



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  <b>IF YOU HAVE A BA OR HIGHER, DID YOU RECEIVE THE DEGREE IN A FOREIGN COUNTRY?</b> <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  <b>IF YOU HAVE A CALIFORNIA TEACHING CREDENTIAL, WHAT TYPE/S? (Check all that apply)</b> <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?** \_\_\_\_\_