

Vendor/Organization Code _____

Title of Training _____

Date _____ (mm/dd/yyyy)

Complete this form if you work in **child care center, school-age child care, family child care home, or as an individual child care provider.**

Confidential Profile for Direct Service Participants
California Department of Education, Child Development Division, Quality Improvement Training

This training is funded through the California Department of Education (CDE), Child Development Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? ____/____/____ (mm/dd/yyyy)
2. In what city were you born? _____
3. What are the last five digits of your social security number? XXX - X ____ - ____

Education Information

4. What is your highest level of education? Please check only one answer.

- | | | |
|--|--|--|
| <input type="checkbox"/> No high school diploma/No GED | <input type="checkbox"/> AA/AS (2-year college degree) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School diploma/GED | <input type="checkbox"/> BA/BS (4-year college degree) | <input type="checkbox"/> Doctorate |

5. If you have a college degree, is your highest degree from a foreign country?

- ☐ Yes ☐ No ☐ I do not have a degree

6. If you have a degree, please select the area that best represents the major for any degree you have attained.
Please check all that apply.

ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
<input type="checkbox"/> AA/AS/2-year college degree	<input type="checkbox"/> AA/AS/2-year college degree	<input type="checkbox"/> AA/AS/2-year college degree	<input type="checkbox"/> AA/AS/2-year college degree
<input type="checkbox"/> BA/BS/4-year college degree	<input type="checkbox"/> BA/BS/4-year college degree	<input type="checkbox"/> BA/BS/4-year college degree	<input type="checkbox"/> BA/BS/4-year college degree
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Master's degree
<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate

7. If you hold a current California child development permit, indicate your current level:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> I do not have a permit | <input type="checkbox"/> Associate teacher | <input type="checkbox"/> Master teacher | <input type="checkbox"/> Program director |
| <input type="checkbox"/> Assistant teacher | <input type="checkbox"/> Teacher | <input type="checkbox"/> Site supervisor | |
| <input type="checkbox"/> Children's Center Instruction | | <input type="checkbox"/> Children's Center Supervision | |

8. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> I do not have a credential | <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> School Nurse Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Single Subject | |
| <input type="checkbox"/> Bilingual Specialist | <input type="checkbox"/> Pupil Personnel Services | <input type="checkbox"/> Specialist Instruction | |
| <input type="checkbox"/> Clinical/Rehabilitative Services | <input type="checkbox"/> Reading/Language Arts | <input type="checkbox"/> Speech-Language Pathology | |

Employment Information IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.

9. Which best describes the setting or program you primarily work in? Please check only one answer.

- ☐ Licensed child care center/early childhood program ☐ Licensed family child care home
☐ License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
☐ Informal provider (family, friend, neighbor) ☐ Other (please specify) _____

10. If you work in a center or school-based ECE program, which best describes your primary position?

- ☐ Assistant teacher/teacher aide ☐ Site supervisor ☐ Director – multi-site
☐ Teacher/lead teacher ☐ Assistant Director ☐ Executive director
☐ Teacher-director ☐ Director – single site ☐ Other (please specify) _____
☐ Specialized teaching staff (e.g. special education teacher, supervising master teacher)
☐ Professional support staff (e.g. curriculum specialist, mental health consultant)

11. If you work in a family child care home, which best describes your primary position?

- ☐ Owner/operator of the family child care ☐ Assistant in the family child care ☐ Other (please specify) _____

12. What is your city of employment? _____

13. What is your county of employment? _____

14. What is your zip code of employment? _____

15. Please write in (if less than one year, write in 1):

Number of years you have been employed in the ECE field _____

Number of years you have been employed with your current employer _____

Number of years you have been employed in your current position with your employer _____

16. How many paid hours per week and months per year do you work at your current job, on average?

Number of paid hours per week _____

Number of months per year _____

17. How many children are currently enrolled in your classroom or program? If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program. _____

18. How many children are enrolled in the following age groups? Please respond to all age groups that apply. If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program.

Less than one year _____

3 years old _____

1 year old _____

4 years old through prekindergarten _____

2 years old _____

School-age in before/after school program _____

19. Do you currently care for children who are dual language learners?

- ☐ Yes ☐ No ☐ Don't know

20. Do you currently care for children who have an Individualized Family Service Plan (IFSP), an Individualized Education Plan (IEP)?

- ☐ Yes ☐ No ☐ Don't know

21. What is your current gross salary, for this early care and education job, (before taxes and other deductions)? Please

Respond only once – by hour or by month or by year. Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.

Per hour _____ or Per month _____ or Per year _____

Demographic Information This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

22. What is your gender?

- ☐ Female ☐ Male

23. How do you identify your race/ethnicity? Please check only one answer.

- ☐ Asian ☐ Native American/Alaskan ☐ Multi-racial
☐ Black/African-American ☐ Pacific Islander ☐ Other (please specify) _____
☐ Latino/Hispanic ☐ White/Caucasian

24. What is the primary language you speak at home?

- ☐ English ☐ Spanish ☐ Hmong
☐ Mandarin and/or Cantonese ☐ Tagalog ☐ Other (please specify) _____
☐ Russian ☐ Vietnamese

25. Please check all the languages you speak fluently.

- ☐ English ☐ Spanish ☐ Hmong
☐ Mandarin and/or Cantonese ☐ Tagalog ☐ Other (please specify) _____
☐ Russian ☐ Vietnamese

26. A workforce registry is being piloted in several local quality improvement programs in California. A registry will track the education and training of the early care and education workforce in order to allow program planners to better understand the characteristics and needs of the workforce. The organizers of the pilot workforce registry would like to extend their workforce data to include participants of the California Department of Education-sponsored professional development activities.

Do you give us permission to include the information provided on this form in the pilot registry? All information will remain confidential.

- ☐ Yes ☐ No

Thank you very much for completing the registration form!