-####)		Required	Required	O	
Facility Phone	Number	(Phone number format)		Required	Required	O	
Facility License Number	Text						Optional <i>Replaces Program Number.</i>
Director/ Operator Last Name	Text						Optional
Director/ Operator First Name	Text						Optional
Funding Source	List	<ul style="list-style-type: none"> • Head Start (including Early and Migrant Head Start) • Private/Subsidized (e.g. City, County or First 5) • Private/Non-Subsidized • State Preschool • Race to the Top • CDE General Child Care • Public School • Military Base • Other 		Required	Required	D	Select all that apply. <i>Replaces License Program Type.</i> <i>Revised list of values.</i>

PARTICIPANT DEMOGRAPHIC DATA – EMPLOYMENT HISTORY							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Number of Years the Participant has been Employed in the ECE field	Number			Required	Required	D	<i>Replaces Length of Time in Field.</i>
Number of Years the Participant has been Employed with the Current Employer	Number			Required	Required	D	<i>Replaces Start Date at Current Place of Employment.</i>
Estimated Annual Salary from ECE Employment	Number			Required	Required	D	<i>Replaces Annual Salary.</i>
Setting or Program Type	List	<ul style="list-style-type: none"> • 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) • Other 	Required	Required	Required	O	Setting or Program Type the Participant Primarily Works in. Select one. <i>Replaces Setting Type.</i> <i>Revised list of values.</i>

PARTICIPANT DEMOGRAPHIC DATA – EMPLOYMENT HISTORY							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
If the Participant works in a Center or School-Based ECE Program, what is their Primary Position	List	<ul style="list-style-type: none"> Assistant Teacher/Teacher Aide Teacher/Lead Teacher Teacher/Director Specialized Teaching Staff (e.g. Special Education Teacher, Supervising Master Teacher) Professional Support Staff (e.g. Curriculum Specialist, Mental Health Consultant) Site Supervisor Assistant Director Director-Single Site Director-Multi-Site Executive Director Other 	Conditional	Conditional	Conditional	O,D	<p>Required if Setting or Program Type is not 'Licensed Family Childcare Home'. Select one.</p> <p><i>Replaces Position Title.</i></p> <p><i>Revised list of values.</i></p>
If the Participant works in a Family Child Care Home, what is their Primary Position	List	<ul style="list-style-type: none"> Owner/Operator Assistant Other 	Conditional	Conditional	Conditional	D	<p>Required if Setting or Program Type is 'Licensed Family Childcare Home'. Select one.</p> <p><i>New Data Element.</i></p>
<p>Number of Children in Each Age Group Enrolled in the Participant's Classroom</p> <ul style="list-style-type: none"> Infant Toddler Pre-K 	Number	<ul style="list-style-type: none"> Infants (Birth to 17 months) Toddlers (18 to 36 months) Pre-K (36 months to Kindergarten entry) 	Required	Required	Required	O,D	<p>The total number of children enrolled in the participant's classroom for each age group.</p> <p><i>Replaces Number of Children Served by the Participant (Direct Service).</i></p> <p><i>Revised age group definitions.</i></p>

PARTICIPANT DEMOGRAPHIC DATA – EMPLOYMENT HISTORY							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Number of children with IFSP/IEP in the Participant’s Classroom	Number			Required	Required	D	<i>Replaces Number of Children with Special Needs.</i>
Does the Participant Currently Care for Children who are Dual Language Learners?	List	<ul style="list-style-type: none"> • Yes • No 	Required	Required	Required	O,D	<i>New Data Element.</i>
Primary Language Spoken with Children in the Classroom	List	<ul style="list-style-type: none"> • English • Spanish • Arabic • Armenian • Cantonese • Hmong • Japanese • Korean • Mandarin • Punjabi • Russian • Filipino (Pilipino or Tagalog) • Vietnamese • Other 	Required	Required	Required	O,D	Select one. <i>This data element was changed to a single selection.</i> <i>Revised list of values.</i>

PARTICIPANT DEMOGRAPHIC DATA – EDUCATION							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Highest Level of Education	List	<ul style="list-style-type: none"> • Less than High School Diploma/GED • High School Diploma/GED • Some College • AA in ECE/CD • AA in Non-ECE/CD • BA in ECE/CD • BA in Non-ECE/CD • Graduate Degree in ECE/CD • Graduate Degree in non-ECE/CD • Other 		Required	Required	D	Select one.
Field of Bachelor’s Degree Previously Completed by Participant	List	<ul style="list-style-type: none"> • ECE/CD • Related Field 		Conditional	Conditional	C	Required if participant is Approved for Component C. <i>Revised list of values.</i>
Level of Child Development Permit Held	Checkbox	<ul style="list-style-type: none"> • Assistant • Associate Teacher • Master Teacher • Program Director • Site Supervisor • Teacher • Do not have a permit 		Required	Required	D	Select one. <i>Replaces Permits Acquired.</i>
Teaching Credential	List	<ul style="list-style-type: none"> • Yes, from California • Yes, out of State/Country • No 					Optional

PARTICIPANT DEMOGRAPHIC DATA – EDUCATION							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Teaching Credential Type	List	<ul style="list-style-type: none"> • Single Subject • Multiple Subject • Early Childhood Special Education • Administrative • Pupil Personnel Services • Clinical/Rehabilitative Services • School Nurse Services • Other Health Services • Bilingual Specialist • Reading/Language Arts • Specialist Instruction (e.g. Disabilities and Other Special Needs) • Speech-Language Pathology • Other 					Required if the Teaching Credential is 'Yes, from California'. Select all that apply. <i>Revised list of values.</i>

PROGRAM PARTICIPATION DATA							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Period of Participation (Fiscal Year)	List	<ul style="list-style-type: none"> • 2013-14 • 2014-15 • 2015-16 	Required	Required	Required	O	
Program Participation Status	List	<ul style="list-style-type: none"> • Active • Completed • Withdrew 	Required	Required	Required	D,O	Defaults to Active.
CARES Plus Application Date	Date		Required	Required	Required	O	The date the CARES Plus application was signed by the participant.
Advisor	List	<ul style="list-style-type: none"> • List of Lead Agency Advisors 					Optional
Did you participate in CARES program between 2000 and 2010?	List	<ul style="list-style-type: none"> • Yes • No 		Required	Required	D,O	<i>New Data Element.</i>
Have you participated in CARES Plus since 2011?	List	<ul style="list-style-type: none"> • Yes • No 		Required	Required	D,O	<i>New Data Element.</i>
Number of ECE/CD Units Prior to Entry	Number			Required	Required	D	<i>Number of ECE/CD units earned prior to entry into the CARES Plus Program.</i>
Program Component Applying For	List	<ul style="list-style-type: none"> • CORE • Component A • Component B • Component C • Component D 	Required	Required	Required	O	Select all that apply.

PROGRAM PARTICIPATION DATA							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Program Component Approved For	List	<ul style="list-style-type: none"> • CORE • Component A • Component B • Component C • Component D 	Required	Required	Required	O	Select all that apply.
For Component D Only, What is the Language Preference for Coaching?	List	<ul style="list-style-type: none"> • English • Spanish • Arabic • Armenian • Cantonese • Hmong • Japanese • Korean • Mandarin • Punjabi • Russian • Filipino (Pilipino or Tagalog) • Vietnamese • Other 	Conditional	Conditional	Conditional	O	<p>Required if the participant is approved for Component D.</p> <p><i>Note: First 5 California cannot guarantee the availability of coaches providing support in languages other than English and Spanish.</i></p> <p><i>New Data Element.</i></p>
Certification of Program Compliance Signed	Checkbox		Required	Required	Required	O	<p>Required for all participants.</p> <p><i>New Data Element.</i></p>

PROGRAM PARTICIPATION DATA							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Director/Owner Authorization Form Signed	Checkbox		Conditional	Conditional	Conditional	O	Required for all participants except those that are approved for Component C. <i>New Data Element.</i>
Date Camera Liability Form Sent to CDTC	Date		Conditional	Conditional	Conditional	O	Required for all participants except those that are approved for Component C. <i>New Data Element.</i>
Date Participant Limitation of Data Sharing Form Sent to First 5 California	Date		Conditional	Conditional	Conditional	O,D	Required only if the Participant does not wish to allow their data used beyond the uses of First 5 California and its county partners. <i>New Data Element.</i>
Does the Participant Meet all of State and Local Eligibility Requirements of the CARES Plus Program?	List	<ul style="list-style-type: none"> • Yes • No 	Required	Required	Required	C,O	Lead Agency certifies that the participant met all of the eligibility requirements of the CARES Plus Program and completed and signed all required forms. <i>New Data Element.</i>
Participant Eligibility Review By	List	<ul style="list-style-type: none"> • List of Lead Agency Program Administrators 	Required	Required	Require	C,O	Lead Agency Program Administrator that certified whether the participant met the eligibility requirements, or not. <i>New Data Element.</i>

PROGRAM PARTICIPATION DATA							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Exit Date	Date				Required	O,D	The date the participant withdrew from or completed the program. <i>New Data Element.</i>

PROGRAM PARTICIPATION DATA-PROGRAM COMPLETION AND STIPEND (Participants must complete all program requirements to be eligible for a stipend payment.)							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Attended 2 meetings with Advisor?	List	<ul style="list-style-type: none"> • Yes • No 			Conditional	C	Required at Program Completion for all participants in CORE, Components A, B and D. This does not apply to participants in Component C. <i>Replaces Date of Meeting with Advisor.</i>
Has the participant submitted a Professional Growth Plan?	List	<ul style="list-style-type: none"> • Yes • No 			Conditional	C	Required at Program Completion for all participants in CORE, Components A, B and D. This does not apply to participants in Component C. <i>Replaces Has the participant submitted Professional Development Plan?</i>
Did the participant complete an Annual Participant Survey?	List	<ul style="list-style-type: none"> • Yes • No 			Required	D,O	<i>New Data Element.</i>
Stipend Amount	Number	(#,### format)			Required	C	Enter the Total Stipend Amount Paid to the Participant.
Stipend Source	List	<ul style="list-style-type: none"> • CARES Plus • AB212 			Required	C	Select one.

PROGRAM PARTICIPATION DATA-PROGRAM COMPLETION AND STIPEND (Participants must complete all program requirements to be eligible for a stipend payment.)							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Certify	Checkbox				Conditional	O	Either the Certify or Authorized Exception checkbox must be selected. Lead Agency certification that the participant has met all requirements for program completion and stipend payment.
Authorized Exception	Checkbox				Conditional	O	Either the Certify or Authorized Exception checkbox must be selected. Lead Agency authorized an exception for the participant from completion of the CORE/Component requirements as explained in the Justification below. <i>New Data Element.</i>
Justification	Text				Conditional	O	Required if the Authorized Exception checkbox is selected. <i>New Data Element.</i>

PROGRAM PARTICIPATION DATA – CORE							
<i>(These data elements are required for participants who are approved and have completed CORE.)</i>							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Date of Intro to CLASS Completion <ul style="list-style-type: none"> • Infant • Toddler • Pre-K 	Date				Required	C	Required in the participant’s first year of participation. Participant must complete the version of the course that corresponds to the age groups that are enrolled in their classroom. This will apply to infant teachers when it becomes available. <i>This data element was changed to require entry of completion dates for each version of the course.</i>

PROGRAM PARTICIPATION DATA – CORE							
<i>(These data elements are required for participants who are approved and have completed CORE.)</i>							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Date of Looking at CLASSrooms Completion (LAC) <ul style="list-style-type: none"> • Infant • Toddler • Pre-K 	Date				Required	C	Required in the participant’s first year of participation. Participant must complete the version of the course that corresponds to the age groups that are enrolled in their classroom. This will apply to infant teachers when it becomes available. <i>This data element was changed to require entry of completion dates for each version of the course.</i>
Date of Second-Hand Smoke Course Completion	Date				Required	C	Required in the participant’s first year of participation.
CORE Status	List	<ul style="list-style-type: none"> • In Progress • Complete 			Required	O	Status must be “Complete” once the participant has completed all of the CORE requirements.

PROGRAM PARTICIPATION DATA – COMPONENT A							
<i>(These data elements are required for each Component A Course that the participant completed.)</i>							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Training Title	Text				Required	O	
Training Provider	Text				Required	O	
Date of Completion	Date				Required	C	
Hours Completed	Integer				Required	C	<i>Replaces Credit Hours.</i>
Component A Status	List	<ul style="list-style-type: none"> • In Progress • Complete 			Required	C	To be eligible for a stipend, Component A participants must complete at least 21 hours of approved Component A training.

PROGRAM PARTICIPATION DATA – COMPONENT B

(These data elements are required for each Component B Course that the participant completed.)

DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Course Title	Text				Required	C	
Coursework Type	List	<ul style="list-style-type: none"> • CORE 8 • General Education (GE) which qualifies for graduation requirements, transfer to 4-year or meets permit requirements • Basic Skills or Prerequisites (Unit or Non-Unit Bearing) • Other ECE/CD Courses • ESL (Unit or Non-Unit Bearing) • Courses related to Education (Psychology, Special Education, etc.) 			Required	C, D	<p><i>Removed CORE 8 Type list which was required if CORE 8 was selected.</i></p> <p><i>Revised list of values.</i></p>
Course Provider Type	List	<ul style="list-style-type: none"> • Community College • CSU/UC • CSU Extended Learning/UC Extension • Distance Learning (ONLINE) • Local/State First 5 • Private College • R&R/CBO/LPC • School District/COE • Other 			Required	C	<i>Revised list of values.</i>
Date of Completion	Date				Required	C	
Units	Integer				Required	C	
Participant's Final Grade	List	<ul style="list-style-type: none"> • C or better • C minus or worse or did not pass 			Required	C	
Is the coursework related to ECE?	List	<ul style="list-style-type: none"> • Yes • No 			Required	D	<i>New Data Element.</i>

PROGRAM PARTICIPATION DATA – COMPONENT B							
<i>(These data elements are required for each Component B Course that the participant completed.)</i>							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Course Type	List	<ul style="list-style-type: none"> • GE • ECE Degree Related • Non ECE Related • Electives • Other 			Required	D	<i>New Data Element.</i>
Component B Status	List	<ul style="list-style-type: none"> • In Progress • Complete 			Required	C	To be eligible for a stipend, Component B participants must complete at least 6 units of approved Component B course work with a grade of C or better.

PROGRAM PARTICIPATION DATA – COMPONENT C (These data elements are required for Component C participants.)							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Date of Intro to CLASS Completion Special Advisors Section <ul style="list-style-type: none"> • Infant • Toddler • Pre-K 	Date				Required	C	Replaces Completion date of Intro to CLASS – special Advisors section (six hours). Completion dates for each version of the course may be entered, but at least one version of Intro to CLASS is required for participants in Component C.
Date of Looking at CLASSrooms Completion (LAC) Special Advisors Section <ul style="list-style-type: none"> • Infant • Toddler • Pre-K 	Date				Required	C	Replaces All other Core requirements met? (Including LAC) Completion dates for each version of the course may be entered, but at least one version of (LAC) is required for participants in Component C.
Local CARES Plus Advisor Training – Completion Date	Date				Required	C	
Number of Participants Advised During Program Year	Number				Required	O	Replaces This participant has provided advising services to which CARES Plus program participants?
Component C Status	List	<ul style="list-style-type: none"> • In Progress • Complete 			Required	C	Status must be “Complete” once the participant has completed all of the Component C requirements.

PROGRAM PARTICIPATION DATA – COMPONENT D (These data elements are required for Component D participants.)							
DATA ELEMENT	DATA TYPE	VALUE	REQUIRED DATA ELEMENTS			PURPOSE	COMMENTS
			INITIAL ENROLLMENT	FINAL ENROLLMENT	COMPLETION		
Did the Participant Complete Component D?	List	<ul style="list-style-type: none"> • Yes • No 			Required	D, O	
Completion Date	Date				Required	D	