

Child Development Permit Overview

Qualifications and How to Apply
Child Development Training Consortium
www.childdevelopment.org

Training Agenda

- Services of the Child Development Training Consortium (CDTC)
- Child Development Permit Matrix
- Child Development Permit Application
 - State Form 41-4
 - Live Scan Fingerprinting Form 41-LS
 - Live Scan Reimbursement Form
 - Verification of Experience Form
 - Licensed Family Child Experience Form
 - Master Teacher Specialization Form

CDTC Contact Information

Web Site – www.childdevelopment.org

Main Phone Line – (209) 572-6080

Commission on Teacher Credentialing (CTC) Contact Information

Web Site - www.ctc.ca.gov

Email – credentials@ctc.ca.gov

Toll free – (888) 921-2682

CDTC Permit Funding

First 5 Permit funding requirements

- Work in CA for minimum of 15 hrs with children birth up to age five
- Permit Levels - First-time, upgrade, renewals
- All six levels of the Child Development Permit

CDTC Permit Funding

CDD Permit funding requirements

- Live or Work in CA
- Employed or not employed
- Can work with School Age
- Permit Levels - First-time, upgrade, renewals
- All six levels of the Child Development Permit
- Reimbursement of on-line renewal fees

CDTC Role in Processing

- Provide an application (web site or mail)
- Provide technical assistance
- Audit permit application for completeness
- Pay processing fee to CTC
- Reimburse Live Scan processing fee for first-time applicants

Child Development Permit

- All permits are valid for 5 years
- All permits have a renewal requirement
 - Assistant – Professional Growth Hours
 - Associate Teacher - additional 15 units
 - Teacher - Professional Growth hours
 - Master Teacher – Professional Growth Hours
 - Site Supervisor – Professional Growth Hours
 - Program Director – Professional Growth Hours

Unit Requirements for the Child Development Permit

- All unit requirements are semester units (quarter unit equals $\frac{2}{3}$ of semester unit)
- Units must be obtained from regionally accredited institution
- ECE/Child Development units cannot count toward the General Education requirement

Unit Requirements for the Child Development Permit - Continued

- Courses completed with grade “C” or higher or credit
- Units completed outside of USA must be evaluated by CTC approved agency
- Different options to apply

CTC Acceptable Regional Accrediting Bodies

MSA - Middle States Association of Colleges and Schools

NWCCU - Northwest Commission on Colleges and Universities

NCA - North Central Association of Colleges and Schools

NEASC-CIHE - New England Association of Schools and Colleges, Inc./Commission on Institutions of Higher Education

SACS-CC - Southern Association of Colleges and Schools/Commission on Colleges

WASC-Jr. - Western Association of Schools and Colleges/Accrediting Commission for Community and Junior College

WASC-Sr. - Western Association of Schools and Colleges/Accrediting Commission for Senior Colleges and Universities

Child Development Permit Matrix

Child Development Permit Matrix - with Alternative Qualification Options Indicated					
Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five Year Renewal
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	None	Option 2: Accredited HERO program (including ROP)	Assist in the care, development and instruction of children in a child care and development program under the supervision of an Associate Teacher or above.	105 hours of professional growth*****
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	50 days of 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential. CDA Credential must be earned in California	May provide service in the care, development and instruction of children in a child care and development program; and supervise an Assistant Permit holder and an Aide.	Must complete 15 additional units toward a Teacher Permit. Must meet Teacher requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 General Education (GE) units*	175 days of 3+ hours per day within 4 years	Option 2: AA or higher in ECE/CD or related field with 3 units supervised field experience in ECE/CD setting	May provide service in the care, development and instruction of children in a child care and development program, and supervise all above.	105 hours of professional growth*****
Master Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 GE units* plus 6 specialization units plus 2 adult supervision units	350 days of 3+ hours per day within 4 years	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	May provide service in the care, development and instruction of children in a child care and development program, and supervise all above. Also may serve as a coordinator of curriculum and staff development in a child care & development program.	105 hours of professional growth*****
Site Supervisor	Option 1: AA (or 60 units) which includes: • 24 ECE/CD units with core courses** • 16 GE units* • 6 administration units • 2 adult supervision units	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; <u>or</u> Option 3: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; <u>or</u> Option 4: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	May supervise a child care and development program operating at a single site; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth*****
Program Director	Option 1: BA or higher (does not have to be in ECE/CD) including: • 24 ECE/CD units with core courses** • 6 administration units • 2 adult supervision units	Site Supervisor status and one program year of Site Supervisor experience	Option 2: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; <u>or</u> Option 3: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting, plus 6 units administration; <u>or</u> Option 4: Master's Degree in ECE/CD or Child/Human Development	May supervise a child care and development program operated in a single site or multiple-sites; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth*****
<p>NOTE: All unit requirements listed above are semester units. All course work must be completed with a grade of C or better from a regionally accredited college. Spanish translation of matrix available.</p> <p>*One course in each of four general education categories, which are degree applicable: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts.</p> <p>**Core courses include child/human growth & development; child/family/community or child and family relations; and programs/curriculum. You must have a minimum of three semester units or four quarter units in the core areas of child/human growth & development and child/family/community.</p> <p>***Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.</p> <p>****A valid Multiple Subject or a Single Subject in Home Economics.</p> <p>*****Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Call (209) 572-6085 for assistance in locating an advisor.</p>					

Early Childhood Education (ECE)

Core Units

- Child Growth & Development
- Child/Family & Community
- Programs/Curriculum

Must complete a minimum of 3 semester units in each core area

General Education (GE) Core Units

- English/Language Arts
- Humanities
- Social Science
- Math/Science

Minimum total of 16 semester units

Courses must be degree applicable

Experience

- Minimum of 3 hours a day to count as a day of experience
- Volunteer experience counts toward the experience requirement
- Licensed Family Child Care

Assistant

Option 1

- 6 units of ECE
- No days of experience

Option 2

- ROP

Associate Teacher

Option 1

- 12 ECE units - minimum of three semester units from each of the 3 core areas
- 50 days of experience within the last 2 years

Associate Teacher

Option 2 – No Days of Experience

- CDA Credential – Must be earned in California
- CDA Credential only equals 9 ECE units towards Teacher Permit

Associate Teacher Renewal

- Initial Associate Teacher Permit valid for 5 years
- Can renew one time only
- Must complete additional 15 units towards the Teacher level permit
- No extension if renewal requirement not met

Teacher

Option 1

- 24 ECE units – including core units
- 16 GE units
- 175 days of experience within the last 4 years

Teacher

Option 2 – No Days of Experience

- AA or higher in ECE or related field with 3 units of supervised field experience in an ECE/CD setting

Master Teacher

Option 1

- 24 ECE units - including core units
- 6 specialization units (one area of focused study)
- 2 adult supervision units
- 16 GE units
- 350 days of experience

Master Teacher

Option 2 – No Days of Experience

- BA or higher (does not have to be in ECE/CD)
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in a ECE/CD setting

Site Supervisor

Option 1

- AA or 60 units, including the following
- 24 ECE units – including core units
- 6 administration units
- 2 adult supervision units
- 16 GE units
- 350 days of experience including 100 days of supervising

Site Supervisor

Option 2 – No Days of Experience

- BA or higher (does not have to be in ECE/CD)
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Site Supervisor

Option 3 – No Days of Experience

- Administrative Credential
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Site Supervisor

Option 4 – No Days of Experience

- Valid Multiple Subject Credential
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Program Director

Option 1

- BA or higher (does not have to be in ECE/CD)
- 24 ECE units - including core units
- 6 administration units
- 2 adult supervision units
- 1 year of site supervisor status

Program Director

Option 2 – No Days of Experience

- Administrative Credential
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Program Director

Option 3 – No Days of Experience

- Valid Multiple Subject Credential
- 12 ECE units – do not have to be core units
- 6 administration units
- 3 units supervised field experience in an ECE/CD setting

Program Director

Option 4 – No Days of Experience

- Masters degree in ECE/CD or Human Development

May use Masters degree in related field
with 24 ECE units

CTC State Forms

- CTC state forms are only available on the CTC web site at www.ctc.ca.gov.
- If any questions on form 41-4 are answered yes, additional information must be submitted.
- Section 1, enter email address
- **Spring of 2008, CTC will no longer issue Permit documents. Email will be sent to applicant. Must go to CTC web site to view permit document.**

41-4 front page

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE (For Privacy Act Notification See Instructions)			
Mail to: STATE OF CALIFORNIA CALIFORNIA COMMISSION ON TEACHER CREDENTIALING BOX 944270 (1900 Capitol Avenue) SACRAMENTO, CALIFORNIA 94244-2700		<input type="checkbox"/> Appeal: CTC or RGA <input type="checkbox"/> Route to <input type="checkbox"/> Courtesy	
Commission Use Only: Fee Information APP _____ FP _____ OTHER _____		IHE/County/District/Use Only _____ Issuance Date: _____ E-Mail Address: _____	
CCTC Use Only			
1. PERSONAL INFORMATION (Type or print)			
Social Security Number: _____ - _____ - _____		Date of Birth _____ - _____ - _____ Month Day Year	
Applicant's Full Legal Name: _____ First Middle Last			
Mailing Address _____ City State ZIP Code			
All Former/Maiden Name(s): _____ County of Employment _____			
Home Phone () _____ Work Phone () _____ E-Mail Address: _____			
2. SELECT TYPE OF CREDENTIAL <input type="checkbox"/> FIRST TIME <input type="checkbox"/> NEW TYPE <input type="checkbox"/> RENEWAL <input type="checkbox"/> CERTIFICATE OF CLEARANCE			
Substitute Permits <input type="checkbox"/> 30-Day Substitute <input type="checkbox"/> Prospective Substitute <input type="checkbox"/> Career Substitute Multiple/Single Subject (CA Trained Only) <input type="checkbox"/> Provisional Internship <input type="checkbox"/> Short-Term Staff <input type="checkbox"/> District Intern <input type="checkbox"/> IHE Recommend College: attach 41-REC RYAN or 41-REC 2042 Specify Authorization(s) for Document Selected Above <input type="checkbox"/> Multiple Subject <input type="checkbox"/> English Learner Auth <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD Specify language for BCLAD <input type="checkbox"/> Single Subject Specify subject _____ <input type="checkbox"/> English Learner Auth <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD Specify language for BCLAD <input type="checkbox"/> Adapted Physical Education <input type="checkbox"/> Variant Concurrent Agriculture Induction Program Completed Sponsor: Attach Form 41-Induction <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject	<input type="checkbox"/> Education Specialist <input type="checkbox"/> Provisional Internship <input type="checkbox"/> Short-Term Staff <input type="checkbox"/> District Intern <input type="checkbox"/> IHE recommendation <input type="checkbox"/> Out-of-State Program Specify Disability Area(s) for Document Selected Above: <input type="checkbox"/> Mild/Moderate Disabilities <input type="checkbox"/> Moderate/Severe Disabilities <input type="checkbox"/> Deaf & Hard of Hearing <input type="checkbox"/> Physical & Health Impairments <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Multiple or Single Subject Based on Out-of-State Program <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject Specify _____ <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Other Specialist Specify _____ <input type="checkbox"/> Resource Specialist <input type="checkbox"/> Preliminary <input type="checkbox"/> Clear <input type="checkbox"/> Emergency <input type="checkbox"/> Added Authorization (80499) <input type="checkbox"/> Sojourn <input type="checkbox"/> Exchange <input type="checkbox"/> Eminence	English Learner Authorizations <input type="checkbox"/> Emergency CLAD Permit <input type="checkbox"/> Emergency BCLAD Permit Specify language _____ <input type="checkbox"/> CLAD Certificate <input type="checkbox"/> BCLAD Certificate Specify language _____ <input type="checkbox"/> Bilingual Specialist <input type="checkbox"/> Certificate of Completion of Staff Development Services Credentials <input type="checkbox"/> Administrative Services <input type="checkbox"/> Certificate of Eligibility <input type="checkbox"/> Preliminary <input type="checkbox"/> Professional Clear <input type="checkbox"/> Pupil Personnel Services <input type="checkbox"/> Clinical/Rehabilitative Svcs <input type="checkbox"/> Library Media Services <input type="checkbox"/> Emergency Library Media <input type="checkbox"/> School Nurse Services <input type="checkbox"/> Other Health Services Specify _____ <input type="checkbox"/> Reading Certificate <input type="checkbox"/> Based on IHE Recommendation College: attach form 41-REC <input type="checkbox"/> Based on Out-of-State Program Other <input type="checkbox"/> Limited Assignment Specify _____ <input type="checkbox"/> Supplementary Authorization(s) Specify _____ or <input type="checkbox"/> Intro/Specific Subject Matter Authorization(s) Specify _____	Child Development Permits <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher Area of specialization _____ <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> School-Age Emphasis Designated Subjects <input type="checkbox"/> Adult <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Vocational <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Special Subjects <input type="checkbox"/> Supervision & Coordination <input type="checkbox"/> Vocational 30-Day Substitute Other <input type="checkbox"/> Multiple Subject via Private School Experience (SB 57) <input type="checkbox"/> Single Subject via Private School Experience (SB 57) Specify subject _____
EMPLOYING AGENCY INFORMATION Must be completed for all credential, certificate, and permit types where service is restricted to an employing agency. County CDS Code _____ School District CDS Code _____ Charter School/Non-Public School or Agency/Statewide Agency Name _____ Applications for emergency permits, except 30-Day Substitute Teaching Permits, must be filed through the employing agency, which must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications.			
COMMISSION FP Reject: DOJ/FBI Initials _____ Date _____ CO Initials _____ Date _____ USE ONLY DOJ/FBI _____ Page 1 FORM 41-4 (5/06)			

41-4 back page

3. EDUCATION

List all colleges and universities you have attended. A complete set of official transcripts must accompany the initial application for each credential.

Name of Institution	Location	Dates of Attendance From	To	Degree and Subject/Major	Date Granted

4. CHARACTER AND FITNESS QUESTIONS FOR APPLICATION

Answer the questions below by checking "yes" or "no." If you answer yes to any question, you must submit a full explanation using a separate sheet of paper. Please refer to the instructions to determine what additional documents must be submitted with your application.

Failure to disclose any information requested is considered falsification of your application and is grounds for denial of your application and/or disciplinary action against your credential.

- Have you ever held a credential or license authorizing service in the public schools in another state? ☐ Yes ☐ No
If you answer "yes," -- State _____ Type of Credential _____
State _____ Type of Credential _____
- Has **any** application you filed in another state or place for a credential, license, or other document authorizing public school service or teaching been denied and/or rejected for alleged misconduct? ☐ Yes ☐ No
- Has **any** disciplinary action (including an action that was stayed by the licensing agency) ever been taken against any credential, license, or other document authorizing public school service or teaching that you hold or held in another state or place? ☐ Yes ☐ No
- Have you ever been convicted, including a conviction based on a plea of no contest, of **any** felony or misdemeanor in California or any other state or place? (**Note: You must disclose your conviction even if the case was dismissed pursuant to Penal Code section 1203.4, or the equivalent.**) ☐ Yes ☐ No
- Has **any** disciplinary action (including an action that was stayed by the licensing agency) ever been taken against **any** professional or vocational license that you hold or held in California or any other state or place? ☐ Yes ☐ No
- Are **any** criminal charges **currently** pending against you in California or any other place, or are you **currently** the subject of **any** inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state or place? ☐ Yes ☐ No
- Have you ever been the subject of **any** inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state or place regarding alleged misconduct that involved **children** or took place on **school property**? ☐ Yes ☐ No
- Have you ever been dismissed, non-reelected, suspended without pay for more than ten days, retired, resigned, or otherwise left school employment because of allegations of misconduct or while allegations of misconduct were pending? ☐ Yes ☐ No
- Is **any** disciplinary action now pending against you in any school district or other school employer? ☐ Yes ☐ No

OATH AND AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ City _____ County _____ State _____

☒ SIGNATURE OF APPLICANT _____

BEFORE MAILING, PLEASE REVIEW THE APPLICATION FOR COMPLETENESS.

CDTC LS reimbursement

Application for Reimbursement Of Live Scan Fingerprint Processing Fees Revised FY 07-08



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 California 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: ☐ Permit Applicant ☐ Employer ☐ 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)

Check the Child Development Permit for which you are applying?

☐ Assistant ☐ Associate Teacher ☐ Teacher ☐ Master Teacher ☐ Site Supervisor ☐ 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

For Consortium Use Only:

☐ Receipt is attached ☐ Application is complete ☐ Approved for payment Initials: _____

Approved payment amount: \$51.00 ☐ FF ☐ CDTC Date to LBe: _____

Requisition #: _____ Date to D.O.: _____ Processed by: _____ Date: _____

CDTC V of E center

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 California Commission on Teacher Credentialing. It must be submitted with your completed Child Development Permit application.

This is to verify/certify that:	_____
	(Name of applicant)
has served satisfactorily from:	_____
	(Month and Year)
to:	_____
	(Month and Year)
in the position of:	_____
	(Job Title)
with the following age group(s):	_____
in the following capacity:	<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 _____
Documentation of supervising experience for the Site Supervisor Permit: (minimum 100 days)	Days From: _____ To: _____ Responsibilities: _____ _____
Employer:	School/Agency: _____ _____ Address: _____ City: _____ Zip: _____ Phone: _____
Verified by:	Signature: _____ Name (please print): _____ Title: _____ Date: _____ Phone: _____

CTC V of E FCC



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
Website: www.ctc.ca.gov

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:

Permit Level

Required Experience

- ☐ AssistantNone Required
- ☐ Associate Teacher.....50 days of 3+ hours/day within 2 years
- ☐ Teacher.....175 days of 3+ hours/day within 4 years
- ☐ Master Teacher.....350 days of 3+ hours/day within 4 years
- ☐ Site Supervisor.....350 days of 3+ hours/day within 4 years
(including at least 100 days of supervising)
- ☐ 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

CTC V of E FCC



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
Website: 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: _____ to: _____
Begin Date *End/Present Date*

Name of Parent/Guardian

Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Parent/Guardian

Master Teacher Specialization

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.			
Total # of Units			

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

CDTC Permit App F5 Front



CARES Permit Project

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

CDTC Use Only

Fees: \$

Part 1:	To be completed by you, the applicant. DO NOT USE ABBREVIATIONS
Part 2:	To be completed by your employer.
Part 3:	To be completed by your college child development advisor or qualified agency representative for assessment of eligibility. Call (209) 341-1667 if you have difficulty completing this step.
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.

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

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Work Phone:** () _____

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): _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Languages: What languages (other than English) do you speak fluently? What languages (other than English) do you use in your work?
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Race / Ethnicity: <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other: Spanish, Hispanic, Latino <input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____
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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

CDTC Permit App F5 Back

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

X 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.

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 California Commission on Teacher Credentialing. I understand that CDTC staff do 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.

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CDTC Permit App CDD Front



Child Development Permit Application

CDTC Use Only

Fees: \$

Section A:	To be completed by you, the applicant. DO NOT USE ABBREVIATIONS
Section B:	Employer information to be completed by the permit applicant, if applicable.
Section C:	To be completed by your college child development advisor or qualified agency representative for assessment of eligibility. Call (209) 341-1669 if you have difficulty completing this step.
Section D:	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, San Diego, or San Francisco Counties.

Section A: Applicant must complete and sign Section A.	
Social Security #:	Date:
Name:	
Address:	County:
City:	State: Zip:
Home Phone: ()	Work Phone: ()
Which permit you are applying for? (Check only one) <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	
Are you applying with a School-Age Emphasis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which type of permit are you applying for? (Check only one) <input type="checkbox"/> This is my very first Child Development Permit. <input type="checkbox"/> I am renewing my current permit. <input type="checkbox"/> I am upgrading to a higher level permit.	
Are you employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, County of employment: _____	
Are you employed by a program that is funded by the CA Dept of Ed, Child Development Division? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	
Long-Term Career Goal: <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 <input type="checkbox"/> Family Child Care <input type="checkbox"/> Own a Center <input type="checkbox"/> Other (specify): _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race / Ethnicity: <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino <input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White	
Which age group of children do you work with or plan to work with? (Check all that apply) <input type="checkbox"/> Birth to 23 months <input type="checkbox"/> 2 years to 2 yrs 11 mos <input type="checkbox"/> 3 years to 4 yrs 11 mos <input type="checkbox"/> School age / K-6	
Are you participating in a program such as CARES, Child Development Corps, and Project Reward? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which college are you currently attending? _____	
How did you learn that the CDTC 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.

Applicant's Signature

Date

CDTC Permit App CDD Back

For Consortium Use Only:	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

Section B: *Employer Information to be completed by the Permit Applicant, if applicable*

Permit Applicant's Name: _____

Name of Employer or Contracting Agency: _____

Address: _____

City: _____ Zip: _____

County of worksite? _____

Employer Type (check only one):

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

Section C: 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) 341-1669 if you have difficulty completing this step.

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: _____

Section D: 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, San Diego, 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 California 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: _____

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

For assistance call (209) 341-1669

☐ Do not include any form of payment with your application. ☐

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An incomplete application will be returned to you unprocessed.

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Questions

Contact CDTC

- First 5 application – (209) 341-1667
- CDD application – (209) 341-1669
- Bi-lingual assistance – (209) 572-6081