

CARES PROGRAM

2009 Stipend Application

A project for Center-Based & Family Child Care Providers

This project is funded by: First 5 California Children & Families Commission and the First 5 Butte County Children and Families Commission.

Mail or deliver this application packet and supporting documents, (faxed copies will not be accepted), beginning Wednesday, April 15, 2009 through Friday, May 15, 2009, (postmarked by) to the following address:

**Valley Oak Children's Services / CARES Program
287 Rio Lindo Avenue
Chico, CA 95926**

Your CARES Advisor will provide assistance with your Application at your final MANDATORY meeting in April/May. At the meeting, your CARES Advisor will review the checklist on page 3 and answer any questions you may have. You must provide documentation of all activities completed at this meeting. Remember it is your responsibility to turn in a completed Stipend Application or you will NOT receive a STIPEND.

Project Activities	Date
<p>First Applications Due date:</p> <p>Applications can start coming in <u>Wednesday, April 15, 2009 through Friday, May 15, 2009</u>. NOTE: Do not send in before April 15, applications will be returned back to you.</p> <p><u>April 15th</u> is for anyone who has already met the minimum and annual requirements including the 9-month working directly with children at the same Child Care program or for Track V participants: (if not working directly with children, must supervise staff working directly with children). Completion of the ECERS/ITERS/FCCERS.</p>	<p>4/15/09 Wednesday</p>
<p>Final Application Due Date:</p> <p><u>May 15th</u> deadline is for anyone who is taking a spring college class or finishing up their 9-month employment requirement to qualify; those working for a school-year only program (Aug./Sept.-May/June), and those who will be working in the 2009 Migrant Programs.</p> <p>CARES will not accept any late applications. All applications are due May 15, 2009 by 5:00 P.M.</p>	<p>5/15/09 Friday 5:00 P.M.</p>
<p>Stipends Released</p>	<p>6/30/09 Monday</p>

- If you need any additional information or additional applications, call the CARES Program Coordinator, Cari Freeman at Valley Oak Children's Services at 530-899-4943.
- E-mail questions or comments to cfreeman@valleyoakchildren.org.
- Please feel free to reproduce this application as needed for others participating in the CARES Program this year.
- Application packets are also available for download at www.buttecounty.net/bccfc in the "News & Events" category, and/or www.valleyoakchildren.org/ProgramInfo/cares.htm. Acrobat Reader or Word is required to open and read.
- Si necesita más información sobre el CARES en español por favor llame Orville Stevenson, 530-899-4944 or 1-800-345-8627.

Helpful Information:

- All applicants who qualify and successfully complete the application process will receive a stipend. Actual stipend amount may vary based on funding available.
- Stipend checks will be issued June 30, 2009. CARES participant must report stipend as income with their 2009 tax form.

The CARES Program will not accept any LATE or INCOMPLETE Stipend Applications. All Stipend Applications must be turned in on or before the due date, May 15th, 2009 by 5:00 P.M.

Purpose of the Program:

CARES has designed five program tracks that will emphasize the need to provide training and supports to caregivers along the entire continuum of care, from family, friend, and neighbor caregivers to teachers with advanced degrees. The tracks will place participants on career pathways leading to: further education, advancement on the Child Development Permit Matrix, and degree attainment.

Minimum Eligibility Requirements:

Participants must be able to meet the following minimum eligibility requirements by May 2009:

- Is employed and has provided child care for at least 15 hours per week to children ages 0 to 5 in Butte County.
- Employed/licensed with the same program for the last 9 months or program's complete year (Tracks II-V).
- Is a licensed provider, works in a licensed facility, or is legally exempt from licensure, including those providing care in the child's home, those working at a public school-based site, or those administered by a Tribal Council.
- Earn less than \$60,000 annually in child care.
- Track V participants: if not working directly with children, must supervise staff working directly with children at least 15 hours per week with children ages 0 to 5.
- Completed a pre-entry application in July/August 2008.

Stipend Amounts:

All stipend amounts may vary depending on funding.

Application Instructions:

- A. Type or print** (in ink) required information legibly. All **illegible** or **incomplete** applications will not be processed.
- B. Migrant Programs Only:** To qualify you must be currently working in a Migrant Program (2009) and also have worked the entire program year last season, March/April-October 2008.
- C.** In the event an applicant is denied a stipend award, the applicant has a right to appeal the decision. Contact the CARES Coordinator, Cari Freeman at VOCS 530-899-4943 for a copy of the appeal policy and procedures.
- D.** Application submission should include all of the following with the supporting documentation:
 1. Complete Application Packet (pages 4-6; Part 1, 2 and 3).
 2. If applicable, a completed Course Worksheet Verification Form (page 7, part 4) with copies of your unofficial transcripts that include your name and a copy of your College Educational Plan or Permit Plan.
 3. If applicable, a completed Professional Growth Activity Form (page 8, part 5) and photocopies of signed certificates.
 4. If applicable, (page 9, part 6 and 7) includes two form documents; a generic "Professional Growth Activity Attendance/Participation/ESL Form" and a "Grade Status Report Form" for those who want to use a spring class to qualify. Note: You must receive a grade "C" or better in order to count the class for CARES.
 5. Must turn in a photocopy of your current Child Development Permit from the California Commission on Teacher Credentialing or hold a letter from the Child Development Training Consortium stating that your application has been received or a certified receipt. CARES will not accept EXPIRED permits.
 6. Employment or Owner Verification Form (page 10, part 8).
 7. All participants must complete and sign the W-9 Form (page 11) in order to receive a stipend check this June. A physical address is required on this form. If you have a different mailing address please include both on W9.
 8. Must turn in your original Professional Development Plan (complete) and signed off by your CARES advisor.
 9. The Letter of Consent (page 12) is voluntary and requires your signature if interested. Your signature on this form will allow the state to use the information you provide on your application for research efforts related to workforce issues.
- E.** Please note that all information provided on this application can only be used by the "Project" for research and/or statistical purposes. No information will be released to the public.
- F. Keep a photocopy** of this completed application including supporting documentation for your records. Valley Oak Children's Services is not able to make copies for you.
- G. Keep original** transcripts and/or professional growth certificates for your professional portfolio, send photocopies.
- H.** Although Valley Oak Children's Services issues the stipend check, **the agency is not considered your employer.**
- I.** It is unclear as to whether stipend checks issued in June affect summer unemployment benefits. If you typically are on unemployment during the summer, please discuss your stipend check with your unemployment caseworker.
- K.** Applications will be processed when received. **We will not accept any incomplete applications,** make sure before turning it in that you have gone over the checklist and that it is complete and photocopies of documents are attached.

2009 CHECKLIST to turn in with your STIPEND APPLICATION:

You must submit this checklist with your Stipend Application. Documentation must be attached to your application. If it is not attached then it is considered incomplete and will result in you not receiving a stipend:

Complete the Checklist below with your CARES Advisor at your *mandatory* April/May quarterly meeting. Make sure you have all documentation attached. This is to ensure that everything is *complete* before you mail in your application.

Advisor initials:

- _____ 1. Parts 1-8 of Stipend Application are complete. Note: All boxes are filled in, none are left blank.
CARES Advisor Comments: _____
- _____ 2. Copy of your current Child Development Permit or a letter from the Child Development Training Consortium stating that they received your application or a certified receipt showing you mailed it off (for tracks III-V).
CARES Advisor Comments: _____
- _____ 3. Copy of your College Educational Plan or Permit Plan (**please circle**) for tracks III-V (Track II if applicable).
CARES Advisor Comments: _____
- _____ 4. Proof of Enrollment if taking a spring 2009 class (this would be unofficial transcripts stating the class you are taking is in progress IP) for CARES **and** page 9, part 7 - Grade Status Form completed and signed off by teacher.
CARES will not accept the Status Form if signed before May 1, 2009.
CARES Advisor Comments: _____
- _____ 5. Copy of unofficial transcripts, **only Highlight** classes taken for your **annual** requirement: Put **N/A** if this does not pertain to you.
CARES Advisor Comments: _____
- _____ 6. Original Professional Development Plan complete and signed off by your CARES Advisor -Tracks II-V.
CARES Advisor Comments: _____
- _____ 7. Copy of Professional Growth Certificates – if required for Track (Track II, FCCP, 54 hrs & Track V, 18 hrs).
CARES Advisor Comments: _____
- _____ 8. A photocopy of your Environmental Rating Scale (ERS) score sheet & plan of action has been turned into CARES.
 Yes, this has been turned in. NOTE: Attach a photocopy of certificate if completed the ERS refresher training.
(Please check the following): 1 unit ECERS class through Butte 1 unit ITERS class through Butte
 ECERS Refresher ITERS Refresher FCCERS Training
CARES Advisor Comments: _____
- _____ 9. If **OWNER** of **CENTER** or **FCCH**, Copy of License attached.
CARES Advisor Comments: _____
- _____ 10. It is also required that participants must have met with their assigned CARES Advisor at least 3 times;
(Sept, Dec/Jan, April/May) or you will be ineligible to receive a stipend.

Additional stipends worth *up to* \$250 may be awarded (check all that apply) per qualified applicant, this year:

- I am a returning participant (Anyone who participated in CARES '05/'06 or '06/'07 or '07/'08 **and** received a stipend)
- Five or more years working with the same site or program
- I am a returning Track V CARES Advisor

Stipend Application reviewed by: _____ & _____ Date _____
Advisor Signature Participant Signature

Part 1: APPLICANT INFORMATION (Please type or print (in ink) all information legibly)

Please check the box for the track that you are participating in:

- Track 2, \$850: Entry
 Track 3, \$1,300: Permit
 Track 4, \$1,600: Degree Track
 Track 5, \$1,900: Professional Track/CARES Advisor

1. Last Name:	2. First Name:	3. M.I.:
4. Social Security #:	5. Date of Birth:	6. <input type="checkbox"/> Male <input type="checkbox"/> Female

7. Street Address: Apt.#: City: State: Zip:

8. Mailing Address (if Different) or please circle: N/A:

9. Home Phone:	10. E-Mail Address:
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11. How did you hear about the CARES Program?
 Flyer Website Work Word of Mouth VOCS Newsletter Other:

12. How many years have you been in the field of early child care and education? _____ # of Years

13. Please enter the number of years that you have provided child care in each of these settings:
 _____ # of years in center base _____ # of years in FCC _____ # of years in License-exempt

RACE and ETHNICITY (This information is being collected for statistical purposes only)

14. What is your race/ethnicity? (Please check all that apply):

Alaska Native/American Indian Hispanic/Latino Hmong Asian
 Pacific Islander Black/African American White Other: _____

15. What is your primary language spoken at home? Please check more than one if you are multilingual.

Chinese Korean Vietnamese Tagalog Other: _____
 English Spanish Hmong Japanese

16. What are the primary languages you speak with children and families in your workplace?

Please check all that apply:

Chinese Korean Vietnamese Tagalog Other: _____
 English Spanish Hmong Japanese

CHILD DEVELOPMENT PERMIT INFORMATION

17. What kind of Child Development Permit do you currently have?

Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director
 Applied (Skip to #19) Do not have a Permit (Refers to Track II only: skip questions 18,19,20)

NOTE: For Tracks III-V, one of the requirements is that you must hold or apply for a permit in order to receive a stipend. Documentation of this must be attached. CARES will not accept an expired permit.

18. Please indicate the date you acquired the Permit: Issued: Month: _____ Day: _____ Year: _____

Skip questions 19 and 20 if you already hold a permit and are not applying for an upgrade.

19. Please select the permit that you have most recently applied for:

Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director
 Have not applied

20. Please indicate the date you applied for the Permit: Applied: Month: _____ Day: _____ Year: _____

Note: Please attach documentation that you have applied for your permit, i.e. letter or certified receipt.

Part 2: EMPLOYMENT INFORMATION

Please check one:

- I am an **employee** at a **Child Care Center**
 I am an **employee** at a **Family Child Care Home (FCCH)**
 I **own** my own **Child Care Center**
 I **own** my own **Family Child Care Home (FCCH)**
 I am **employed** as a **Home Base Educator** for EHS / HS

1. <u>Full</u> name of Center or FCCH:	2. Licensing Status: (please check one) <input type="checkbox"/> Licensed <input type="checkbox"/> License-exempt	3. License #:
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4. Center or FCCH address:	City:	State:	Zip:
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5. Site Phone:	6. Site Fax:	7. Site E-Mail:
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8. Director's Last Name:	9. Director's First Name:	10. Director's Phone at Center:
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11. Your Start Date with Current Employer: Month: Year:	12. # of Hours Per Week (over the last 9 months): _____	13. Hourly Wage:\$ _____
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14. How many months/years have you worked with the same agency/program? If program year is not year-round, please list the actual year(s) you worked the entire program year for the same agency/program.

Years: _____ Months: _____

15. For FCCH STAFF or Center STAFF only: Annual Salary (before taxes and not including benefits): \$ _____	16. For FCCH OWNERS or Center OWNERS only: Net Income (annual income from child care minus all business expenses, item 31 of schedule C on your federal income tax return): \$ _____
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17. Which Elementary School is your child care or preschool program closest to? _____

18. Is your worksite open: (mark all that apply) <input type="checkbox"/> After 6 PM <input type="checkbox"/> Weekends <input type="checkbox"/> Between Midnight and 5 AM <input type="checkbox"/> Year-round <input type="checkbox"/> Before 7 AM <input type="checkbox"/> Hours Open: _____	19. How many months is your program open? _____ # of Months
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20. How many children in each of the following age groups do you work with in your classroom? # of children birth to 23 months: _____ # of children 2 to 2 yrs, 11 mo: _____ # of children 3 yrs to 5 yrs: _____ # of children School-age (K-6): _____	21. Answer this question <u>only</u> if you work in a <u>Family Child Care Home</u> : Of the children in your care, how many are related to you? _____	22. Of the children 5 and under in your care, how many have a special need*? _____ <small>*For the purposes of the First 5 California CARES Program, 'children with disabilities & other special needs' refers to those children who: 1) are protected by the Americans w/ Disabilities Act (ADA); or 2) have or are at risk for a chronic condition whether physical, developmental, behavioral or emotional & who also require educational, developmental, health, behavioral/mental health & related services and/or supports of a type or amount beyond that required generally.</small>
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Part 3: COLLEGE EDUCATION / COURSEWORK INFORMATION

1. What is the highest level of education that you have completed?

<input type="checkbox"/> No formal schooling	<input type="checkbox"/> AA in <u>non</u> ECE/CD	<input type="checkbox"/> Some Graduate School
<input type="checkbox"/> Less than high school diploma/GED	<input type="checkbox"/> AA in ECE/CD	<input type="checkbox"/> Graduate degree in <u>non</u> ECE/CD
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> BA in <u>non</u> ECE/CD	<input type="checkbox"/> Graduate degree in ECE/CD
<input type="checkbox"/> Some College	<input type="checkbox"/> BA in ECE/CD	

2. If you received a BA or higher, did you receive the degree in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3. Do you have a CA teaching credential? Note: A Child Development Permit is not a CA teaching credential. <input type="checkbox"/> Yes, from California <input type="checkbox"/> Yes, out of state/country <input type="checkbox"/> No
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4. If you have a California teaching credential, what types? Check all that apply: N/A

- | | | |
|--|---|---|
| <input type="checkbox"/> Single Subject | <input type="checkbox"/> School Nurse Services | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Library Media Services | <input type="checkbox"/> Pupil Personnel Services |
| <input type="checkbox"/> Education Specialist (Disabilities & other Special Needs) | <input type="checkbox"/> Other Health Services | <input type="checkbox"/> Bilingual Specialist |
| <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Reading Specialist | <input type="checkbox"/> Reading Certificate |
| <input type="checkbox"/> Clinical/Rehabilitative Services | | <input type="checkbox"/> Other: _____ |

Only answer questions 5 and 6 if you are a NEW PARTICIPANT to the program: N/A – I am returning.

5. How many ECE/CD units have you completed before July 1, 2008? # of Units _____

6. How many professional growth hours have you completed before July 1, 2008? # of PG Hours _____

7. For each college course completed after July 1, 2008, choose the most pertinent description of its subject:

- | | | |
|---|--|---|
| <input type="checkbox"/> General Education (GE) | <input type="checkbox"/> CD Classes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> English or Math pre-requisites | <input type="checkbox"/> ESL Classes | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> ECE Classes | <input type="checkbox"/> Courses related to Education (Psych., Spec. Ed) | |

8. Location of College Course work taken: Where did the course work take place?

- | | | |
|---|--|--|
| <input type="checkbox"/> R&R/CBO/LPC | <input type="checkbox"/> Other State Agency | <input type="checkbox"/> School District/COE |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Private College | <input type="checkbox"/> NAEYC, CAEYC |
| <input type="checkbox"/> CSU/UC | <input type="checkbox"/> Local/State First 5 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> UC Extension/SCU Extended learning classes | <input type="checkbox"/> On-Line | <input type="checkbox"/> Not Applicable |

9. Who provided the course work?

- | | | |
|---|--|--|
| <input type="checkbox"/> R&R/CBO/LPC | <input type="checkbox"/> Other State Agency | <input type="checkbox"/> School District/COE |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Private College | <input type="checkbox"/> NAEYC, CAEYC |
| <input type="checkbox"/> CSU/UC | <input type="checkbox"/> Local/State First 5 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> UC Extension/SCU Extended learning classes | <input type="checkbox"/> On-Line | <input type="checkbox"/> Not Applicable |

10. After July 1, 2008 have you participated in ECE or Child Development Training that was not college credit bearing?

- Yes (if yes, please answer question # 11& 12) No Note: (If you took ECERS/ITERS/FCCERS refresher training you would say Yes & check Assessment (Child & Environment) in question #11).

11. Type of ECE/CD Professional Growth Training:

- | | |
|--|---|
| <input type="checkbox"/> Disabilities/Special Needs | <input type="checkbox"/> Accreditation |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> CDE pre-K Guidelines, preschool standards, Desired Results |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Children's Nutrition & Health |
| <input type="checkbox"/> Development & Caregiving Curriculum | <input type="checkbox"/> Child & Family Safety |
| <input type="checkbox"/> Assessment (Child & Environment) | <input type="checkbox"/> Family/Community Partnerships |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Other |

12. **ECE Training:** Please check the total number of ECE/Child Development workshops, conferences or trainings you have taken After July 1, 2008. Note: You would count the ECERS/ITERS/FCCERS refresher trainings as ECE training.

- 0 1-5 6-10 11-15 16 or more

CERTIFICATION

13. All information provided on this stipend application is accurate to the best of my knowledge. I agree to provide further information or documentation if required to do so. All applicants must sign this certification:

SIGNATURE: _____ DATE: / /

Part 4: COURSE WORKSHEET VERIFICATION FORM

Only Complete Part 4 if you have taken College units. All classes you put down on this form must be on your College Education Plan / Permit Plan and/or Professional Development Plan.

Use this form to record applicable classes for your **annual requirement to the “Track” you are participating in.
 ** Use this form to record **ECERS/ITERS** course through Butte.
 You must also attach college/university unofficial transcripts including your printed name **with relevant coursework highlighted.
 ** Attach College Educational Plan or Permit Plan and Professional Development Plan.
NOTE: In order to receive a stipend through CARES, you must complete your classes with a grade “C” or Better.

ECE/CD COURSES	COLLEGE OR UNIVERSITY	COURSE NAME	COURSE NUMBER	SEMESTER UNITS	Office Use Only
ECE or CD Course					
ECE or CD Course					
ECE or CD Course					
					Total Units =

GENERAL ED. COURSES	COLLEGE OR UNIVERSITY	COURSE NAME	COURSE NUMBER	SEMESTER UNITS	Office Use Only
General Ed. Course					
General Ed. Course					
					Total Units =

Please check the box and attach documentation in the following order:

1. Unofficial Transcripts with your printed name on them. Please **HIGHLIGHT** classes taken for your CARES annual requirement.
2. Legible **PHOTOCOPY** of your College Education Plan or Permit Plan. Please **HIGHLIGHT** classes taken for your CARES annual requirement.
3. Original Professional Dev. Plan signed off by your CARES Advisor (make a copy for your records).

Part 6: Professional Growth Activity Attendance / Participation/ ESL Form

*Use this form to verify attendance or participation hours at applicable trainings, meetings, ESL class or other approved Professional Development Activities (if you did not receive a certificate from the training / meetings / ESL class).

*Attaching a copy of the brochure/flyer is helpful for any trainings / meetings.

*Please copy this form as needed.

NOTE: If you are taking an ESL class, you must complete 54 hours to meet the 3 unit requirement.

This is to certify that _____ participated in _____
seminar/workshop/training/ESL for _____, on _____ at _____.
(Please Circle) Hours Date Location

The Activity included information and training related to: _____ in the
child care field or ESL class. Subject Matter / ESL Class Title

Trainer/Coordinator/ESL Teacher (Please print): _____

Signature of Trainer/Coordinator/ ESL Teacher: _____

Title: _____ Phone #: _____

Participant's Name (Please Print): _____

Participant' Signature: _____

Part 7: GRADE STATUS REPORT FORM – Currently Enrolled Students Spring 2009

** Use this form to verify that you are passing an applicable class during the Spring 2009 Semester.

** Acceptable coursework includes those classes that can be used toward a Child Development Permit or Degree.

** Every Grade Status Report Form must be accompanied with a “proof of enrollment” with your (name print out) from the college and include signature in order for class to count.

** Please copy this form as needed.

** Please have your professor sign this form between May 1st and May 15th.

Grade Status Report Forms signed before May 1, 2009 will not be accepted.

This is to certify that _____ is passing Course # _____
_____ with a grade of _____ as of _____.
Course Name Grade Date

Professor/Instructor (Please print): _____

College Name: _____

Signature of Professor/Instructor: _____

Date: _____

Student's Name (Please print): _____

Student's signature: _____

NOTE: For a class to count towards CARES, the person must receive a grade “C” or better.

Part 8: EMPLOYMENT or OWNER VERIFICATION FORM:
Use "1A" or "1B" -- required for all applicants.
Form 1A is for employees. Form 1B is only for owners.

1A. FOR EMPLOYEES OF CENTERS OR FAMILY CHILD CARE PROGRAMS

(Please have the director or owner or supervisor or board member check all that apply and sign.)

I certify that, _____,

is currently employed at _____;

and

works directly with children ages 0 to 5 at least 15 hours per week in a licensed child care program

for Track V participants only: if not working directly with children ages 0 to 5, must supervise staff working directly with children at least 15 hours a week) **and**

has been working since Aug. 31, 2008, **or**

has worked with the same program for 9 months of this last year; **or**

is currently working with a Migrant program (2009) and worked last program year (March/April-Oct. 2008)

has worked 5 years or more with the same program.

Is the program in Butte County? YES NO Is the program licensed through Community Care Licensing? YES NO

Which best describes your child care program? Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> State Preschool | <input type="checkbox"/> CDE General Child Care |
| <input type="checkbox"/> Private/Other Local Subsidy (city, county) | <input type="checkbox"/> Private/Non Subsidized | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Military Base Child Care | <input type="checkbox"/> Other, Please specify: _____ | |

Center/FCCH Type:

- Private, for Profit Private, non Profit Public School

Director/Owner/Supervisor/Board Member (Please print): _____

Signature of Director/Owner: _____ Phone: _____

Date: _____

1B. FOR OWNERS ONLY OF CENTERS OR FAMILY CHILD CARE HOME PROGRAMS

(Please check all that apply, sign and attach a copy of your Center or Family Child Care License)

I certify that I, _____,

work with children ages 0 to 5; **and**

have been licensed to serve children for at least the last 9 months **and**

have been working at least 15 hours per week directly with children in a licensed facility

Check here if you are a license-exempt family child care provider in Track II and just became licensed

for Track V participants only: if not working directly with children, must supervise staff working directly with children

have worked 5 years or more with the same program.

Is the program in Butte County? YES NO Is the program licensed through Community Care Licensing? YES NO

Which best describes your child care program? Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> State Preschool | <input type="checkbox"/> CDE General Child Care |
| <input type="checkbox"/> Private/Other Local Subsidy (city, county) | <input type="checkbox"/> Private/Non Subsidized | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Military Base Child Care | <input type="checkbox"/> Other, Please specify: _____ | |

Center/FCCH Type:

- Private, for Profit Private, non Profit Public School

Owner Signature: _____ Date: _____

W-9 page- to download complete instructions and W-9 form, please visit Valley Oak Children's Services website at www.valleyoakchildren.org/ourprograms/cares.htm.

**Consent to Participate in the Evaluation of First 5 California's
Comprehensive Approaches to Raising Educational Standards (CARES)
for the Early Learning Workforce**

*Stacie Sormano, Principal Researcher
First 5 California Research and Evaluation Division
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833
(916) 263-1050*

Introduction. First 5 California supports programs to help all children in California enter kindergarten physically and emotionally healthy and ready to succeed in school, which include support to the early care and education workforce. The information collected in this study will help First 5 California learn which programs are successful and help us improve all programs.

You are invited to participate in this study because you are engaged in training and education as part of the CARES program. Your participation is not mandatory. If you do not wish to be part of the study, you may still participate in CARES.

Procedures. If you agree to be in the study, we will examine the data you provide in the attached application, as well as information about your education and training activities. If you previously participated in CARES, we may examine data you provided at that time. We will not ask you questions about alcohol/drug use or any arrests or convictions. If you continue in CARES, and you agree, we will follow up with similar data collection, as needed, to determine CARES effectiveness in training, retention and education of participants.

Benefits. There are no direct benefits to you for being in the study. However, your information may help us improve future First 5 programs.

Risks. There is a very small risk for you to be in the study. Someone could learn that you are in the study. But First 5 has very strict requirements on keeping what you tell us private. Only authorized persons will have access to what you tell us. Your name and personal information will never be used in reports. The exception is if you tell us something that indicates that you may be harmed, we must take action so that this will not happen.

Questions. If you have questions regarding the CARES evaluation, you may contact Gretchen Williams at (916) 263-1051, via email at gwilliams@ccfc.ca.gov or at the above mailing address. If you have any questions about your rights as a research subject, you may contact the Committee for the Protection of Human Subjects at (916) 653-0176.

Voluntary Participation. You can still participate in CARES if you don't want to be in the study. You can stop being in the study at any time and still participate in CARES. You can fill out a form asking that you stop being in the study and your data will not be used. The same CARES staff who provided your CARES application can provide you with the form to withdraw from the study.

Research Subjects Bill of Rights. You have rights as research subjects. You can download the Research Subjects Bill of Rights for you to keep on our website at www.valleyoakchildren.org or contact CARES at 530-899-4943 for a copy.

I certify that I am at least 18 years of age, and agree to participate in the above study. I have had my questions answered about participating in the CARES evaluation. Please check a box, sign & date below.

I want to participate

I do not want to participate

Participant Signature

Date

Participant Name (Please Print Clearly)