



# CARES Permit Project



## Child Development Permit Checklist and Application for Employed Early Care and Education Providers Only

October 2008

### Project Overview

The CARES Permit Project is funded by First 5 California. The Child Development Training Consortium is implementing the project throughout California. This project will continue through October 2009.

The goal of this project is to support the professional development of early care and education staff by paying the permit application and fingerprint (Live Scan) processing fees required to obtain a Child Development Permit from the Commission on Teacher Credentialing. The six Child Development Permit levels are Assistant, Associate Teacher, Teacher, Master Teacher, Site Supervisor, and Program Director.

This project will pay the application and fingerprint processing fees for first-time, renewal and upgraded Child Development Permits. Priority will be given to individuals who are employed in school readiness/priority zones with an API score of 1 to 5 and are participating in a county CARES (Comprehensive Approach to Raising Educational Standards) program.

**IMPORTANT: Effective September 1, 2008, the Commission on Teacher Credentialing (Commission) will only provide credentials, certificates, and permits through an online view and print process. The Commission will no longer print and mail these documents; they will be available online to colleges, universities, employers and the document holder within 48 hours of issuance. At that time, a document may be printed from the Commission’s website.**

### Eligibility Screening

Answer the following questions to see if you are eligible to obtain your permit through this project.

1. Are you employed at least 15 hours per week in the same program?  Yes  No

**Acceptable employment settings include:**

- a. Licensed centers
- b. License-exempt centers
- c. Licensed family child care homes
- d. Exempt (unlicensed) home care

**Note:** Verification of employment is required. Volunteer work is not acceptable.

2. Do you work in the state of California?  Yes  No
3. Do you work with or supervise others working with children under the age of five?  Yes  No

If you answered “NO” to any of the questions above, you are not eligible to use this application form. Please call (209) 572-6080 and request a Stipend for Permit Program application form.

If you answered “YES” to ALL of the questions above, please continue to page 2.

## Instructions and Policies

1. In order to process your Child Development Permit application successfully, please assist us by reading and following all directions carefully.
2. **IMPORTANT: Effective September 1, 2008, the Commission on Teacher Credentialing (Commission) will only provide credentials, certificates, and permits through an online view and print process. The Commission will no longer print and mail these documents; they will be available online to colleges, universities, employers and the document holder within 48 hours of issuance. At that time, a document may be printed from the Commission's website.**
3. For the period January 2006 through October 2009, the CARES Permit Project will pay the permit application and fingerprint (Live Scan) processing fees (if applicable) for the following first-time, renewal, or upgraded Child Development Permits: **Assistant, Associate Teacher, Teacher, Master Teacher, Site Supervisor and Program Director. Reimbursement of \$55.00 for the On-line Renewal of the Teacher, Master Teacher, Site Supervisor, and Program Director is available.**  
  
Refer to the enclosed Child Development Permit Matrix (English and Spanish) to determine the education and experience required for each permit level.
4. If you have already submitted your Child Development Permit application and fees to the Commission on Teacher Credentialing or a county office of education, you are **not eligible** to participate in this project at this time.
5. Applications may be submitted at any time through October 2009.
6. All forms must be typed or printed clearly with black ink.
7. An incomplete application will be returned to you unprocessed within 6 weeks.
8. **DO NOT** include any form of payment with your application.
9. Funding is limited. At such time it is determined that the total CARES Permit Project budget will be expended, permit applications will be processed on a first-come, first-served basis with priority given to eligible applicants who are:
  - a. Permit applicants employed at least 15 hours per week in school readiness (API scores of priorities 1-5) priority zones who are participating in Comprehensive Approaches to Raising Education Standards (CARES) programs.
  - b. Permit applicants employed at least 15 hours per week as early learning teachers and providers in First 5 Preschool Demonstration sites.
  - c. Permit applicants participating in county First 5 CARES programs.
10. **FOR EXEMPT (UNLICENSED) HOME CARE PROVIDERS ONLY:** refer to the enclosed Child Development Permit Matrix. Under Option #1, you are only eligible to apply for the Assistant Permit. Those seeking permit levels higher than the "Assistant", must apply using the options listed in the *Alternative Qualifications* column of the matrix.
11. The funding for this project ends October 2009.
12. You must work in California.
13. If you participate in this project, the information collected on pages 3 & 4 may be shared with First 5 California and/or their research partners for the purpose of evaluating this project.
14. Follow the directions carefully for the type of permit you are applying for:
  - a. If you are applying to the Commission on Teacher Credentialing for the first-time, follow the directions on Insert 2 (pink) front and back. Disregard Insert 3-a, Insert 3-b, and Insert 4.
  - b. If you are renewing the Assistant or Associate Teacher Permit follow the directions on Insert 3-a (blue). If you are renewing your permit on-line follow the directions on Insert 3-b (blue). Disregard Insert 2 and Insert 4.
  - c. If you are applying for a permit that is higher than the one you currently have (upgrade), follow the directions on Insert 4 (pumpkin). Disregard Insert 2, Insert 3-a, and Insert 3-b.
15. **We recommend that you keep a copy of your completed Child Development Permit application for your records.**

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**Questions? Need assistance? Contact us by phone, e-mail, or by visiting our Website**  
**(209) 341-1667 ( para asistencia en Español: (209) 572-6081 )**  
**Website: [www.childdevelopment.org](http://www.childdevelopment.org) / E-mail: [hernandezm@yosemite.edu](mailto:hernandezm@yosemite.edu)**

## Insert 2

### Directions and Checklist for First-Time Permit Applicants Only

**IMPORTANT:** Effective September 1, 2008, the Commission on Teacher Credentialing (Commission) will only provide credentials, certificates, and permits through an online view and print process. The Commission will no longer print and mail these documents; they will be available online to colleges, universities, employers and the document holder within 48 hours of issuance. At that time, a document may be printed from the Commission's website.

Check off each step on the front and back of this insert as you complete it.

- \_\_\_\_\_ 1. **You must obtain the required state forms as a first-time permit applicant from the Commission on Teacher Credentialing (Commission) website at [www.ctc.ca.gov](http://www.ctc.ca.gov) .**
  - a. **Form 41-4 "Application for Credential Authorizing Public School Service" and the "Instructions for the Application."**
  - b. **Form 41-LS "Request for Live Scan Service"**

Form 41-4 can be completed online and printed for original signature, or you may print the form and complete it using black ink. You must print three (3) pages of the 41-LS (Request for Live Scan Service) form. If you have difficulty in obtaining the required state forms, please contact the Child Development Training Consortium at (209) 341-1667 or email [hernandezm@yosemite.edu](mailto:hernandezm@yosemite.edu).
- \_\_\_\_\_ 2. **Complete the Application for Credential Authorizing Public School Service, Form 41-4:**

Do not use any abbreviations. Complete all sections. If completing online use the pull down menu or print the form and complete in black ink. If you are using the alternative qualification to apply, write the option number that applies beside the permit level you are applying for. Refer to the enclosed Child Development Permit Matrix for alternative qualification descriptions and option numbers. **Include your e-mail address to ensure that you receive e-mail notification from the Commission when your permit is granted. You will be notified 48 hours prior to posting your permit on the Commission website. Under section 3, "Professional Fitness Questions" if you answer, "YES" to any question, you must refer to the "Instructions for the Application." Additional documentation will need to be submitted.** Fill out the Oath and Affidavit Section completely. An original signature and current date are required.
- \_\_\_\_\_ 3. **Your Employer Completes the Verification of Experience Form (enclosed, white):** Submit originals only. The form must include hours per day and number of days per week worked. An acceptable alternative is a letter from your employer on employer letterhead stating the length of employment, hours worked per day, days worked per week, and the ages of children with whom you have worked. If you are applying for a Site Supervisor Permit, your supervisor must document at least 100 days of experience supervising adults. **If you are applying under alternative qualifications or for an Assistant Permit, verification of experience is not required.**
- \_\_\_\_\_ 4. **Licensed Family Child Care Experience:** Must be verified by a photo copy of the Family Day Care State License as well as completing **Form CL-878 (enclosed, salmon in English/Spanish)** Child Development Permit Verification of Family Child Care Experience. Three different parents must complete **Form CL-877 (enclosed, lilac in English/Spanish)** Child Development Permit Verification of Family Child Care Attendance. If applying for Site Supervisor or Program Director you must include a personal letter documenting your job duties. Example, duties should include supervising a helper, managing your subsidized food program, budgets and any helpful details of how you run your family child care business. **If you are applying under alternative qualifications, or for an Assistant Permit, verification of experience is not required.**
- \_\_\_\_\_ 5. **Enclose Your Official College Transcripts:** Your county office of education may require sealed transcripts. Submit original transcripts only. Photocopies are acceptable **only if** your application has been file dated and your transcripts are signed by your county's Credentialing Technician. Classes must be posted on your transcript with a grade of "C" or better to count toward the permit education requirements. **NOTE: Only the Commission on Teacher Credentialing (Commission) evaluates transcripts to verify that all course work has been completed.** Child Development Training Consortium staff **DO NOT** evaluate transcripts.

**Insert 2 - continued**

- \_\_\_\_\_ 6. **Have your fingerprints submitted to the Commission using Live Scan. DO NOT SUBMIT FINGERPRINTS IF YOU HAVE EVER RECEIVED A CREDENTIAL OR PERMIT FROM THE COMMISSION ON TEACHER CREDENTIALING:** If you do not need to be fingerprinted, skip to question #9. Refer back to question #1 for information on how to obtain this form. *Fingerprint CARDS are no longer accepted by the CTC. The cost of the Live Scan will range from \$51 to \$81. You have to pay this fee at the time your fingerprints are taken.*
- a. When making an appointment for your fingerprints to be done using the Live Scan process, you ***MUST*** request a **Live Scan for the Commission on Teacher Credentialing**. There is no facility number for this Live Scan. The agency that you are making an appointment with may ask for an ***O.R.I. number***. That number is located on the ***Request for Live Scan Service-Form 41-LS***. If you need this form return to Step #1.
  - b. Live Scan completed for the Department of Social Services or Community Care Licensing is **not valid** for your **Child Development Permit**.
  - c. **It is recommended that you get a quote for the Live Scan fee you will be charged.** The appropriate Live Scan fee for the Commission on Teacher Credentialing should be \$51 - \$81. If you are quoted more than \$81, you may be scheduled for the ***Wrong Live Scan***.
  - d. To find a Live Scan location near you, contact your local county office of education, police or sheriff's department, or call Sylvan Identix at 1-800-315-4507.
  - e. The Child Development Permit Project will reimburse \$51 of the Live Scan cost. Follow the instructions in step 8 below to receive the \$51 reimbursement of your Live Scan processing fee.
- \_\_\_\_\_ 7. **Enclose the Request for Live Scan Service-Form 41-LS: *This applies to first-time applicants to the Commission on Teacher Credentialing only.*** Submit the 2<sup>nd</sup> page of the Request for Live Scan Service-Form 41-LS. (NOTE: We cannot accept Live Scan verifications on Department of Social Services Live Scan forms.)
- \_\_\_\_\_ 8. **Complete the Application for Reimbursement of Live Scan Fingerprint Processing Fee (\$51) (enclosed, green):** You are eligible to receive reimbursement of \$51 of the processing fee you paid. An original receipt for your Live Scan fingerprint processing fee must be attached. The third copy of the Request for Live Scan Service-Form 41-LS is an acceptable receipt. **Money order receipts and cancelled checks are not accepted. *This form must be submitted with your completed Child Development Permit application.*** If this form is received separate from your Child Development Permit application, it will be returned to you unprocessed.
- \_\_\_\_\_ 9. **Complete the Master Teacher Specialization Designation Form (enclosed, gray):** This form is only required if you are applying for a Master Teacher Permit under Option #1. A specialization requires 6 semester units in one area of focused study.
- \_\_\_\_\_ 10. **Complete the Child Development Permit Application (located on pages 3 & 4):** The application consists of the following parts:
- \_\_\_\_\_ Part 1 - To be completed by the permit applicant
  - \_\_\_\_\_ Part 2 - To be completed and signed by the applicant's employer
  - \_\_\_\_\_ Part 3 - To be completed by the applicant's college child development advisor.
  - \_\_\_\_\_ Part 4 - To be completed by the county credentialing agency, usually the County Office of Education
- \_\_\_\_\_ 11. **Return your completed application, along with the required documents to:**

**Child Development Training Consortium  
1620 North Carpenter Road, Suite C-16  
Modesto, CA 95351**

**For assistance, call (209) 341-1667**

## Insert 3 – a

### Directions and Checklist for Assistant and Associate Teacher Permit Renewal Applicants Only

**IMPORTANT:** Effective September 1, 2008, the Commission on Teacher Credentialing (Commission) will only provide credentials, certificates, and permits through an online view and print process. The Commission will no longer print and mail these documents; they will be available online to colleges, universities, employers and the document holder within 48 hours of issuance. At that time, a document may be printed from the Commission's website.

**Check off each step as you complete it.**

- \_\_\_\_\_ 1. **You must obtain the required state form as a renewal permit applicant:  
Form 41-REN "Renewal & Reissuance Application"**  
You may print form 41-REN from the Commission on Teacher Credentialing (Commission) website at [www.ctc.ca.gov](http://www.ctc.ca.gov). If you have difficulty in obtaining the required state form, please contact the Child Development Training Consortium at (209) 341-1667 or email [hernandezm@yosemite.edu](mailto:hernandezm@yosemite.edu).
  
- \_\_\_\_\_ 2. **Complete the Renewal & Reissuance Application – Form 41-REN:**
  - a. **Section 1 – Personal Information**  
Complete all areas of Personal Information. Type or print in black ink. Please do not use abbreviations.
  - b. **Section 2 – Credential or Permit**  
This section requires the name of the permit you are renewing. Write out the full title of the permit you are renewing.
  - c. **Section 3 – Professional Clear Credential Renewal Self-Verification**  
You must write in the number of hours of professional growth activities you have completed. Write in your Professional Growth Advisor's name and telephone number. **Note: This step is not required if you are renewing an Associate Teacher Permit.**
  - d. **Section 4 – Personal and Professional Fitness**  
Answer questions a through g. Be sure to read each question thoroughly. If you answer "yes" to any question, you must submit **form 41-ECC Criminal Conviction or Pending Criminal Charge (Explanation of)**, refer to the "Instructions for the Application" for additional information.
  - e. **Oath and Affidavit Section**  
Fill out all areas of this section including the current date. Do not use abbreviations. **It is very important to sign your name in this section.**
  
- \_\_\_\_\_ 3. **For Associate Teacher Renewals ONLY: Enclose your official college transcripts:** Your county office of education may require sealed transcripts. In order to renew the Associate Teacher Permit for an additional five years, you **must** submit original transcripts showing the completion of an additional 15 semester units toward the Child Development Teacher Permit. These classes must have been taken after applying for the Associate Teacher Permit the first time. All course work must be completed with a grade of "C" or better. General Education units must be degree applicable. **Important, you can only renew the Associate Teacher Permit one time.**
  
- \_\_\_\_\_ 4. **Enclose a copy of your current Child Development Permit or you can download a copy from the Commission's website at [www.ctc.ca.gov](http://www.ctc.ca.gov).**
  
- \_\_\_\_\_ 5. **Complete the Child Development Permit Application (located on pages 3 & 4):**  
The application consists of the following parts:  
Part 1 - To be completed by the permit applicant  
Part 2 - To be completed and signed by the applicant's employer  
Part 3 - To be completed by the applicant's college child development advisor  
Part 4 - To be completed by the county credentialing agency, usually the County Office of Education.
  
- \_\_\_\_\_ 6. **Return your completed application, along with the required documents to:**  
**Child Development Training Consortium**  
**1620 North Carpenter Road, Suite C-16**  
**Modesto, CA 95351. For assistance, call (209) 341-1667**

**Please note:**

1. You do not need to submit fingerprints. You only have to be fingerprinted the first time that you apply to the Commission on Teacher Credentialing (Commission).
2. You do not need to submit your Professional Growth Advisor Eligibility form. Retain for your records in the event that you are audited by the Commission.
3. You do not need to submit your Professional Growth Plan and Record. Retain for your records in the event that you are audited by the Commission.

## Insert 3 – b

### Directions and Checklist for On-line Renewals of Teacher, Master Teacher, Site Supervisor, and Program Director Permit Levels Only

**IMPORTANT:** Effective September 1, 2008, the Commission on Teacher Credentialing (Commission) will only provide credentials, certificates, and permits through an online view and print process. The Commission will no longer print and mail these documents; they will be available online to colleges, universities, employers and the document holder within 48 hours of issuance. At that time, a document may be printed from the Commission's website.

**Please Note: You will need to pay the renewal fee with a MasterCard or Visa debit or credit card. If you are not eligible to renew on-line, CDTC is able to pay for the renewal of your permit. Please refer to Insert # 3 – a.**

**Check off each step as you complete it.**

- \_\_\_\_\_ 1. **Permit Renewal Process:**
  - a. Go to the Commission on Teacher Credentialing (Commission) website [www.ctc.ca.gov](http://www.ctc.ca.gov).
  - b. Click on "Renew On-line."
  - c. Type in your **social security number and your date of birth**.
  - d. Click in the box of the **permit level that you are renewing** and click on **Renew**.
  - e. Read the **Professional Clear Credential Renewal Self-Verification** and **click in the box** that certifies that you have read and understand the terms, and type in your professional growth advisor information and **click on Next**.
  - f. Review your **Personal Information** that the **Commission** has on file for you and make any necessary corrections or if the information they have is correct **click on Next**.
  - g. Answer the questions in the **Personal and Professional Fitness section**. If you mark yes to any of the questions, you will need to give detailed information in the text box provided on the question you answered yes to. When completed **click on Next**.
  - h. Review the information in the **Summary** for accuracy and fill out the **Oath and Affidavit** and **click on Next**.
  - i. In the **Payment Summary section**, **Complete the Credit Card Information (you must have a Visa or MasterCard debit or credit card to complete the transaction)** and click on **Submit Payment**.
  - j. **VERY IMPORTANT! YOU MUST PRINT TWO COPIES OF THE "CONFIRMATION PAGE" AND SUBMIT ONE COPY WITH THE APPLICATION IN ORDER TO BE REIMBURSED \$55.00 OF THE \$57.00 RENEWAL FEE FOR YOUR ON-LINE RENEWAL.**
  
- \_\_\_\_\_ 2. **Enclose a copy of your current Child Development Permit.**
  
- \_\_\_\_\_ 3. **Complete the Child Development Permit Application (located on pages 3 & 4): The application consists of the following parts:**

**Part 1** - To be completed by the permit applicant.  
**Part 2** - To be completed and signed by the applicant's employer.  
**Part 3** - To be completed by the applicant's college child development advisor.  
**Part 4** - To be completed by the county credentialing agency, usually the County Office of Education.
  
- \_\_\_\_\_ 4. **Return your completed application, along with the required documents to:**

**Child Development Training Consortium,  
1620 North Carpenter Road, Suite C-16  
Modesto, CA 95351. For assistance, call (209) 341-1667.**

#### **Please Note:**

1. The fee to renew on-line is \$55.00 plus a \$2.00 service fee for the use of your credit card, for a total of \$57.00.
2. You do not need to complete the 41-Ren – "Renewal & Reissuance Application".
3. You do not need to submit fingerprints. You only have to be fingerprinted the first time that you apply to the Commission on Teacher Credentialing (Commission).
4. You do not need to submit your Professional Growth Advisor Eligibility form or your Professional Growth Plan and Record. Retain for your records in the event that you are audited by the Commission.

**Directions and Checklist for Permit Upgrade Applicants Only**

**IMPORTANT: Effective September 1, 2008, the Commission on Teacher Credentialing (Commission) will only provide credentials, certificates, and permits through an online view and print process. The Commission will no longer print and mail these documents; they will be available online to colleges, universities, employers and the document holder within 48 hours of issuance. At that time, a document may be printed from the Commission's website.**

**Check off each step as you complete it.**

- \_\_\_\_\_ 1. **You must obtain the required state form as an upgrade permit applicant from the Commission on Teacher Credentialing (Commission) website at [www.ctc.ca.gov](http://www.ctc.ca.gov). Form 41-4 "Application for Credential Authorizing Public School Service"**  
Form 41-4 can be completed online and printed for original signature, or you may print the form and complete it using black ink. If you have difficulty in obtaining the required state form, please contact the Child Development Training Consortium at (209) 341-1667 or email [hernandezm@yosemite.edu](mailto:hernandezm@yosemite.edu).
  
- \_\_\_\_\_ 2. **Complete the Application for Credential Authorizing Public School Service, Form 41-4:**  
Do not use any abbreviations. Complete **all** sections. If completing online use the pull down menu or print the form and complete in black ink. If you are using the alternative qualifications to apply, write the option number that applies beside the permit level you are applying for. Refer to the enclosed Child Development Permit Matrix for alternative qualification descriptions and option numbers. **Include your e-mail address to ensure that you receive e-mail notification from the Commission when your permit is granted. You will be notified 48 hours prior to posting your permit on the Commission's website. Under section 3, "Professional Fitness Questions" if you answer, "YES" to any question, you must refer to the "Instructions for the Application." Additional documentation will need to be submitted.** Fill out the Oath and Affidavit Section completely. An original signature and current date are required.
  
- \_\_\_\_\_ 3. **Your employer completes the verification of experience form (enclosed, white):** Submit originals only. The form **must** include hours per day and number of days per week worked. An acceptable alternative is a letter from your employer on employer letterhead stating the length of employment, hours worked per day, days worked per week, and the ages of children with whom you worked. If you are applying for a Site Supervisor Permit, your supervisor must document at least 100 days of experience supervising adults. **If you are applying under alternative qualifications or for an Assistant Permit, verification of experience is not required.**
  
- \_\_\_\_\_ 4. **Licensed family child care experience:** must be verified by a photo copy of the Family Day Care State License as well as completing **Form CL-878 (enclosed salmon in English/Spanish)** Child Development Permit Verification of Family Child Care Experience. Three different parents must complete **Form CL-877 (enclosed lilac in English/Spanish)** Child Development Permit Verification of Family Child Care Attendance. If applying for Site Supervisor or Program Director you must include a personal letter documenting your job duties. Example, duties should include supervising a helper, managing your subsidized food program, budgets and any helpful details of how you run your family child care business. **If you are applying under alternative qualifications or for an Assistant Permit, verification of experience is not required.**
  
- \_\_\_\_\_ 5. **Enclose your official college transcripts:** Your county office of education may require sealed transcripts. Submit original transcripts only. Photocopies are acceptable **only if** your application has been file dated and your transcripts are signed by your county's Credentialing Technician. Classes must be posted on your transcript with a grade of "C" or better to count toward the permit education requirements. **NOTE:** Only the **Commission on Teacher Credentialing (Commission)** evaluates transcripts to verify that all course work has been completed. Child Development Training Consortium staff **DO NOT** evaluate transcripts.
  
- \_\_\_\_\_ 6. **Complete the Master Teacher Specialization Designation form (enclosed, gray):** This form is only required if you are applying for a Master Teacher Permit under Option #1. A specialization requires 6 semester units in one area of focused study.
  
- \_\_\_\_\_ 7. **Enclose a copy of your current Child Development Permit** or you can download a copy from the Commission's website at [www.ctc.ca.gov](http://www.ctc.ca.gov).
  
- \_\_\_\_\_ 8. **Complete the Child Development Permit application (located on pages 3 & 4):** The application consists of the following parts:  
Part 1 - To be completed by the permit applicant  
Part 2 - To be completed and signed by the applicant's employer  
Part 3 - To be completed by the applicant's college child development advisor  
Part 4 - To be completed by the county credentialing agency, usually the County Office of Education
  
- \_\_\_\_\_ 9. **Return completed application, along with the required documents to:**  
**Child Development Training Consortium**  
**1620 North Carpenter Road, Suite C-16**  
**Modesto, CA 95351. For assistance, call (209) 341-1667**



# CARES Permit Project

## Child Development Permit Application for Employed Early Care and Education Providers Only

**CDTC Use Only**

Fees: \$ \_\_\_\_\_

<b>Part 1:</b>	To be completed by you, the applicant. DO NOT USE ABBREVIATIONS
<b>Part 2:</b>	To be completed by your employer.
<b>Part 3:</b>	To be completed by your college child development advisor or qualified agency representative for assessment of eligibility. <b>IMPORTANT: Please contact your college Early Childhood Education department to inquire if they are part of the VOC Project.</b> Call (209) 341-1667 if you have difficulty completing Part 3.
<b>Part 4:</b>	To be completed by the county credentialing agency (usually the county office of education). Take all completed, original application forms and official college transcripts (if applicable) with you. <b>Disregard this section if you work in Los Angeles, Sacramento, or San Francisco Counties.</b>

<b>Part 1:</b>	<b>Applicant must complete and sign part 1.</b>	
	Social Security #:	Date:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City:	State:	Zip:
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Home Phone: (    )	Work Phone: (    )
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**Which permit you are applying for?**(Check only one)     Assistant     Associate Teacher     Teacher  
 Master Teacher     Site Supervisor     Program Director

**Which type of permit are you applying for?** ( Check only one )     This is my very first Child Development Permit.  
 I am renewing my current permit.     I am upgrading to a higher level permit.

**Current Job Title:** \_\_\_\_\_    **Long-Term Career Goal:**     Assistant     Associate Teacher     Teacher  
 Master Teacher     Site Supervisor     Program Director     Family Child Care     Own a Center     Other (specify): \_\_\_\_\_

<b>Gender:</b>	<b>Languages:</b>
<input type="checkbox"/> Male	What languages (other than English) do you speak fluently? _____
<input type="checkbox"/> Female	What languages (other than English) do you use in your work? _____

**Race / Ethnicity:**

<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Cuban	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other: Spanish,Hispanic,Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other (specify): _____

**Which age groups of children do you work with?** ( Check all that apply )

Birth to 23 months     2 years to 2 yrs 11 mos     3 years to 4 yrs 11 mos     School age / K-6

**Do you work with children under 5 years who have disabilities or other special needs \* ?**     Yes     No

\* These are children (between birth and 18 years of age) who:  
 1. Have an IEP (an Individual Education Plan); or 2. Have an IFSP (an Individualized Family Service Plan); or  
 3. Have behavior, development, or health issues that affect their family's ability to get child care services.

**Do you work at a First 5 Preschool Demonstration site (PoP) that is funded by First 5 California?**  
 Yes     No    If yes, what county: \_\_\_\_\_

**Are you participating in a program such as CARES, Child Development Corps or Project Reward?**     Yes     No

**What is the full and complete name (NO ABBREVIATIONS PLEASE) and location of the college where you completed the majority of the course work required for the Child Development Permit you are applying for now?**  
 College name: \_\_\_\_\_ State: \_\_\_\_\_

**Are you currently a student?**     No     Yes  
 If yes, which college are you currently attending? \_\_\_\_\_

**How did you learn that the CARES Permit Project would pay your permit fees?** \_\_\_\_\_

*I verify that all required documents are completed and attached. I understand an incomplete permit application packet will be returned to me unprocessed and will delay receipt of the permit for which I am applying. I understand that information I have provided may be provided to First 5 California and/or their research partners for the purpose of evaluating this project.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR CONSORTIUM USE ONLY:	Priority #:	API #:	Live Scan: <input type="checkbox"/> No <input type="checkbox"/> Yes	Rec'd Date:	File Date:	Fee Paid: \$
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## Child Development Permit Application for Employed Early Care and Education Providers Only

### Part 2. *Employer must complete and sign Part 2.*

Permit Applicant's Name: \_\_\_\_\_

Name of Employer or Contracting Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_ Applicant's Hourly Wage: \$ \_\_\_\_\_

**Program Funding Received ( Check all that apply ):**  CA Dept of Ed, Child Development Division  Head Start  
 City/Municipal  Parent Fees  Other (Specify): \_\_\_\_\_

**Employer Type (check only one):**

Licensed Center  License-Exempt Center  Licensed Family Child Care Home  Exempt (Unlicensed) Home Care

Facility License Number: \_\_\_\_\_ OR Basis of License Exemption: \_\_\_\_\_

What is the name of the public elementary school closest to the applicant's work site? \_\_\_\_\_

County of applicant's worksite? \_\_\_\_\_

*I certify that the permit applicant named above is currently employed at this agency and works with children under 5 years of age.*

**Director/Program Administrator**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name ( print or type ): \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Part 3:**

Skip this part if you are renewing any permit except for the Associate Teacher. To be completed by your college child development advisor or qualified agency representative. Call (209) 341-1667 if you have difficulty completing this step. **IMPORTANT: Please contact your college Early Childhood Education department to inquire if they are part of the VOC Project. The VOC Project allows participating programs to assure the Commission that an applicant has met the requirements for the permit. Participation in the program by a community college or four-year institution is voluntary. All six types of child development permits may be approved.**

*I have reviewed the application of the above named individual. I believe that the courses completed fulfill the requirements of the Child Development Permit for which the applicant is applying.*

College: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 4:**

To be completed by the county credentialing agency (usually the county office of education). Take all completed, original application forms and official college transcripts (if applicable) with you. **Disregard this section if you work in Los Angeles, Sacramento, or San Francisco Counties.**

*I have reviewed the application of the above named individual. All required documents are attached and ready for submission to the Commission on Teacher Credentialing. I understand that CDTC staff does not evaluate transcripts to ensure educational requirements have been satisfied.*

Agency: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application, along with the required documents to:**

**Child Development Training Consortium,  
1620 N. Carpenter Rd, Ste C16, Modesto, CA 95351.**

**For assistance call (209) 341-1667**

**Do not include any form of payment with your application.  
An incomplete application will be returned to you unprocessed.**

# Application for Reimbursement Of Live Scan Fingerprint Processing Fees Revised FY 08-09



## Instructions and Policies:

**This application form must be completed and mailed with your completed Child Development Permit application to initiate reimbursement of your Live Scan fingerprint processing fees. If this form is received separate from your Child Development Permit application, it will be returned to you unprocessed.**

Live Scan reimbursement is only available for fingerprints submitted electronically to the Commission on Teacher Credentialing using the Request for Live Scan Service-Applicant Submission Form 41-LS. An original receipt showing the total fees paid or billed for your Live Scan fingerprint processing must be attached. The third copy of the Request for Live Scan Service-Applicant Submission Form 41-LS is an acceptable receipt. Money order receipts or copies of receipts are not acceptable. Applications for Reimbursement of Live Scan Fingerprint Processing Fees submitted without an acceptable receipt will be returned. Reimbursement is limited to \$51.00 per applicant. Please allow 4-6 weeks for processing. *Applications are processed on a first come, first served basis. Funding is limited*

**Live Scan submissions directed to the Department of Social Services  
ARE NOT ELIGIBLE for reimbursement.**

## Please Type Or Print The Information Requested:

Social Security Number of Permit Applicant:			
Name of Permit Applicant: (First)	(Last)	(MI)	
To Whom Should Reimbursement Check be Issued:	<input type="checkbox"/> Permit Applicant	<input type="checkbox"/> Employer	<input type="checkbox"/> Other Agency
Name to Appear on Check:			
Mailing Address for Check:			
City/State/Zip:			
Permit Applicant Home Phone: (     )     )			
Permit Applicant Work Phone: (     )     )			

I hereby certify that this Application for Reimbursement of Live Scan Fingerprint Processing fees is true and correct and that an acceptable receipt is attached to document the actual costs.

**Permit Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: The check will be issued by the Yosemite Community College District (YCCD)**

<b>Check the Child Development Permit for which you are applying?</b>					
<input type="checkbox"/> Assistant	<input type="checkbox"/> Associate Teacher	<input type="checkbox"/> Teacher	<input type="checkbox"/> Master Teacher	<input type="checkbox"/> Site Supervisor	<input type="checkbox"/> Program Director

**Staple your Live Scan receipt to this application and submit it with your completed Child Development Permit application**

For assistance call: (209) 572-6080

<b>For Consortium Use Only:</b>			
<input type="checkbox"/> Receipt is attached	<input type="checkbox"/> Application is complete	<input type="checkbox"/> Approved for payment	Initials: _____
Approved payment amount: <u>\$51.00</u>	<input type="checkbox"/> FF	<input type="checkbox"/> CDTC	

# Master Teacher Specialization Designation

Name: \_\_\_\_\_

If you are applying for the Child Development Master Teacher Permit under Option 1, please complete the necessary information below.

State the name of your Master Teacher Specialization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the course number and title for each class you are using to meet the specialization requirement. Six semester units of specialization are needed.

	Course #:	Course Title:	# of Units:
1.			
2.			
3.			
4.			
5.			
6.			
<i>Total # of Units</i>			

## Examples of Specializations:

- Infant/Toddler
- Health and Safety
- Teacher/Family Relationships
- Children with Special Needs
- School-Age Child Care
- Bilingual/Bicultural
- Preschool Programming
- Montessori Education
- Music
- Family Child Care
- High Scope

**Note:** Administration and core areas are not acceptable specializations

# Child Development Permit

## Verification of Experience

- If **experience is a requirement for your permit**, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is required for the permit level you are applying for. The experience requirements for each permit level are indicated below. Check the permit level you are applying for:

Permit Level	Required Experience
<input type="checkbox"/> Assistant	None
<input type="checkbox"/> Associate Teacher	50 days of 3 + hours per day within 2 years
<input type="checkbox"/> Teacher	175 days of 3 + hours per day within 4 years
<input type="checkbox"/> Master Teacher	350 days of 3 + hours per day within 4 years
<input type="checkbox"/> Site Supervisor	350 days of 3 + hours per day within 4 years including at least 100 days of supervising adults
<input type="checkbox"/> Program Director	Site supervisor status and one program year of site supervisor experience

- If you have served in more than one position for a single employer, have a separate form completed for each position that you held.
- Do not have your employer mail this form directly to the Child Development Training Consortium or the Commission on Teacher Credentialing. It must be submitted with your completed Child Development Permit application.

<b>This is to verify/certify that:</b>	_____
	(Name of applicant)
<b>has served satisfactorily from:</b>	_____
	(Month and Year)
<b>to:</b>	_____
	(Month and Year)
<b>in the position of:</b>	_____
	(Job Title)
<b>with the following age group(s):</b>	_____
<b>in the following capacity:</b>	<input type="checkbox"/> Full-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Part-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Day-to-Day Substitute Total days worked _____
<b>Documentation of supervising experience for the Site Supervisor Permit: (minimum 100 days)</b>	Days From: _____ To: _____ Responsibilities: _____ _____
<b>Employer:</b>	School/Agency: _____ _____ Address: _____ City: _____ Zip: _____ Phone: _____
<b>Verified by:</b>	Signature: _____ Name (please print): _____ Title: _____ Date: _____ Phone: _____



## CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE EXPERIENCE

This form should be completed by individuals that operate a family home child care facility to verify family child care experience. The experience must be obtained while holding a Small or Large Family Child Care Home License issued by the California Department of Social Services.

► Do not mail this form directly to the Commission. It must be submitted with a child development permit application packet.

**Check One:**

- | <u>Permit Level</u>                             | <u>Required Experience</u>   |
|---|--|
| <input type="checkbox"/> Assistant .....        | None Required  |
| <input type="checkbox"/> Associate Teacher..... | 50 days of 3+ hours/day within 2 years   |
| <input type="checkbox"/> Teacher.....           | 175 days of 3+ hours/day within 4 years  |
| <input type="checkbox"/> Master Teacher.....    | 350 days of 3+ hours/day within 4 years  |
| <input type="checkbox"/> Site Supervisor.....   | 350 days of 3+ hours/day within 4 years<br>(including at least 100 days of supervising adults) |
| <input type="checkbox"/> Program Director.....  | Site Supervisor status and one program year of site supervisor experience                      |

**Applicant's Full Legal Name** \_\_\_\_\_  
*First* *Middle* *Last*

Last four digits of your Social Security Number \_\_\_\_\_

I \_\_\_\_\_ have served as a small /large family child care provider  
*Name of Applicant* *Circle One*

from \_\_\_\_\_ to \_\_\_\_\_  
*Month/Year* *Month/Year*

Name of Family Child Care Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street*  
 \_\_\_\_\_  
*City* *State* *Zip*

- Attached is a copy of the Small/Large Family Child Care Home License issued by the California Department of Social Services *Note: Site Supervisor and Program Director applicants must hold a **Large** Family Child Care Home License issued by the California Department of Social Services*
- Site Supervisor Applicants:  
I certify that I have a minimum of 100 days of experience supervising adults.
- Program Director Applicants:  
I certify that I have held a Large Family Child Care Home License for a minimum of one year.

I certify under penalty of perjury that all the foregoing statements are true and correct.

\_\_\_\_\_  
*Signature of Applicant* *Date*



PERMISO DE DESARROLLO DEL NIÑO
VERIFICACION DE EXPERIENCIA PARA EL CUIDADO DE NIÑOS EN EL HOGAR

Esta forma debe ser completada por individuales que administran un negocio para el cuidado de niños en el hogar para verificar la experiencia para el cuidado de niños en el hogar. La experiencia tiene que ser obtenida mientras mantienen una Licencia Para el Cuidado de Niños en el Hogar Chico o Grande entregado por el Departamento de Servicios Sociales de California.

\*No envíen esta forma directamente a la Commission on Teacher Credentialing. Esta forma tiene que ser incluida con la aplicación para el Permiso de Desarrollo del Niño.

Marquen Uno:

Nivel del Permiso

Experiencia Requerida

- Asistente... Ninguna requerida
Maestro Asociado... 50 días de 3+ horas/día dentro de 2 años
Maestro... 175 días de 3+ horas/día dentro de 4 años
Maestro Principal... 350 días de 3+ horas/día dentro de 4 años
Supervisor de Centro... 350 días de 3+ horas/día dentro de 4 años (Incluyendo siquiera 100 días de experiencia supervisando adultos)
Director de Programa... Tiene que haber tenido la posición de supervisor de centro y un año del programa de experiencia de supervisor del centro

Nombre Legal Completo del Solicitante Primer Inicial Apellido

Los últimos cuatro Números de su Seguro Social

Yo e servido como un proveedor para el cuidado del niño en el hogar chico/grande
Nombre del Solicitante Circule uno

De a
Mes/Año Mes/Año

Nombre del Negocio Para el Cuidado de Niños en el Hogar

Domicilio
Calle
Ciudad Estado Código Postal

- Incluido es una copia de la Licencia Para el Cuidado de Niños en el Hogar Chico/Grande entregado por el Departamento de Servicios Sociales de California. Nota: Solicitantes del Permiso de Supervisor del Centro y Directores del Programa tienen que tener una Licencia Para el Cuidado de Niños en el Hogar Grande que fue entregado por el Departamento de Servicios Sociales de California.
Solicitantes del Permiso de Supervisor del Centro: Yo verifico que tengo un mínimo de 100 días de experiencia supervisando adultos.
Solicitantes del Permiso de Director del Programa: Yo verifico que tengo una Licencia Para el Cuidado de Niños en el Hogar Grande por lo mínimo de un año.

Yo verifico bajo la pena de perjurio que todas las declaraciones precedentes son verdaderas y correctas.

Firma del Solicitante

Fecha



State Of California  
 Commission On Teacher Credentialing  
 Certification, Assignment and Waivers Division  
 Box 944270  
 Sacramento, CA 94244-2700

Telephone:  
 (916) 445-7254 or (888) 921-2682  
 E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
 Website: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE ATTENDANCE

This form should be completed by parents/guardians to verify attendance of their child or children in a family child care program.

- ▶ Do not have the parent/guardian mail this form directly to the Commission. It must be submitted with a child development permit application packet.

This is to certify that: \_\_\_\_\_ has provided an early care  
*Name of Family Child Care Provider*  
 and education program to my child or children.

I have/had \_\_\_\_\_ children in the provider's early care and education program.  
*Number*

The child or children attended the provider's early care and education program:

From: \_\_\_\_\_  
*Begin Date*

To: \_\_\_\_\_  
*End/Present Date*

\_\_\_\_\_  
*Name of Parent/Guardian*

\_\_\_\_\_  
*Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*



Child Development Training Consortium  
1620 North Carpenter Road, Suite C-16  
Modesto, CA 95351

Telephone:  
(209) 572-6081  
E-mail: gomezo@yosemite.edu  
Website: www.childdevelopment.org

## PERMISO DE DESARROLLO DEL NIÑO VERIFICACION DE LA ASISTENCIA PARA EL CUIDADO DE LOS NIÑOS EN EL HOGAR

Esta forma debe ser completa por el padre/guardián para verificar asistencia de su hijo/s en un programa para el cuidado de niño/s en el hogar.

- ▶ No permita que el padre/guardián envíe esta forma directamente a la Commission on Teacher Credentialing. Tiene que incluir esta forma con la aplicación para el Permiso de Desarrollo del Niño.

Esto es para verificar que: \_\_\_\_\_ provee un programa para el cuidado temprano y educacional para mi niño/s.  
Nombre de la Provedora/or

Tengo/tuve \_\_\_\_\_ niño/s en el programa del cuidado temprano y educacional del proveedor:  
Numero

El niño/s asistió el programa del cuidado temprano y educacional del proveedor:

De: \_\_\_\_\_ A: \_\_\_\_\_  
Fecha que comenzó Fecha que paro /Fecha presente

\_\_\_\_\_  
Nombre del Padre/Guardián

\_\_\_\_\_  
Nombre del Padre/Guardián

\_\_\_\_\_  
Firma del Padre/Guardián

\_\_\_\_\_  
Firma del Padre/Guardián