



“Amador Quality for Kids” Participation Form

2020-2021

PERSONAL INFORMATION

1. First Name _____ Last Name _____

2. Date of Birth ____/____/____

3. Gender Female Male

4. Workforce Registry ID # _____

5. What language(s) do you speak? _____

6. Physical Address (home work)

City State Zip

7. Mailing Address (home work)

City State Zip

8. Phone Number(s) _____ Cell Home Work

9. Email Address _____

CURRENT WORK FACILITY

10. Work Facility Name _____

11. Facility Address

City State Zip

12. Facility Phone Number _____

13. Facility License # _____

14. Director/Owner First and Last Name _____

15. Full Day/ Full Year ____ Full Day/ Part Year ____ Part Day/ Full Year ____ Part Day/ Part Year ____

16. Setting or Program Type: (Check all boxes that apply)

- | | |
|--|---|
| <input type="checkbox"/> Licensed Child Care Center/Early Childhood Program | <input type="checkbox"/> Licensed Family Child Care Home |
| <input type="checkbox"/> Head Start (including Early and Migrant Head Start) | <input type="checkbox"/> Small Family Child Care Home |
| <input type="checkbox"/> State Preschool | <input type="checkbox"/> Large Family Child Care Home |
| <input type="checkbox"/> Private/Subsidized (City, County, etc.) | <input type="checkbox"/> License-Exempt Center or Child Care Home |
| <input type="checkbox"/> Private/Non-Subsidized | <input type="checkbox"/> Playgroup |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Community Center/Family Resource Center |
| | <input type="checkbox"/> Other _____ |

CURRENT EMPLOYMENT

17. Employment start date ____/____/____

18. If you work in a center, or school-based Early Childhood Education (ECE) program, what is your primary position? (select one)

- Assistant Teacher/Teacher Aide
- Teacher/Lead Teacher
- Teacher/Director
- Specialized Teaching Staff (special education teacher, supervising master teacher, etc.)
- Professional Support Staff (curriculum specialist, mental health consultant, etc.)
- Site Supervisor
- Assistant Director
- Director – Single Site
- Director – Multi-Site
- Executive Director
- Other (please specify)

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

- Owner/Operator
- Assistant
- Other (please specify) _____

20. City of employment _____

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

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

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

24. Total number of children that are currently enrolled in your classroom or program _____

25. Total number of classrooms _____

26. For each age group, what is the total number of children in your care? (These numbers should equal the number stated above)

- _____ Less than one year
- _____ 1 year old
- _____ 2 years old
- _____ 3 years old
- _____ 4 years old through pre-kindergarten
- _____ Kindergarten and School-aged

**** Alternative Sites Only** – Total number of children reached annually _____

27. Total number of children with Individual Family Service or Individual Educational Plans (IFSP/IEP) in your care? _____

28. Total number of classrooms _____

29. Total number of teachers & assistants _____

30. Language of instruction _____

31. Count of children by home language:

- English: _____
- Spanish: _____
- Other (Please specify): _____

32. Count of Children by race/ethnicity:

- American Indian or Alaska Native: _____
- Asian: _____
- Pacific Islander/Hawaiian Native: _____
- White: _____
- Bi-Racial/Multi Race: _____
- Black/African American: _____
- Other (please specify): _____

EDUCATION

33. What is the total number of Early Childhood Education/Child Development (ECE/CD) units you have completed to date?
 _____ Units

34. Highest level of education attained (select one)

- | | |
|--|---|
| <input type="checkbox"/> No high school diploma/No GED | <input type="checkbox"/> High school diploma/GED
Date of attainment: _____ |
| <input type="checkbox"/> Some College | <input type="checkbox"/> AA/AS (2-year college degree)
Date of attainment: _____ |
| <input type="checkbox"/> BA/BS (4-year college degree)
Date of attainment: _____ | <input type="checkbox"/> Master's degree
Date of attainment: _____ |
| <input type="checkbox"/> Doctorate or other advanced degree
Date of attainment: _____ | |

35. 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...

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

36. Level of Child Development Permit held (select one)

- | | | | |
|--|--|---|---|
| <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 | <input type="checkbox"/> Teaching Credential plus 12 ECE/CD units | |

37. Have you participated in a county sponsored professional development program such as CARES, CARES Plus, AB212, MyTeachingPartner (MTP)? Yes No If yes, please specify _____

38. Have you been trained in the following topics or tools? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Program for Infant Toddler Care (PITC) | <input type="checkbox"/> Early Childhood Educator Competencies |
| <input type="checkbox"/> Environmental Rating Scales (ECERS, ITERS or FCCERS) | <input type="checkbox"/> Classroom Assessment Scoring System (CLASS) |
| <input type="checkbox"/> Strengthening Families 5 Protective Factors Framework | <input type="checkbox"/> CA Early Learning System Foundations & Frameworks |
| <input type="checkbox"/> Desired Result Developmental Profile (DRDP) | <input type="checkbox"/> Center for Social & Emotional Foundations for Early Learning Teaching Pyramid (CSEFEL) |
| <input type="checkbox"/> Ages & Stages Questionnaires (ASQ-3 & ASQ-SE) | <input type="checkbox"/> USDA Child & Adult Care Food Program Guidelines (CACFP) |

39. Please circle the best days of the week, and times of day, that work best for you to attend workshops and trainings: (circle all that apply)

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Morning	Morning
Evening	Evening	Evening	Evening	Evening	Afternoon	Afternoon
					Evening	Evening

In entering into this contract with Amador Quality for Kids, the Participant and/or Program Manager/Director, herein referred to as "Participant" agrees to the following:

- Participant agrees to notify Lead Agency, First 5 Amador of any changes that may affect program participation such as changes in staffing, capacity, licensing status, address and program closure.
- Program agrees to maintain compliance with Community Care Licensing, if applicable.
- Participant agrees not to use any funds received from Amador Quality for Kids to supplant other funding that has already been received or will be received from other sources.
- Participant agrees to have the information on this application entered into iPinwheel, the IMPACT database, for tracking and reporting purposes. Your individual information is confidential, and submission of your information to iPinwheel will be done in a confidential and secure manner.
- Participant will read and agree to the iPinwheel Terms and Conditions for the use of the QRIS Web based data system, iPinwheel.
- Participant understands that Amador Quality for Kids will use the data to compile a California First 5 IMPACT Common Data File Report to First 5 California, annually.

I agree to participate in Amador County's local IMPACT project – "Amador Quality for Kids."

Signature

Date

Thank you very much! Please return to:

First 5 Amador

Phone: (209) 257-1092

Mailing: P.O. Box 815

Fax: (209) 257-1098

Jackson, CA 95642

To drop off in person: 975 Broadway, Jackson

Email: erika@first5amador.com