



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AB212 CARES

Supplementary Information Form

Please complete all questions below

1. LAST NAME		2. FIRST NAME		3. MIDDLE INITIAL	
4. SOCIAL SECURITY NUMBER - -		5. WHAT YEAR DID YOU BEGIN WORKING IN THE CHILD CARE FIELD? <i>(This includes any licensed center, family child-care home, or license-exempt center)</i> Year:			
6. HOW MANY YEARS HAVE YOU WORKED IN ANY OF THE FOLLOWING? CENTER BASED _____ FAMILY CHILD CARE _____ LICENSE-EXEMPT _____		7. HIGHEST LEVEL OF EDUCATION ATTAINED <input type="checkbox"/> No formal schooling <input type="checkbox"/> Less than a high school diploma <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some College <input type="checkbox"/> AA in non-ECE/CD <input type="checkbox"/> AA in ECE/CD <input type="checkbox"/> BA in non-ECE/CD <input type="checkbox"/> BA in ECE/CD <input type="checkbox"/> Some graduate school <input type="checkbox"/> Graduate degree in non-ECE/CD <input type="checkbox"/> Graduate degree in ECE/CD IF YOU HAVE A BA OR HIGHER, DID YOU RECEIVE THE DEGREE IN A FOREIGN COUNTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. DO YOU HAVE A TEACHING CREDENTIAL? <input type="checkbox"/> Yes, from California <input type="checkbox"/> Yes, out of state/country <input type="checkbox"/> No IF YOU HAVE A CALIFORNIA TEACHING CREDENTIAL, WHAT TYPE/S? (Check all that apply) <input type="checkbox"/> Single Subject <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Education Specialist <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: _____	
9. COMPLETED UNITS/HOURS PRIOR TO APPLYING FOR CARES CD/ECE units _____ Professional Growth Hours _____					
10. WHAT LANGUAGE DO YOU PRIMARILY SPEAK AT HOME AND WITH THE CHILDREN? <i>(Please only list one):</i> At Home: _____ With the Children: _____			11. WHICH RACE/ETHNICITY DO YOU MOST IDENTIFY WITH? <i>(Choose only one)</i> <input type="checkbox"/> American Indian/Alaskan 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 <input type="checkbox"/> Other: _____		
12a. ARE YOU RELATED TO ANY CHILDREN IN YOUR CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. DOES YOUR PROGRAM PROVIDE CARE DURING NON-TRADITIONAL HOURS? <i>(Please select all categories that apply.)</i> <input type="checkbox"/> After 6:00pm <input type="checkbox"/> Before 7:00am <input type="checkbox"/> Between midnight and 5:00am <input type="checkbox"/> Weekends			
12b. IF YES, HOW MANY? _____					

14. I CURRENTLY HOLD OR HAVE APPLIED FOR THE FOLLOWING CHILD DEVELOPMENT PERMIT THROUGH THE CALIFORNIA COMMISSION ON TEACHER CREDENTIAL:

- Assistant Associate Teacher Teacher
 Master Teacher Site Supervisor Program Director

15. HOW MANY CHILDREN DO YOU WORK WITH IN EACH OF THE FOLLOWING AGE GROUPS? *(For Center-Based Staff: Indicate the actual number of children you work with directly, not the center's capacity for each age group.)*

_____ Birth to 23 months _____ 2 years to 2 years, 11 months
_____ 3 years to 5 years _____ School-age (K-6)

16a. DO YOU WORK WITH CHILDREN WITH DISABILITIES OR OTHER SPECIAL NEEDS?

- Yes No

16b. IF YES, HOW MANY? _____