

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, Early Education and Support Division, Quality Improvement Training**

This training is funded through the California Department of Education (CDE), Early Education and Support (EESD) 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? X X X - X \_\_\_\_ - \_\_\_\_

**Education Information**

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

- No high school diploma/No GED
- AA/AS (2-year college degree)
- Master's degree
- High School diploma/GED
- BA/BS (4-year college degree)
- Doctorate

5. Do you have a college 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.

Degree	ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
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"/>

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

- I do not have a permit
- Associate teacher
- Master teacher
- Program director
- Assistant teacher
- Teacher
- Site supervisor
- Children's Center Instruction
- Children's Center Supervision

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

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

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

**Employment Information**

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

- Licensed child care center/early childhood program (including Head Start, After-school program, etc.)
- 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/associate  Site supervisor  Director – multi-site
- Teacher/lead teacher/associate  Assistant Director  Executive director
- Teacher-director  Director – single site  Other (please specify) \_\_\_\_\_
- Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
- Professional support staff (e.g. curriculum specialist, mental health consultant)

If working as a substitute please specify position type in which you more frequently work as a substitute.

**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 of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 17.**

- 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. The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. If you would like more information or to sign up for this workforce registry please go to their website: <https://www.caregistry.org/>**

If you have a registry ID number, do you give us permission to include the information provided on this form in the registry? All information will remain confidential.

- Yes  No

If you checked "yes" please enter your number below.  
Your registry ID number: \_\_\_\_\_.

**Thank you very much for completing the registration form!**