STAR Application Information 05-06

Overview of the 2005-2006 STAR Project

Thank you for your interest in The Office of Early Care and Education, First 5 STAR project. The program is a partner of the state First 5 initiative known as CARES (Comprehensive Approaches to Raising Educational Standards). Studies have shown that consistent and highly educated caregivers are an essential component of high quality early care and education.

The focus of the STAR project is to strengthen the quality of the Santa Barbara County workforce through a comprehensive stipend program that leads to increased job retention and educational paths leading towards child development permits, Early Childhood degrees and credentials.

Please note that the STAR project has many significant changes this year. Be sure to read thoroughly all sections of the cover pages and application.

Entry Eligibility Requirements

All bulleted criteria listed below must be met in order to be eligible to apply for a stipend. Applicants are eligible to apply if:

- You are 18 years of age.
- You are providing child care for pay at least 15 hours per week for 2 or more non-related children ages birth to 5 in the same Santa Barbara County, California based Department of Social Services/Community Care licensed or licensed-exempt FCC home, state preschool, Head Start, or child care center for at least 9 months without a lapse of service during the past year (July 2004 - June 2005) or 9 months with same employer by December 31, 2005. **Please note:** some exceptions may be considered.
- You are a licensed provider, work in a license facility, or are legally exempt from licensure.
- Earns less than $60,000 annually from child care.

All eligible applicants are encouraged to apply. If there are more applicants than funding, priority will be given to providers working in STAR priority zones. (Identified School Readiness, low API and low child care supply communities)

If you have any questions about the STAR project or the application process please call 560-1037 or 739-8740 or visit our website at: ***www.countyofsb.org/cao/ece/ece.asp***

Annual Participation Requirements

All annual participation requirements must be completed before a stipend is awarded

- Enrolled in and making regular progress in unit bearing coursework leading toward advanced degrees in Early Childhood Studies or training hours as determined by track selection. See STAR tracks on back page of this cover sheet.
- Continued employment in the field of early care and education.
- A current and valid California Commission on Teacher Credentialing Child Development Permit.
- Four hour Environmental Rating Scale Training.
- Rating scale self-assessment or equivalent instrument and development of a quality improvement plan.
- Student Education Plan and/or Professional Growth Advisor Plan, and or CCIP contract, if applicable.
- Annual meeting with a STAR advisor to develop a Professional Development Plan.

Supplemental Stipend Eligibility

All supplemental stipend awards are based on funding availability

You are eligible for a one time **Advanced Degree (BA, MA) Supplemental Stipend** if:

- You meet all the qualification criteria listed above ***AND***
- You submit all the necessary documentation to show proof of an advanced degree.

You are eligible for an annual **Retention Supplemental Stipend** if:

- You meet all the requirements listed above ***AND***
- You submit proof of being employed at your **current** employer for 5 or more years.

Round 6 is funded by:
First 5 & AB 212

General Application Information

Application Deadline - January 20, 2006

Application Deadline: **January 20, 2006** See details at right.

STAR applications will only be accepted at scheduled appointments in the Office of Early Care and Education, First 5 or its designated location. Applications will **not** be accepted if dropped off, mailed or faxed. You must bring your completed application and all required documents to your STAR appointment before **January 20, 2006**.

Late Documentation

Late application documentation will not be accepted.

Late supporting documentation will not be accepted. The Office of Early Care and Education, First 5 will notify each applicant in writing that their application will not be considered.

Complete Applications

It is the responsibility of the STAR applicant to submit a complete application. Please use the checklist provided at the end of the application to ensure that you have completed all sections of the application and provided all supporting documents. STAR advisors will review each application for accuracy and completeness at the scheduled STAR advisory session.

Appeal Information

You have the right to appeal decisions regarding your stipend level or eligibility status. See details at right.

If you disagree with the decision made regarding your stipend level or eligibility status, you have the right to appeal. An Appeal Board will review all appeal requests. Changes in determinations are not guaranteed and all decisions made by the Appeal Board are final. No additional documentation will be accepted in the appeal process. Detailed information regarding appeals will be sent with award letter.

Funding

The STAR project is funded by the Santa Barbara County First 5, California First 5, California Department of Education – AB 212 and City of Santa Barbara. The STAR project is administered by the Office of Early Care and Education, First 5. Year 6 of the STAR project runs from July 1, 2005 through June 30, 2006.

The Program Quality Specialist will determine the funding source for individual stipends. The project reserves the right to adjust the value of the stipends based on funding availability.

Priorities

If there are more applicants than avaialble funding the project will invoke priorities. First priority is to applicants who provide service in an identified priority zone. A complete list of priority zones is available upon request.

Special Note

If there is a licensing finding against an applicant or applicant's program that licensing has "sent to legal" or if the applicant or program have been determined "out of compliance" he/she may be considered ineligible. Routine complaints and investigations will **not** affect eligibility for STAR. Only in extreme cases will stipend eligibility be impacted by licensing findings.

General Reminders

- Please complete the application in pen before your appointment.
- The application must have original signature. Copies or faxes are not accepted.
- Keep copy of your application for your records.
- If at your appointment you find that you are missing additional documentation and choose to mail them in after your appointment, the STAR project cannot be responsible for lost or delayed arrivals. We encourage you to deliver additional documents in person to the Office of Early Care and Education so we can provide you with a receipt.

Supporting Documents

Social Security Cards

Stipend checks must be issued to the name as it is listed on the social security card or tax identification card (TIN). You are required to attached a copy of the card along with your application.

W-9

The Office of Early Care and Education STAR project is subject to IRS Tax Regulations, and as such, stipends must be claimed as taxable income.
A W-9 "Request for Taxpayer Identification Number and Certification" is required with the filing of this application.
Santa Barbara County will provide STAR recipients with a 1099 Form in January 2007. Therefore applicant's full name, home address and social security number or TIN# are required with the filing of this application. See Sample Instruction Page.

Environmental Rating Scales

Applicants must submit proof of having been trained for 4 hours in the Environmental Rating Scale. Applicants must submit a copy of an Environmental Rating Scale score sheet and a copy of an Improvement Plan. FCC providers who are participating in 05-06 Spruce Up for Kids may substitute the Quality Assessment Tool and Spruce Up Plan. Applicants whose program use Desired Results may submit a copy of the Environmental Rating Scale Summary of Findings. See enclosed Harmes/ Clifford Rating Scale Self-Assessment Guidelines.

Professional Growth Plan

Applicants who hold a Child Development Permit at a Teacher level or higher are required to submit a copy of their Professional Growth Plan.

Professional Growth Advisor

Applicants who hold a Child Development Permit at a Teacher level or higher must have their Professional Growth Advisor complete a Professional Growth Advisor Confirmation Form. Names of Professional Growth Advisors can be found at www.childdevelopment.org/public_list_advisors.asp.

STAR Advisory Sessions

All applicants are required to meet with a STAR advisor to review their stipend application and to create a Professional Development Plan. Applicants are required to call the Office of Early Care and Education to make an appointment. We recommend that you make an appointment as soon as possible. Appointments are available beginning Oct. 11, 2005 during regular business hours, early evenings and on Saturdays. Appointments will be offered through January 20, 2006. We cannot guarantee that an appointment will be available unless you call and schedule your appointment by January 1, 2006. Advisory sessions will be held in the Santa Maria and Santa Barbara Office of Early Care and Education, or other locations as pre-arranged. To make an appointment call: 739-8740 or 560-1037.

Stipend Awards

Award Notification

Award letters will be mailed in Feb. 2006 and stipend checks are scheduled to be mailed in March 2006.

Local Evaluation

All successful STAR awardees will be required to complete and return a brief written evaluation that documents the impact of the stipend on their retention and professional development. The evaluation form will be mailed with the stipend award notification letters. Stipends will not be issued until the evaluation form is returned to the STAR project.

Contact Information

Santa Barbara Office
1 E. Anapamu Street, Suite 200
Santa Barbara, CA 93101
805-560-1037

Santa Maria Office
218 W. Carmen Lane, Suite 111
Santa Maria, CA 93454
805-739-8740

STAR Tracks

Enrollment Stipend - First Time Applicants ONLY

A first time enrollment stipend of $200 will be awarded to applicants upon entry to the stipend project. An Annual Participation Stipend will be awarded to first time applicants in place of an enrollment stipend if ALL annual participation requirements are completed and documentation is submitted to the Office of Early Care and Education by - **Janaury 20, 2006.**

Annual Participation Stipend

Track	Stipend Amount	Participants	Annual Education/ Professional Growth Requirements*		Maximum Time in Track	
			Center	FCC	Center	FCC
ENTRY TRACK Level I - 0 - 1 units Level II - 1.5-3 Level III - 3.5 - 5.5	$300 $400 $400	Licensed and Licensed exempt FCC and center based staff with less than 6 units. Required to apply for permit.	3 units/yr.	A) Yr One - 1 unit or 18 hrs. of profes develmt B) Yr Two - 2 units or 36 hrs. (or combination) C) Yr Three - 2 units or 36 hrs. (or combination) D) Yr Four - 3 units or 56 hrs. (or combination)	3 yrs.	4 yrs.
PERMIT TRACK Level 1 - *Assistant* Level II - *Associate* Level III - *Teacher*	$800 $900 $1,100	FCC and center based staff with a minimum of 6 ECE units. Applied for Assistant Level Permit or higher	3 units/yr.		10 years Continue to advance up Permit Matrix or move into Degree Track or Professional Track	
DEGREE TRACK	$1,300	AA or equivalent, or minimum of a Teacher Level Permit	Minimum of 6 units/yr.		10 years	
PROFESSIONAL TRACK (to be determined)	$500	AA or BA degree in ECE PGA training Mentor Teacher class	18 hours of professional development.		Indefinately	

*** STAR Professional Development Activities Standards** - see enclosed **attachment A** for details.

Supplemental Stipends - $200

RETENTION supplemental stipend will be awarded annually.
BA supplemental stipend will be awarded only once.
BILINGUAL supplemental stipend will be awarded if funding is available

Important Dates

October 11, 2005 - January 20, 2006 STAR Advisory Sessions
November 5, 2005 ECERS/ ITERS/ FDCRS Rating Scale Training - Santa Barbara
December 3, 2005 FDCRS Rating Scale Training - Spanish - Santa Barbara
January 20, 2006 Application Deadline

WEB SITE

Visit our website at www.countyofsb.org/cao/ece/ece.asp for frequently asked questions and additional copies of forms and/or application.

STAR Application 05-06

Application Date:_____/_____/_____

SECTION 1: DEMOGRAPHIC INFORMATION

Please type or print (in ink) legibly

In order for your application to be considered, ALL requested information must be supplied.

Last Name _____ First Name _____ Middle _____

Is this the name on your Birth Certificate? ❒ Yes ❒ No If no, what is the name on your Birth Certificate?

Birth Last Name _____ First Name _____ Middle _____

Social Security No._____–_____–_____ Gender: ❍ Male ❍ Female

Please attach photocopy of your social security card

Home Address _____ Apt. # _____

City _____, CA Zip Code _____ ❒ Mark here if new address

Mailing Address (if different from above): _____

City _____, CA Zip Code _____

Home Phone (_____) _____– _____ Cell Phone _____– _____

Date of Birth (m/d/y) _____/_____/_____ Your Mother's First Name _____

Place of Birth (City, State, Country) _____

E-mail Address (if any)_____

Second Language Information

What is your race/ethnicity? (please check all that apply)

❍ Alaska Nat./Amer. Indian
❍ Asian
❍ Black, African American
❍ Hispanic/ Latino
❍ Pacific Islander
❍ White
❍ Other Race
Specify _____

What is your primary language spoken at home? Please check more than one if you are multilingual.

❍ Chinese
❍ English
❍ Japanese
❍ Korean
❍ Spanish
❍ Tagalog
❍ Vietnamese
❍ Other _____

What are the primary languages you speak with children and families in your workplace? (please check all that apply)

❍ Chinese
❍ English
❍ Japanese
❍ Korean
❍ Spanish
❍ Tagalog
❍ Vietnamese
❍ Other _____

Attach second language verification.
See verification page.

SECTION 2: PROFESSIONAL/ LEADERSHIP INFORMATION

Are you a professional growth advisor? ❒ Yes ❒ No If yes, for how many people? _____

Have you been formally trained to be Professional Growth Advisor? ❒ Yes ❒ No If yes, by which organziation? _____

Are you listed on the Child Development Training Consortium website? ❒ Yes ❒ No

PGA Information

Have you taken the Mentor Teacher Class ? ❒ Yes ❒ No

Are you a Mentor Teacher with the California Early Childhood Mentor Teacher Program? ❒ Yes ❒ No

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Permit Information

Level of Child Development Permit you currently have:

❍ None ❍ Associate Teacher ❍ Master Teacher ❍ Program Director
❍ Assistant ❍ Teacher ❍ Site Supervisor Issued on ____/____/____

Please attach a copy of your current and valid permit with this application, if applicable.

First time applicants are NOT required to have a Child Development Permit at time of application.

Did you apply for a Child Development Permit in the past year? ❒ Yes ❒ No
If yes, which level?

❍ None ❍ Associate Teacher ❍ Master Teacher ❍ Program Director
❍ Assistant ❍ Teacher ❍ Site Supervisor Date appplied ____/____/____

Did you get financial assistance to help you pay for your permit? ❒ Yes ❒ No
If Yes, by whom: ❒ Child Dev. Training Consortium ❒ Employer ❒ Other _____

SECTION 3: EMPLOYMENT/ PROGRAM INFORMATION

Center/FCC in which you currently work (Please list official name which appears on the license)

Work Name _____

Work Address _____

Work City _____

Center Base Only:

Center administered by _____

(Name of agency, organization, or school district)

Work Zip _____ Work Phone _____– _____

Licensing Status: ❍ License Exempt ❒ Legally Exempt (CAL-Safe, Military)

❍ Licensed / License # _____

Setting Type: ❍Center ❍FCC

Center Type: ❍ Private, for profit ❍ Private, non-profit ❍ Public

Which best describes your child care program? (check all that apply)

❍ Head Start/Early Head Start ❍ Private/Non-Subsidized

❍ State Preschool ❍ Public School

❍ CDE General Child Care ❍ Military Base Child Care

❍ Private/Other Local Subsidy ❍ Other _____

If your program provides care during non-traditional hours, please select all categories that apply:

❒ After 6pm ❒ Between midnight & 5am ❒ On weekends

❒ Before 7am ❒ Year-round ❒ Other _____

How many months a year is your program open? _____ Which months: _____ to _____

Director/Operator's Last Name_____ First name_____

Director's Work Phone (_____) _____– _____

Start date at **current** place of employment (month/ year) _____ /_____

How many years have you been employed by this employer/provider? (yrs/mos) _____/_____

As of **Dec. 31, 2005**, will you have been with this employer for 9 months? ❒ Yes ❒ No

If No, name of Child Care Center/ FCC in which you worked the 9 months between

– **July 1, 2004 to June 30, 2005**: (center / FCC name)_____

Were you absent for an extended period of time (2 weeks or more) during your 9 months employment? ❒ Yes ❒ No If yes, why? (ie. maternity, bereavement)

_____ What dates: _____

Job Position

Current Job Position: (*mark only one*) Current Job Title: _____

❍ Teacher's Assistant/Aide

❍ Teaching Staff ❍ FCC Assistant

❍ Center Director/Administrator ❍ FCC Owner

State Subsidy Information AB 212

Is your worksite a state subsidized program? (centers only) ❒ Yes ❒ No

(i.e.: State preschool, Cal-SAFE, General CC, Campus CC) ***If you marked this question YES, please have your employer complete the AB 212 verification on the center based verification page.***

Child Care Experience

How many years have you been in the field of early child care and education? _____yrs.

How many years have you provided child care in each of these settings? (please place # on line)

Center-base care:_____ Family child-care:_____ License-exempt care:_____

Benefit information

Which of the following benefits are offered to you by your employer?

Medical Coverage	Dental Coverage	Discount Child Care	Other Benefits
❍ Not Offered	❍ Not Offered	❍ Not Offered	❍ 401 K
❍ Full Med + Fam	❍ Full Dental + Fam	❍ Free Child Care	❍ Extra Vac.
❍ Full Med no Fam	❍ Full Dental no Fam	❍ Discounted 25%	❍ Vision Plan
❍ Partial Med + Fam	❍ Partial Dental + Fam	❍ Discounted 50%	❍ Retirement Plan
❍ Partial Med no Fam	❍ Partial Dental no Fam	❍ Discntd. other_____	

SECTION 3: EMPLOYMENT/ PROGRAM INFORMATION (continued)

Complete only the salary information section that applies to your work environment.

Salary Information

Salary Information - Center Base Applicant

Anual salary (before taxes and not including benefits) received from child care position: $_____
(please attach copy of last pay stub)

What is the average **number** of hours you worked per week in this position over the last 9 months? _____

Hourly wage: $_____ per hour

How many weeks per year do you work? _____

Salary Information - FCC Applicant

Owner/Operators: Net income (annual income from child care minus all business expenses - item 31 of Schedule C on your income tax return) : $_____
(submit copy of Schedule C)

FCC Employees: Annual salary (before taxes and not including benefits) received from child care position. $_____
Hourly: $_____
(please attach copy of last pay stub)

What is the average **number of hours you worked per week** in this position over the last 9 months? _____

Is this your household's only source of income? ❒ Yes ❒ No

Children's Information

Please report the number of children you serve in each age group in your classroom or home?

____ Birth to 12 mo (Infants) ____ 2 yrs to 2 yrs 11 mo (Older toddlers)
____ 12 mo to 18 mo (Older Inf.) ____ 3 yrs to 5 yrs (Pre-school)
____ 18 mo to 23 mo (Toddlers) ____ Kindergarten and School–age (K-6)

Of the children in your care, how many are related to you? ____

Please indicate the number of children currently in your care whose primary language is the following:

____ English ____ Hmong ____ Korean ____ Filipino/Tagalog
____ Spanish ____ Cantonese ____ Japanese ____ Khmer (Cambodian)
____ French ____ Mandarine ____ Chinese ____ Armenian
____ Sign Language ____ Native Amer. ____ Vietnamese
____ Another Asian (specify)_____
____ Another Non-Asian [Arabic, Farsi, Russian, Hebrew](specify):_____

Number of children you currently work with that are included in these specialized populations:
LEP (Limited English Proficiency) _____ Homeless _____ CPS placement_____ Other: _____

Special & Exceptional Needs Information

Of the children 5 and under in your care, **how many** have a special need?* _____
How many have IEP's or IFSP's? _____

*For the purposes of the First 5 California CARES program, 'children with disabilities and other special needs' refers to those children who: 1) are protected by the American with Disabilites Act (ADA); or 2) have or are at risk for a chronic condition whether physical, developmental, health, behavioral/mental health, and related services and/or supports of a type or amount beyond the required generally.

Use IEP or IFSP to complete questions

Of these children, **how many** are:
(*mark number on line*)
Visually handicapped:_____ Deaf:_____
Speech impared:_____ Deafblind:_____
Hard-of-hearing:_____ Blind:_____
Mentally retarded:_____ Autistic:_____
Multihandicapped:_____
Orthopedically impared:_____
Developmentally disabled:_____
Seriously emotionally disturbed:_____
Other health impared:_____
Other - at risk:_____

SECTION 4: PRIORITY INFORMATION

Low API

Is the center or FCC in which you work located within one of the low API elementary school boundaries listed below? ❒ Yes, (*mark school*) ❒ No ❒ N/A

❒ Adams Elem. -SB	❒ Cleveland Elementary	❒ Isla Vista Elementary *	❒ Oakley Elementary *
❒ Adam Elem. -SM*	❒ Cuyama Elementary *	❒ La Cañada Elementary	❒ Ontiveros Elementary
❒ Alvin Elementary *	❒ El Camino Elementary	❒ La Honda Elementary*	❒ R. Bruce Elementary*
❒ Arellanes Elementary*	❒ Fairlawn Elementary *	❒ La Patera Elementary	❒ Rice Elementary *
❒ Battles Elementary	❒ Fillmore Elementary*	❒ Mary Buren Elemen.*	❒ SB Char Elementary
❒ Bonita Elementary *	❒ Franklin Elementary*	❒ McKinley Elementary*	❒ Tunnel Elementary
❒ Cesar Chavez Elem.	❒ Hapgood Elementary *	❒ Miller Elementary	
❒ Clarence Ruth Elem *	❒ Harding Elementary		

*** API 1-3, based on 2004 scores**

School Readiness

Is the center or FCC in which you work located within one of the school readiness elementary school boundaries listed below? ❒ Yes (*mark school*) ❒ No ❒ N/A

❍ Alvin Elementary*	❍ Cleveland Elementary	❍ Isla Vista Elementary*	❍ McKinley Elemen.*
❍ Arellanas Elementary*	❍ Fairlawn Elementary*	❍ Mary Buren Elemen.*	❍ Oakley Elementary*
❍ Battles Elementary*	❍ Franklin Elementary*	❍ Ontiveros Elementary	
❍ Clarence Ruth Elem.*	❍ Hapgood Elementary*	❍ R. Bruce Elementary*	

Low Supply

Is the center or FCC in which you work located within one of the low supply zip codes listed below? ❒ Yes (*mark zip code*) ❒ No ❒ N/A

❍ 93434 Guadalupe	❍ 93101 Santa Barbara	❍ 93454 Santa Maria	❍ 93436 Lompoc
❍ 93440 Los Alamos	❍ 93117 Goleta/ Isla Vista	❍ 93455 Santa Maria	
❍ 93460 Santa Ynez	❍ 93427 Buellton	❍ 93458 Santa Maria	

FCC only: Are you applying for a 05-06 Spruce-Up for Kids grant? ❒ Yes ❒ No

SECTION 5: EDUCATION

Degree Information

What is the highest level of education you have completed?:

- ❍ No formal schooling
- ❍ Less than high school diploma/GED
- ❍ High school diploma/GED
- ❍ Some college
- ❍ AA in ECE/CD
- ❍ AA in non-ECE/CD, Major:_____
- ❍ BA in ECE/CD,
- ❍ BA in non-ECE/CD, Major:_____
- ❍ Some graduate school
- ❍ Graduate degree in ECE/CD
- ❍ Graduate degree in non-ECE/CD Major:_____

If you received a BA or higher, did you receive the degree in a foreign country? ❒ Yes ❒ No

If you have an out of country degree, have you had your foreign transcripts **evaluated** and **translated** into English? ❒ Yes ❒ No ❒ N/A

Did you receive your AA or BA degree while in the STAR project? ❒ Yes ❒ No

Which degree? ❒ AA ❒ BA Major: _____

Credential Information

Do you have a teaching Credential? ❒ Yes, from California ❒ Yes, out of state ❒ No

If you have a **California Teaching Credential**, what type? (Check all that apply)

- ❍ Single Subject
- ❍ Multiple Subject
- ❍ Education Specialist (special needs)
- ❍ Early Childhood Special Education
- ❍ Reading Specialist
- ❍ Administrative
- ❍ Pupil Personnel Services
- ❍ Clinical/Rehabilitative Services
- ❍ School Nurse Services
- ❍ Library Media Services
- ❍ Other Health Services
- ❍ Bilingual Specialist
- ❍ Reading Certificate
- ❍ Other _____

Unit / Training Information

Prior to September 1, 2004 :

How many ECE/CD units have you completed? _____

How many professional growth hours have you completed? _____

Center Based Verification Page

SECTION 6: Verifications

Instructions: This page is to be completed by a program administrator (Site Supervisor, Director, Manager, Coordinator, Executive Director etc.). Program owners are to contact the Office of Early Care and Education regarding employment verification

Employment Verification, All center base applicants

❍ I verify that _____ (employee's name) has worked directly with children for 9 months or more between July 1, 2004 and Dec. 31, 2005 at _____ (center name).

_____ _____ ____/____/____
Program Administrator Signature Title Date

Employment and Salary Verification, All applicants

Note: Application with incomplete salary information will be denied

❍ The applicant's current work site receives subsidies from:
___CDD contract ___ Head Start/Early Head Start ___ Other ___ N/A

❍ Number of children cared for at the site: _____ Capacity allowed by licensing: _____

❍ Accreditation Status:
❒ Accredited - Expiration Date ___/___/___ ❒ In Self Study
❒ Submitted Prog. Descrip - Date ___/___/___ ❒ Not in accreditation

❍ License Compliance: ❒ Title 22 ❒ Title 5 ❒ Both ❒ Exempt - Other_____

❍ The applicant currently works _____ hours per week at _____ (center name)

❍ The applicant's current hourly wage is $ _____

❍ The applicant's current annual salary, before taxes and not including benefits is $_____

❍ I understand that the incentive he/she receives is in addition to his/her annual salary, and I certify that the current salary and salary advancement will not be negatively affected by the incentive.

❍ I certify that neither the Early Care and Education program listed above nor the applicant are involved in an administrative action process with the Department of Social Services, Community Care Licensing, and that the applicant has cleared finger-printing.

_____ _____ ____/____/____
Program Administrator Signature Title Date

Retention Verification, if applicable

In order to be eligible for a retention stipend, applicant must have been working in ECE staff capacity for 5 or more years with the current employer.

I verify that _____ (employee's name) is currently working and has worked 5 or more years at _____ (center name) and is eligible for an employment retention supplemental stipend.

_____ _____ ____/____/____
Program Administrator Signature Title Date

Second Language Verification, If applicable

Second laguage supplement will only be awarded if funding is available. Additional verification may be required.

I personally attest that _____ _____ (print applicant's name), is currently responsible for communicating in both English and _____ (print language) with children and families on a daily basis.

_____ _____ ____/____/____
Program Administrator Signature Title Date

AB 212 Verification, If applicable

I verify that _____ (employee's name) works directly with children who receive subsidized care, in the state subsidized center based program marked below.

The State Contract # is _____.

Please mark the appropriate state contract vendor below

❍ Allan Han Joint Comm. Col. – General Child Care
❍ Isla Vista Youth Projects – General CC – Ctr Based
❍ Orcutt Union Elem Sch. Dist. – State Preschool
❍ SB Elementary School District – General Child Care
❍ SB Family Care Center – State Preschool
❍ SM Bonita School District – State Preschool
❍ Community Action Commission – General Fund
❍ Goleta Union Elem. Sch. Dist. – State Preschool
❍ SB Community College – Campus Child Care
❍ SB Elem. Sch. Dist. – State Preschool
❍ SB Family Care Center – General Child Care
❍ Carpinteria Unified Sch. Dist. – State Preschool
❍ SB County Superintendent of Sch –State Presch.
❍ SB County Superintendent of Sch – Cal-Safe
❍ SB Elementary School District – Cal Safe
❍ University of California – General Child Care

_____ _____ ____/____/____
Program Administrator Signature Title Date

Family Child Care Verification Page

SECTION 6: Verifications

Instructions: This page is to be completed by the Family Child Care Owner/Operator

Family Child Care Owner/Operator Verification

- ❍ I have attached a copy of my current license that verifies I have owned a licensed Family Child Care Program in Santa Barbara county serving (number) _____ children birth to 5 years for at least 9 months between July 1, 2004 and December 31, 2005.
- ❍ Number of children cared for at the FCC: _____ Capacity allowed by licensing: _____
- ❍ Accreditation Status:
  - ❒ Accredited - Expiration Date ____/____/____ ❒ In Self Study
  - ❒ Submitted Prog. Descrip - Date ____/____/____ ❒ Not in accreditation
- ❍ License Compliance: ❒ Title 22 ❒ Title 5 ❒ Both ❒ Exempt - Other_____
- ❍ I have attached a verification letter from Resource and Referral stating that I am currently operating as a licensed family child care provider.
- ❍ I have attached a verification letter from Resource and Referral documenting the number of training hours provided by that agency and my hours of participation in any of their programs and/or level of training **OR** a copy of my transcripts.
- ❍ I certify that I am not involved in an Administrative Action Process with the Department of Social Services, Community Care Licensing Division, and that I have passed finger-print clearance.
- ❍ **Retention Supplemental Stipend**, if applicable: I have operated a family child care program for 5 or more years in Santa Barbara County and will supply additional verification if required by the project.
- ❍ **Second Language Supplement Stipend**, if applicable: If I stated that I use a language in addition to English regularly in my work, I agree to provide additional verification if requested to do so, such as engaging in a conversation with another bilingual speaker.
- ❍ I have attached a copy of my 2004 tax returns Schedule C. I understand I may be requested to supply a 2005 tax return.

_____ _____/_____/_____
Family Child Care Owner / Director Date

This following sections are to be completed by the FCC owner for the employee

Family Child Care Employee Verification (to be completed by FCC Owner/Operator for employee)

- ❍ I verify that _____ (employee's name) is currently working and has worked directly with children for 9 months or more between July 1, 2004 and December 31, 2005 at _____ (FCC name)

_____ _____/_____/_____
Family Child Care Owner / Director Date

Note: Application with incomplete salary information will be denied

Employment and Salary Verification

- ❍ The applicant currently works _____ hours per week at_____. (FCC name)
- ❍ The applicant's current hourly wage is $ _____.
- ❍ The applicant's current annual salary, before taxes and not including benefits is $_____.
- ❍ I understand that the incentive he/she receives is in addition to his/her annual salary, and I certify that the current salary and salary advancement will not be negatively affected by the incentive.
- ❍ I certify that neither the Early Care and Education program listed above nor the applicant are involved in an administrative action process with the Dept. of Social Services, CCL, and that the applicant has cleared finger-printing.

_____ _____/_____/_____
Family Child Care Owner / Director Date

In order to be eligible for a retention stipend, applicant must have been working for 5 or more years with the current employer.

Retention Verification, if applicable

I verify that _____ (employee's name) has worked 5 or more years at _____ (center name) and is eligible for an employment retention supplemental stipend.

_____ _____/_____/_____
Family Child Care Owner / Director Date

Second laguage supplement will only be awarded if funding is available. Additional verification may be required.

Second Language Verification, If applicable

I personally attest that _____ (print applicant's name), is currently responsible for communicating in both English and _____ (print language) with children and families on a daily basis.

_____ _____/_____/_____
Family Child Care Owner / Director Date

SECTION 7: W-9

All applicants are required to submit a completed W-9 form with their STAR application. W-9 form is inlcuded with the application along with an instruction sheet.

SECTION 8: PARTICIPATION CONSENT

Local First 5 Consent

Please read the insert "Consent to Participate in the First 5 Santa Barbara County Evaluation and Authorization to Share Confidential Information." Please print, date and sign your name at the bottom.

State First 5 Consent

Please read the insert "Consent to Participate in the Evaluation of First 5 California's Comprehensive Approaches to Raising Educational Standards (CARES) for the Early Learning Workforce." Please mark appropriate box, sign and date.

Return the white copies with your stipend application and retain the blue copies for your records.

SECTION 9: CERTIFICATION

I certify that I meet all the eligibility requirements and that all of the information and documentation provided in this application is true and correct. I certify that I am not involved in Administrative Action with the Department of Social Services, Community Care Licensing Division. I certify that I have cleared CCL finger-printing requirements. I understand that falsification of any information and/or documentation may require the return of all stipend monies, with penalties, to the Office of Early Care and Education. I understand that I may be requested to provide further information or documentation to determine my eligibility.

Applicant's Signature _____ Date ____/____/____

Print applicant's name _____

SECTION 10: AUTHORIZATION SECTION

Participant Agreement

- I understand that it is my responsibility to read, understand, and complete this application accurately and to comply with all the deadlines.
- I understand that if the STAR funding appropriations is insufficient; the stipend amount may be reduced or priority funding will be imposed.
- I understand that I must complete and submit a required evaluation form in order to receive my stipend check.
- I understand that the purpose of the STAR project is to retain highly qualified child care providers who plan to continue working as a provider in the next year.
- I understand that a goal of the STAR project is to encourage professional development that leads towards Child Development permits, ECE degrees and Credentials.
- I understand that I will not receive a stipend if my application is incomplete.
- I understand that stipends may be denied or withdrawn if any information reported on this application is found to be intentionally misleading or inaccurate.
- I understand that I must inform the Office of Early Care and Education of any changes in my address, phone number, or employment.
- I understand that I may be asked to show proof of employment at the time of the stipend award.
- I intend to continue working with my current employer through June 2006.
- I understand that there is NO GUARANTEE that I will be awarded a stipend. Stipends will be granted based on availability of funding and terms and conditions of funder.
- I understand that CCL will be contacted to verify my "good standing" status.
- I understand that all annual participation requirements must be completed before a stipend is awarded.
- I understand that all classes that are used for the STAR project must be grade C or better.
- FCC: I understand that I may be requested to complete a client enrollment verification form if there is a question regarding my license status, hours of operation, or number of children being served.

Make sure you go over all the items in this checklist before submitting the application.

Applicant's Signature _____ Date ____/____/____

FIRST TIME APPLICANTS who have not completed the annual participation requirements skip to section 12. All other applicants are to complete sections 11 and 12.

Annual Participation Requirements 05-06
Complete this section if you are a returning applicant or a first time applicant who has satisfied the annual participation requirements.

SECTION 11: ANNUAL PARTICIPATION REQUIREMENTS

Permit Information

What level Child Development Permit do you have?

❍ Do not have a permit, (have less than 6 ECE units)

❍ Applied for permit

What level child development permit did you applied for?

❍ Assistant
❍ Associate Teacher
❍ Teacher
❍ Master Teacher
❍ Site Supervisor
❍ Program Director

Date applied: _____/_____/_____
(Attach copy of child developement training consortium letter)

❍ Assistant
❍ Associate Teacher
❍ Teacher
❍ Master Teacher
❍ Site Supervisor
❍ Program Director

Date of issue: _____/_____/_____
Expiration date: _____/_____/_____
(***Attach copy of permit)***

The STAR project will accept only CCTC credential/permits that allow for teaching in a self contained preschool classroom and includes professional growth hours or units as a requirement of renewal. Permits must be current and valid.

Permit Upgrade Information

Since your last stipend, have you upgraded your permit? ❒ Yes ❒ No
To what level? _____ Date applied: _____/_____/_____
Expiration date: _____/_____/_____

Environmental Rating Scale/ Quality Improvement Plan

Have you been trained for 4 hrs. in how to conduct a Harmes/Clifford ECERS/ ITERS/ FDCRS? ❒ Yes ❒ No

Have you completed a quality improvement plan base on the Environmental Rating Scale self-assessment? ❒ Yes ❒ No (***attach a copy of the quality improvement plan***)

Have you conducted an assessment of your classroom/home using the Harmes/Clifford ECERS/ ITERS/ FDCRS? ❒ Yes ❒ No

Date assessment completed: _____
(attach a copy of self-assessment)

Rating Scales Scores

Sub scale scores - See Harms/ Clifford Rating Scales Self-Assessment guide insert.

ECERS	Score	ITERS	Score	FDCRS	Score	SACRS	Score
Space & Furnishings		Space & Furnishings		Space & furnishing for Care & Learing		Space & Furnishings	
Personal Care Routines		Personal Care Routines		Basic Care		Health & Safety	

Student Education Plan

Have you meet with a college academic advisor and created a student education plan?
❒ Yes ❒ No ❒ N/A ***If applicable, Attach a copy of your student education plan,***

Professional Growth Plan/ Advisor

Have you met with a professional growth advisor and developed a professional growth plan?
❒ Yes ❒ No ❒ N/A ***If applicable, attach a copy of your professional growth plan. If applicable, attach a copy of the PGA confirmation.***

FCC- CCIP participant only: CCIP Contract

Have you met with a R & R resource specialist and developed a CCIP level I or II plan? ❒ Yes ❒ No ❒ N/A ***If applicable, attach a copy of the CCIP contract.***

SECTION 11: ANNUAL PARTICIPATION REQUIREMENTS (continued)

I have completed the following COURSE(s) during Fall 2004, Spring 2005, Summer 2005, or Fall 2005. (Use section below for college units only)

Unit Bearing Classes

Course Title	Coursework Type	Course Provider Type	Course Location	Course #	Units	Grade	Semester	Year

Attach a copy of official transcripts

Coursework Type
- **A)** General Education
- **B)** Eng/Math pre-req
- **C)** ECE
- **D)** CD
- **E)** ESL
- **F)** Others Related

Provider Type
- **A)** R & R/ CBO/ LPC
- **B)** Community College
- **C)** CSU / UC
- **D)** UC Exten./ CSU
- **E)** Local/ State First 5
- **F)** Other State Agency
- **G)** Private College
- **H)** Sch. Dist./ COE
- **I)** NAEYC, CAEYC
- **J)** Other

Location
- **A)** R & R/ CBO/ LPC
- **B)** Community College
- **C)** CSU/ UC
- **D)** UC Exten./ CSU
- **E)** Local/State First 5
- **F)** Other State Agency
- **G)** Private College
- **H)** Sch. Dist./ COE
- **I)** NAEYC, CAEYC
- **J)** Distance Learning
- **K)** Other

Education & Training Information

All classes used for the STAR project must be a grade C or better from an accredited college. Unit bearing ESL and GED classes may be used to satisfy the annual education and training requirements

I have completed the following TRAINING between Sept. 1, 2004 and Dec. 31, 2005. (Use section below for training hours only)

Training Hours

Training Title	Professional Growth Type	Training Agency/Name	Hours	Date taken

Attach copy of certificate or verification of hours form

Professional Growth Type
- **A)** Disabilities/ Special Needs
- **B)** Diversity
- **C)** Literacy
- **D)** Devel. & Caregiving
- **E)** Curriculum
- **F)** Assessment
- **G)** Accreditation
- **H)** CDE (guidelines/standards)
- **I)** Nutrition & Health
- **J)** Child & Fam. Safety
- **K)** Fam/Commun. Partnerships
- **L)** Administration
- **M)** Others

SECTION 12: Supporting Document Checklist

Supporting Document Checklist

Center Base

Common Application

- ❍ Completed Application
- ❍ Copy of Social Security Card
- ❍ Copy of Pay Stub
- ❍ Center Based Verification Page
  - ❒ Employment
  - ❒ Employment & Salary
  - ❒ Retention, if applicable
  - ❒ Second Language, if applicable
  - ❒ AB 212, if applicable
- ❍ W-9
- ❍ Local & First 5 Consent
- ❍ Certification Signature
- ❍ Participation Agreement Signature

Annual Participation Requirement

- ❍ Copy of Permit or CDTC letter
- ❍ Quality Improvement Plan
- ❍ Rating Scale Self Assessment
- ❍ Student Education Plan, if applicable
- ❍ Professional Growth Plan, if applicable
- ❍ PGA Confirmation, if applicable
- ❍ Copy of official transcripts
- ❍ Certificate of attendance or verification of hours form

Family Child Care Owner / Operator

Common Application

- ❍ Completed Application
- ❍ Copy of Social Security Card
- ❍ Copy of Schedule C
- ❍ FCC Verification Page
  - ❒ Copy of License
  - ❒ R & R Verification Letter
  - ❒ Retention, if applicable
  - ❒ Second Language, if applicable
- ❍ W-9
- ❍ Local & First 5 Consent
- ❍ Certification Signature
- ❍ Participation Agreement Signature

Annual Participation Requirement

- ❍ Copy of Permit or CDTC letter
- ❍ Quality Improvement Plan
- ❍ Rating Scale Self Assessment
- ❍ Student Education Plan, if applicable
- ❍ Professional Growth Plan, if applicable
- ❍ CCIP contract, if applicable
- ❍ PGA Confirmation, if applicable
- ❍ Copy of official transcripts
- ❍ Certificate of attendance or verification of hours form

FCC Employee

Common Application

- ❍ Completed Application
- ❍ Copy of Social Security Card
- ❍ Copy of Pay Stub
- ❍ FCC Verification Page
  - ❒ Employment
  - ❒ Employment & Salary
  - ❒ Retention, if applicable
  - ❒ Second Language, if applicable
- ❍ W-9
- ❍ Local & First 5 Consent
- ❍ Certification Signature
- ❍ Participation Agreement Signature

Annual Participation Requirement

- ❍ Copy of Permit or CDTC letter
- ❍ Quality Improvement Plan
- ❍ Rating Scale Self Assessment
- ❍ Student Education Plan, if applicable
- ❍ Professional Growth Plan, if applicable
- ❍ PGA Confirmation, if applicable
- ❍ Copy of official transcripts
- ❍ Certificate of attendance or verification of hours form