



**Comprehensive Approaches to
Raising Educational Standards
(CARES) Plus Program
Round 2**

PARTICIPANT APPLICATION AND CERTIFICATION

First 5 California CARES Plus Program Certification of Program Compliance

Certification of Program Eligibility

I certify that I meet the following enrollment requirements to participate in the First 5 California CARES Plus Program for FY _____ .

1. I work a minimum of 15 hours a week in a licensed or license-exempt facility with children from birth to 5 years of age.
2. I have worked with children birth to 5 years of age a minimum of 9 months prior to my enrollment in CARES Plus.
3. I make less than \$60,000 per year.

Certification of Program Expectations

I will complete the following program requirements:

- a. Create a Professional Growth Plan and submit the completed plan and all required documentation of professional development activities to my local CARES Plus Advisor no later than June 30th of the academic year.
- b. Meet with a CARES Plus Advisor twice annually.
- c. Complete all CORE requirements in my first year of participation.
- d. Complete all annual requirements.
- e. Complete Component requirements from my Professional Growth Plan.
- f. Complete an annual online CARES Plus Participant Survey.
- g. If selected through the random sample selection process, complete a 2-hour videotape of continuous classroom activities, one in early Fall and another in late Spring, and submit them to First 5 California, or permit in-class observation by a trained observer, at the election of First 5 California.
- h. Participate in other CARES Plus evaluation activities.
- i. Agree to accept responsibility for the care and return of any equipment or other materials loaned to me to complete my CARES Plus program requirements, and to use such equipment and materials only for authorized purposes.

I have obtained the authorization of my owner/director to fully participate in CARES Plus.

Acknowledgement Regarding Personal Information

I further acknowledge that my personally identifying information gathered for this government-funded program is protected by the Information Practices Act (IPA) (Civil Code, Sections 1798 *et seq.*). First 5 California is the state agency requesting the information for purposes of program implementation and evaluation of the outcomes of the program. Under the IPA, you have a right to inspect the information about yourself maintained by First 5 California or its agents, including the Lead Agency which has collected your application to participate in the program.

First 5 California is a statewide agency authorized by the Health & Safety Code, Sections 130100 *et seq.* to implement and evaluate programs designed to improve the development of children ages 0 to

5 and their families. The CARES Plus Program is a voluntary, tax-payer funded program overseen by First 5 California and carried out by the local Lead Agencies to achieve that goal in early childhood education. Participation in this program is not mandatory, but rather is an opportunity for professional development for early educators. First 5 California is requesting certain personal information about participants in order to ensure that the program works as it is intended, and also to conduct research and evaluation about the impact of the program on the participants and their early childhood classrooms. The information will be used for these purposes, and will only be disclosed to First 5 California and Lead Agency personnel, or their consultants, who have a need to know to achieve these purposes. I understand that providing the requested information is a requirement for receiving the services and benefits under this program and that if I do not provide any part of the requested information I will no longer be eligible to participate. I further understand that I have a right to review the records containing my personal information, and that I can make such request in writing to:

Information Practices Coordinator
Chief Counsel's Office
First 5 California
2389 Gateway Oaks Drive Suite 260
Sacramento, CA 95833
Tel: 916.263.1050
Fax: 916.263.7465
infopracticesact@ccfc.ca.gov

DATED: _____

Participant Name: _____

Signature: _____

County: _____

First Name		Middle Name (Optional)	
Last Name			
Date of Birth	/ /	County of Participation	
Last 5 Digits of SSN (Optional)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
<u>How do you identify your Race/Ethnicity? (Select all that apply):</u>			
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Asian		<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Other	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Decline to State	
<u>What is your Primary Language? (Select one):</u>			
<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
<input type="checkbox"/> Spanish	<input type="checkbox"/> Armenian	<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino (Pilipino or Tagalog)
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Other

Home Address				
Apartment/Unit#				
City		State		Zip

Mailing Address (If different)				
City		State		Zip

Home Phone Number			
Additional Phone Number(s) (Optional)	Cell:	Work:	
Email Address (Required)			

Did you participate in the CARES Program between 2000 and 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you participated in the CARES Plus Program since 2011?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer one of the following questions:

If you have participated in CARES Plus Program since 2011, what is the total number of Early Childhood Education/Child Development (ECE/CD) units that you completed prior to entry into CARES Plus?	
If you are a first time CARES Plus Program applicant, what is the total number of Early Childhood Education/Child Development (ECE/CD) units you have completed to date?	

Program Components *(Select all components you are interested in applying for):*

- CORE Component A Component B Component C Component D

Current Work Facility

Work Facility Name					
Facility Address					
City		State		Zip	
Phone Number		Facility License Number <i>(Optional)</i>			
Director/Owner First and Last Name <i>(Optional)</i>					

What describes your current work facility? *(Select all that apply):*

- | | |
|--|---|
| <input type="checkbox"/> Head Start (including Early and Migrant Head Start) | <input type="checkbox"/> CDE General Child Care |
| <input type="checkbox"/> Private/Subsidized (e.g. City, County or First 5) | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Private/Non-Subsidized | <input type="checkbox"/> Military Base |
| <input type="checkbox"/> State Preschool | <input type="checkbox"/> Other |
| <input type="checkbox"/> Race to the Top | |

Current Employment

Number of Years you have been employed in the ECE Field	
Number of Years you have been employed with your current employer	
Estimated Annual Salary from ECE Employment	

Setting or Program Type *(Select One):*

- | | |
|--|--|
| <input type="checkbox"/> Licensed Child Care Center/Early Childhood Program | <input type="checkbox"/> Licensed Family Child Care Home |
| <input type="checkbox"/> License-Exempt Center or School-Age Program
(e.g. Cal-SAFE, Military Child Care, Parent Co-Op) | <input type="checkbox"/> Other |

If you work in a Center or School-Based ECE Program, what is your Primary Position? *(Select One)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Assistant Teacher/Teacher Aide | <input type="checkbox"/> Site Supervisor | <input type="checkbox"/> Director-Multi-Site |
| <input type="checkbox"/> Teacher/Lead Teacher | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Teacher/Director | <input type="checkbox"/> Director-Single Site | <input type="checkbox"/> Other |
| <input type="checkbox"/> Specialized Teaching Staff (e.g. Special Education Teacher, Supervising Master Teacher) | | |
| <input type="checkbox"/> Professional Support Staff (e.g. Curriculum Specialist, Mental Health Consultant) | | |

If you work in a Family Child Care Home, what is your Primary Position? *(Select One)*

- | | | |
|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Assistant | <input type="checkbox"/> Other |
|---|------------------------------------|--------------------------------|

Current Employment Continued

Total number of children in each age group enrolled in your classroom:

_____ Infants (Birth to 17 months)

_____ Toddlers (18 to 35 months)

_____ Pre-K (36 months to Kindergarten entry)

What is the total number of children with IFSP/IEP (Individual Family Services Plan or Individual Educational Plan) in your classroom?

Do you currently care for children who are Dual Language Learners?

Yes No

What is the primary language you speak with children in the classroom? (Select One)

- | | | | |
|----------------------------------|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino (Pilipino or Tagalog) |
| | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Hmong | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Other |

For Component D applicants only, what is your language preference for coaching?

- | | | | |
|----------------------------------|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino (Pilipino or Tagalog) |
| | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Hmong | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Other |

First 5 California cannot guarantee the availability of coaches providing support in languages other than English and Spanish.

Education

Highest Level of Education Attained (Select One):

- | | |
|--|--|
| <input type="checkbox"/> Less than High School Diploma/GED | <input type="checkbox"/> BA in ECE/CD |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> BA in Non-ECE/CD |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Degree in ECE/CD |
| <input type="checkbox"/> AA in ECE/CD | <input type="checkbox"/> Graduate Degree in Non-ECE/CD |
| <input type="checkbox"/> AA in Non-ECE/CD | <input type="checkbox"/> Other |

Field of Bachelor's Degree Previously Completed (Required if applying for Component C):

- | | |
|---------------------------------|--|
| <input type="checkbox"/> ECE/CD | <input type="checkbox"/> Related Field |
|---------------------------------|--|

Child Development Permit Held (Select One):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> Master Teacher | <input type="checkbox"/> Site Supervisor | <input type="checkbox"/> Do not have a Permit |
| <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Program Director | <input type="checkbox"/> Teacher | |

Do you have a Teaching Credential? (Optional)

- | | | |
|---|---|-----------------------------|
| <input type="checkbox"/> Yes, from California | <input type="checkbox"/> Yes, from out of State/Country | <input type="checkbox"/> No |
|---|---|-----------------------------|

Teaching Credential Type (If Yes, from California. Select all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Single Subject | <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> School Nurse Services |
| <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Reading/Language Arts |
| <input type="checkbox"/> Bilingual Specialist | <input type="checkbox"/> Pupil Personnel Services | <input type="checkbox"/> Other Health Services |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Clinical/Rehabilitative Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Specialist Instruction (e.g. Disabilities and Other Special Needs) | | |

By signing this document I am certifying that all of the information provided above is true and correct.

Signature

Date

Lead Agency Use Only			
Fiscal Year: <input type="checkbox"/> 2013-2014 <input type="checkbox"/> 2014-2015 <input type="checkbox"/> 2015-2016		Participant's Advisor	
Component(s) Approved For <i>(Select all that apply)</i> :			
<input type="checkbox"/> CORE	<input type="checkbox"/> Component A	<input type="checkbox"/> Component B	<input type="checkbox"/> Component C <input type="checkbox"/> Component D
Participant Form Checklist:			
<input type="checkbox"/> Certification of Program Compliance		<input type="checkbox"/> Director/Owner Authorization	
<input type="checkbox"/> Camera Liability		<input type="checkbox"/> Limitation of Data Sharing <i>(If completed by applicant)</i>	
Date sent to CDTC: / /		Date sent to First 5 California : / /	
<i>The Lead Agency certifies that:</i> <ul style="list-style-type: none"> • <i>The participant meets all of the State and Local eligibility requirements to participate in the CARES Plus Program.</i> • <i>The participant completed and signed all required forms.</i> 			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Program Administrator <i>(Print)</i>			
Signature		Date	

All CARES Plus applications and supporting documentation must be kept on file by the Lead Agency in accordance with the audit requirements as articulated by First 5 California in the CARES Plus Round 2 Request for Application.

**First 5 California CARES Plus Program
Facility Director/Owner Authorization for Staff to Participate
in CARES Plus Program Evaluation Activities**

As the director/owner (circle one) of _____ [enter name of licensed or licensed-exempt early childhood care center], I understand that my staff person _____ is participating in the First 5 California CARES Plus Program.

As part of the program requirements, I understand that this participant, if chosen in the CARES Plus Random Sample Selection Process, will be required to videotape classroom activities twice during the year; once in early Fall and once in late Spring. Each videotape will be two-hours in duration and will be shared with a trained *Classroom Assessment Scoring System™ (CLASS™)* observer to be used only for evaluation of the CARES Plus Program. I understand that the necessary equipment and materials for the videotaping will be supplied directly to the participant by First 5 California. _____ I agree to allow my staff person to videotape in the classroom/site for the purposes of evaluating the CARES Plus program. I understand that the video will not be viewed or shared by anyone except the *CLASS™* observer. I understand that confidential security measures have been put into place to prevent unauthorized access or use of the video. I will support my staff person in posting the Notification of Videotaping (Form LA.1) in the classroom to inform parents in our program of this process.

_____ I support my staff person's participation in the CARES Plus Program but I am unable to allow videotaping in my facility. Please explain:

DATED: _____

Signature: _____

Director's Name: _____ Phone No. _____

Facility Address: _____

Director's Email Address: _____