



**Comprehensive Approaches to
Raising Educational Standards
(CARES) Plus Program
Round 2**

PARTICIPANT APPLICATION AND CERTIFICATION

**Application Period:
May 1, 2015 – September 25, 2015**

**Application Deadline:
Friday, September 25, 2015 by 4:30pm**

Sonoma CARES • CCPC • Sonoma County Office of Education
5340 Skylane Boulevard • Santa Rosa, CA 95403
(707) 524-2639 • Fax: (707) 524-2666 • smarron@scoe.org • <http://www.scoe.org/cares>

**First 5 California CARES Plus Program
Participant Certification of Program Compliance**

Certification of Program Eligibility

I certify that I meet the following enrollment requirements to participate in First 5 California's CARES Plus program for FY 2015-2016.

1. I currently work a minimum of 15 hours a week in a licensed or license-exempt facility with children from birth to 5 years of age.

-OR-

I currently work a minimum of 15 hours a week in an after school program that has a direct contract with the CA Department of Education for child care subsidy.

2. I make less than \$60,000 (gross) per year as an early childhood educator.

Certification of Program Expectations

I will complete the following annual program requirements:

- a. Create a Professional Growth Plan and submit the completed plan and all required documentation of professional development activities to my local CARES Plus Advisor by my county's deadlines or no later than June 30th of the academic year.
- b. Meet with a CARES Plus Advisor twice annually to create and review my Professional Growth Plan.
- c. Complete all CORE requirements in my first year of participation.
- d. Complete Component requirements from my Professional Growth Plan.
- e. Continue to work for the next nine months in a licensed or license-exempt facility with children from birth to 5 years of age. (Seasonal Migrant Program participants are exempt from the nine-month requirement.)
- f. Complete an annual online CARES Plus Participant Survey.
- g. If selected through the Classroom Assessment and Scoring System[®] (CLASS[®]) sample selection process, complete two two-hour videotapes of continuous classroom activities; one in the early fall and one in the late spring.
- h. Participate in other CARES Plus evaluation activities, which may include follow-up surveys or calls.
- i. Agree to accept responsibility for the care and return of any equipment or other materials loaned to me to complete my CARES Plus program requirements, and to use such equipment and materials only for authorized purposes.

I have obtained the authorization of my owner/director to fully participate in CARES Plus.

Participant Name: _____

Signature: _____

Date: _____

Acknowledgment Regarding Personal Information

I further acknowledge that my personal information gathered for this government-funded program is protected by the Information Practices Act (IPA) (Civil Code, sections 1798 *et seq.*). *Personal information* is defined as the information you provide with this Participant Application and Certification form, but does not include observational assessments (i.e., CLASS[®] scores) collected for the purpose of aggregate program evaluation. First 5 California is the state agency requesting the personal information for purposes of program implementation and evaluation of the outcomes of the program. Under the IPA, I have the right to inspect the personal information about myself maintained by First 5 California or its agents, including the Lead Agency that has collected my application to participate in the program, as well as the right to contest the contents of this information. I can make such request in writing to:

Chief Counsel's Office
First 5 California
2389 Gateway Oaks Drive Suite 260
Sacramento, CA 95833
Tel: 916.263.1050
Fax: 916.263.7465
infopracticesact@ccfc.ca.gov

First 5 California is a statewide agency authorized by the Health and Safety Code, sections 130100 *et seq.* to implement and evaluate programs designed to improve the development of children ages 0 to 5 and their families. CARES Plus is a voluntary, tax payer-funded program overseen by First 5 California and carried out by local county Lead Agencies to provide professional development opportunities in early childhood education. First 5 California is requesting certain personal information about participants in order to ensure the program works as it is intended, and also to conduct research and evaluation about the impact of the program on the participants and their early childhood classrooms and settings. The information will be used for these purposes, and will be disclosed only to First 5 California and Lead Agency personnel, or their consultants, who have a need to know in order to achieve these purposes. I understand providing the requested information is a requirement for receiving the services and benefits under this program, and if I do not provide any part of the requested information, I will no longer be eligible to participate. I further understand I have a right to review, as well as contest the contents of, the records containing my personal information.

Date: _____

Participant Name: _____

Signature: _____

County: _____

REQUIRED FOR ALL PARTICIPANTS

Form P.1A

Personal Information

First Name		Middle Name (optional)	
Last Name		Previous Last Name (if applicable)	
Date of Birth	/ /	County of Participation	
Last 5 Digits of SSN (Optional)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State

How do you identify your Race/Ethnicity? (Select all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Decline to State |

What is your Primary Language? (Select one.)

- | | | | |
|----------------------------------|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino (Pilipino or Tagalog) |
| | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Hmong | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Other |

Mailing Address					
City		State		Zip	
Alternate Address					
City		State		Zip	
Address Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				

Phone Number		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
E-mail Address		

Did you participate in a county sponsored professional development program such as CARES or AB 212 between 2000 and 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously participated in CARES Plus (2011 or later)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a first time CARES Plus applicant, what is the total number of Early Childhood Education/Child Development (ECE/CD) units you have completed to date?	_____ Units
Number of years you have been employed in the ECE field.	_____ Years

Program Components (Please select the component you are interested in applying for.)

- | | |
|--|--|
| <input type="checkbox"/> CORE Only
(New Participants) | <input type="checkbox"/> Component B
(Higher education coursework,
Plus CORE for new participants) |
|--|--|

Current Work Facility

Work Facility Name					
Facility Address					
City		State		Zip	
Phone Number		Facility License Number <i>(optional)</i>			
Director/Owner First and Last Name <i>(optional)</i>					

What describes your current work facility funding or type? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Head Start (including Early and Migrant Head Start) | <input type="checkbox"/> CDE General Child Care |
| <input type="checkbox"/> Private/Subsidized (e.g., City, County, First 5) | <input type="checkbox"/> Public school |
| <input type="checkbox"/> Private/Non-Subsidized | <input type="checkbox"/> Military base |
| <input type="checkbox"/> State Preschool | <input type="checkbox"/> Child Signature Program |
| <input type="checkbox"/> Race to the Top-Early Learning Challenge | <input type="checkbox"/> Other |

Setting or Program Type (Select one.)

- | | |
|---|--|
| <input type="checkbox"/> Licensed Child Care Center/Early Childhood Program | <input type="checkbox"/> Licensed Family Child Care Home |
| <input type="checkbox"/> License-Exempt Center or School-Age Program
(e.g., Cal-SAFE, Military Child Care, Parent Co-Op) | <input type="checkbox"/> Other |

Current Employment

Employment start date	___/___/___
Estimated annual salary from ECE employment	\$_____

If you work in a center, or school-based ECE program, what is your primary position? (Select one.)(Please note the position title in which you work with children.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Assistant Teacher/Teacher Aide | <input type="checkbox"/> Site Supervisor | <input type="checkbox"/> Director-Multi-Site |
| <input type="checkbox"/> Teacher/Lead Teacher | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Teacher/Director | <input type="checkbox"/> Director-Single Site | <input type="checkbox"/> Other |
| <input type="checkbox"/> Specialized Teaching Staff (e.g., Special Education Teacher, Supervising Master Teacher) | | |
| <input type="checkbox"/> Professional Support Staff (e.g., Curriculum Specialist, Mental Health Consultant) | | |

If you work in a Family Child Care Home, what is your primary position? (Select one.)

- | | | |
|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Assistant | <input type="checkbox"/> Other |
|---|------------------------------------|--------------------------------|

Current Employment Continued

For each age group, what is the total number of children in your care?

_____ Infants (Birth to 17 months)

_____ Toddlers (18 to 35 months)

_____ Pre-K (36 months to Kindergarten entry)

_____ Kindergarten and School Aged (*must also include children 0-5 years old, or children in an after school program that has a direct contract with the CA Department of Education for child care subsidy, for CARES Plus eligibility*)

If you are a returning CARES Plus participant...

Are most of the children in your care this year of a different age group than in previous year(s)?

Yes

No

What is the total number of children with Individual Family Services Plans or Individual Educational Plans (IFSP/IEP) in your care?

What is the total number of children who are Dual Language Learners in your care?

What is the primary language you speak with children in the classroom? (Select one.)

English

Arabic

Japanese

Russian

Spanish

Armenian

Korean

Filipino (Pilipino or Tagalog)

Cantonese

Mandarin

Vietnamese

Hmong

Punjabi

Other

Education

Highest Level of Education Attained (Select one.)

- | | |
|--|--|
| <input type="checkbox"/> Less than High School Diploma or GED | <input type="checkbox"/> Bachelor's Degree (4 year degree)
Date of attainment: _____ |
| <input type="checkbox"/> High School Diploma or GED
Date of attainment: _____ | <input type="checkbox"/> Master's Degree
Date of attainment: _____ |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Doctorate or Other Advanced Degree
Date of attainment: _____ |
| <input type="checkbox"/> Associate's Degree
Date of attainment: _____ | |

Please indicate the degree(s) you have obtained to date from an accredited college or university in ECE/CD or related field. (Select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's Degree (4 year degree) |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Doctorate or Other Advanced Degree |

Level of Child Development Permit Held (Select 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 | <input type="checkbox"/> Children's Center
Instructional Permit | <input type="checkbox"/> Children's Center
Supervisor Permit |
| <input type="checkbox"/> Teaching Credential
Plus 12 ECE/CD units | <input type="checkbox"/> Do Not Have a Permit | | |

Additional Questions

In what language would you like to receive your materials and correspondence:

- English Spanish

Component B (Classes) Participants ONLY, please answer the following questions:

- What school are you attending?
 Santa Rosa Junior College (SRJC) Sonoma State University (SSU) Other _____
- If you are attending SRJC, are you planning on transferring to a 4 year college/university next year?
 Yes No I am not attending SRJC
- As of today, how many general education (GE) units have you completed? _____ #GE units
- Would you like to participate in a CARES Plus Cohort? Yes No

By signing this document I am certifying all of the information provided above is true and correct.

Signature		Date	
-----------	--	------	--

REQUIRED FOR ALL PARTICIPANTS

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^{a1} _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ^{a1}

C Corporation S Corporation Partnership Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

or

Employer identification number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person** ^{a1} **Date** ^{a1}

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Component B Participantes ONLY RELEASE OF INFORMATION

*Participantes de Componente B SOLAMENTE
PUBLICACIÓN DE INFORMACIÓN*

I give permission to the staff at the **Sonoma CARES Program**, as well as other **staff and faculty at the Santa Rosa Junior College (SRJC) or Sonoma State University (SSU)**, to release OR receive information concerning my (1) educational program and progress including, but not limited to, class records, grades, attendance, academic standing, financial aid records, GED information and assessment test scores; (2) academic textbooks loaned and/or rented through the CARES Text Access program; (3) employment status, participation in the Sonoma CARES program; and (4) services received, assistance needed, and information related to coordination and case management between agencies providing services to me.

Doy mi permiso al personal del **Programa Sonoma CARES**, así como también a **otros miembros del personal y de la facultad de Santa Rosa Junior College (SRJC) o Sonoma State University (SSU)**, para publicar O recibir información concerniente a mi (1) programa educativo y progreso incluyendo, pero no limitado a, archivos de clase, calificaciones, asistencia, nivel académico, archivos sobre ayuda financiera, información de GED y calificaciones de exámenes y evaluaciones; (2) libros de texto académicos prestados y/o rentados a través del acceso al texto de CARES; (3) condición de empleo, participación en el programa Sonoma CARES; y (4) servicios recibidos, ayuda necesitada, e información relacionada a la coordinación y el manejo del caso entre las agencias que me proveen servicios.

This information may be released to or received from the following agencies/personnel/employers:

Esta información puede ser publicada a o recibida de las siguientes agencias/ personal/ empleados:

Applicable to all Students

Aplicable a todos los estudiantes

- Child Care Planning Council
- Sonoma County First 5
- Current or potential employers

Applicable to SRJC Students ONLY

Aplicable a estudiantes de SRJC Solamente

- SRJC
- SRJC Bookstore/Doyle Library
- Child Development Training Consortium

Applicable to SSU Students Only

Aplicable a estudiantes de SSU Solamente

- SSU
- SSU Bookstore

This Release of Information is in effect for one year from the date signed, or until canceled by the participant.

Esta forma de Publicación de Información esta en efecto por un año desde la fecha firmada, o hasta que sea cancelada por el participante.

Participant's name (Please Print): <i>Nombre del Participante: (Letra de Molde Por favor):</i>	Phone/Teléfono: ()
Signature/Firma:	Date/Fecha:



CARES Plus Program: Limitation of Data Sharing

Dear CARES Plus Participant:

Welcome to the CARES Plus Program sponsored by First 5 California. First 5 California is committed to enhancing the quality of Early Childhood Education in California. CARES Plus was designed to improve the quality of early learning programs by focusing on increasing the effectiveness and retention of teachers working in the early education field. We want to know how well CARES Plus is working, and what aspects of the program are working the best. The information First 5 California will collect for this evaluation will help us learn more about how to support and enhance the early learning workforce in California.

The evaluation is about the CARES Plus program only and not an evaluation of individual teachers or children. You are asked to take part in the program evaluation because you participate in CARES Plus.

What does it mean for me to participate?

First 5 California will collect information about you related to your role as a teacher, such as your education and employment history. You also will be asked to fill out an anonymous CARES Plus Participant Survey to tell us about your experience as a participant in CARES Plus.

Only authorized people will have access to information you provide for the CARES Plus program and evaluation. Personal information about you and your education and employment is necessary to run the CARES Plus program and to help First 5 California understand how the program is helping the early child education workforce. Personal information that you provide, such as your name, phone number, or address, will never be used in any evaluation reports in a way that can identify you as an individual. You can restrict use of data collected about you at any time by filling out and submitting the Limitation of Data Sharing page that is part of this form.

What does limitation of data sharing mean?

Limitation of data sharing means that any evaluation information collected about you cannot be shared with other agencies or other researchers outside of First 5 California. For example, a university or research organization might request access to CARES Plus data for their own research. If you limit data sharing, your information will only be

used to evaluate CARES Plus and will not be shared with anyone beyond First 5 California.

If you choose to limit data sharing, you can still participate in CARES Plus, and you can continue to teach in your classroom. We will still collect information about you related to your role as a teacher. You will still be asked to fill out an anonymous CARES Plus Participant Survey. If you have any questions, please contact Lance Vayder at (916) 263-2534, or email him at lvayder@ccfc.ca.gov

If you do not want to limit data sharing, you don't have to do anything. Just keep these forms in case you have questions later.

It is the firm policy of First 5 California that data collected for the evaluation may not be used for individual performance review, promotion, discipline, or retention decisions related to teachers, assistants, or other classroom staff. If you feel that any information collected for our evaluation is being used in violation of this policy, please contact Lance Vayder at (916) 263-2534 or e-mail him at lvayder@ccfc.ca.gov.

If you do not want information collected about you to be shared, please fill out this page and return it to First 5 California.

CARES Plus Participant Limitation of Data Sharing

I have received information about the CARES Plus evaluation. The process is clear to me and my questions have been answered satisfactorily.

I do not want any information collected about me to be shared beyond First 5 California.

NAME: _____

SIGNATURE: _____

DATE: _____

COUNTY: _____

Program Administrator: Please provide the following information before remitting to First 5 California:

County: _____

Participant ID: _____

Keep a copy of this page for your records and send the original to:

Attn: Lance Vayder
First 5 California, Evaluation Division
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833