EVALUATION OF DIRECTOR QUALIFICATIONS

The courses listed below have been reviewed and verified by the Department of Social Services, Community Care Licensing Division, as meeting the requirements for child care center directors in the California Code of Regulations, Title 22, Division 12.

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<u>. </u>		NAL INFO	RMATION					COMPONENTS	FACILITY NUMBER	
DIRE	CTOR:							☐ Preschool		
FACI	LITY:							□ Infant		
					☐ School-Age					
ADDI	RESS:					☐ Mildly III Child				
<u></u>	EDUCA	TION/EXP	ERIENCE							
			er Supervisor	y Permit (Co	py atta	ached.) [☐ AA in Child	Dev. or ECE and two	years of experience	
	☐ BA ii	n Child Dev	/. or ECE and	one vear of		legree or transcripts attached.)				
			e or transcript	-		k only and four years of experience				
							(Copy of tra	nscripts attached.)		
III.	QUALII	FYING POS	STSECONDA	RY COURS	ES					
	COURS	SEWORK II	N CD/ECE			COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY		
	CHILD/	HUMAN GI	ROWTH AND	DEV.						
	CHILD,	FAMILY A	ND COMMUI	VITY						
	PROGE	RAM/CURR	RICULUM							
ADMINISTRATION/STAFF RELATIONS										
	OTHER	: INFANT	Γ, SCHOOL- <i>I</i>	AGE, ETC.						
	TOTAL									
	ADDITI	ONAL UNI	TS REQUIRE	D:	_					
		FYING EXF	HOURS					-(-)(
	FROM TO HOURS PER DAY F			POSITION(S) EMPLOY		EMPLOYER	R(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR		
٧.	OTHER	APPLICA	BLE EDUCA	TION/COUR	SES (based on statutory/r	egulatory chan	ges) (Backup docume	ntation attached.)	
	COURSE TITLE					DATE COMPLET	ΓED	VERIFIED BY		
	CPR First Aid									
	Others									
Wa	s an exc	eption gran	ited? N	o 🗆 Yes	(Copy	of exception attach	ned.)			
Bas					ntified	above, this employe	ee is approved	as a:		
	Fully qualified preschool director									
	Fully qualified infant director									
	LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE Fully qualified mildly ill child director							DATE		
_	. any qu	.aoa miid	, orma and			LPA'S SIGNATURE/PRI	NTED NAME AND DIST	TRICT OFFICE	DATE	

Directions for Completing Evaluation of Director Qualifications

The LPA should fill out this form using the following instructions.

Type or print clearly using black ink. Retain the original form in the facility file at the District Office. Retain one copy in the director's personnel file at the licensed center and return a copy to the director. Attach (to each evaluation) copies of the forms and documents identified below.

I. PERSONAL INFORMATION:

Name: Enter the name of the person applying for an evaluation of qualifications. Include first, middle, and last names.

Facility: Enter complete name, address, and number of facility where the evaluated individual is currently employed.

Components of Program: Check appropriate box(es).

II. EDUCATION/EXPERIENCE:

Check appropriate box and attach appropriate documentation.

III. QUALIFYING POSTSECONDARY COURSES:

Courses: Enter course number, number of units (specify semester or quarter units), and the college where credits were earned. Indicate each course completed. Enter the total units for all courses completed. Enter any additional units required.

IV. QUALIFYING EXPERIENCE:

Employment: Enter the dates of employment; include month/day/year, as well as hours per day. List position(s) held, employer(s)/address(es), and the total number of months, days, and/or years employed.

V. OTHER APPLICABLE EDUCATION/COURSES:

Complete if other additional education/course requirements are applicable based on new statutory/regulatory changes. If not applicable, indicate N/A. Verification of course completion must be attached to this form. Indicate course title and date of completion, and initial.

Exceptions: Check appropriate box. Attach exception if required.

Check the appropriate box(es), and date and sign for every area for which it has been determined that the director is qualified under Title 22 licensing requirements.

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DIRE	ECTOR:							☐ Preschool		
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						☐ School-Age				
ADD	RESS:					☐ Mildly III Child				
<u></u>	EDUCA	TION/EXP	ERIENCE							
			er Supervisor	y Permit (C	☐ AA in Child	AA in Child Dev. or ECE and two years of experience				
	☐ BA ir	Child Dev	. or ECE and	egree or transcripts attached.)						
(Copy of degree or transcripts attached.) Coursework only and four years of experience (Copy of transcripts attached.)								f experience		
							(Copy of tra	nscripts attached.)		
III.	QUALIF	YING POS	STSECONDA	RY COURS	SES					
	COURS	EWORK I	N CD/ECE			COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY		
_	CHILD/I	HUMAN G	ROWTH AND	DEV.						
	CHILD,	FAMILY A	ND COMMUN	VITY						
	PROGR	AM/CURR	RICULUM							
_	A D. A I. N. II	070 4710	LOTA EE DEL	ATIONO						
_			N/STAFF REL							
	OTHER		Γ, SCHOOL-A	AGE, ETC.						
_	TOTAL:		TS REQUIRE	.D.						
_	ADDITIO	JIVAL OIVI	13 KEQUIKE	.D.						
IV.	QUALIF	YING EXF	PERIENCE							
	FROM	то	HOURS PER DAY		POS	POSITION(S) EMPLO		R(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR	
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<u>v.</u>	OTHER			HON/COU	RSES	•		anges) (Backup documentation attached.) VERIFIED BY		
	COURSE TITLE CPR				DATE COMPLETED		IED	VE	KIFIED BY	
	First Aid	I								
_	Others									
	20.00.000	eption gran	ited? \(\subseteq \ \ \ \ \ \		· (Cor	by of exception attach	and)			
								00.01		
	ased on the completion of the requirements identified above, this employee is approved as a: Fully qualified preschool director									
	LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE									
	LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE								DATE	
	LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE							DATE		
	Fully qu	alified mild	lly ill child dire	ector		LPA'S SIGNATURE/PR	INTED NAME AND DIST	TRICT OFFICE	DATE	

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<u>I.</u>		NAL INFO	RMATION				COMPONENTS	FACILITY NUMBER		
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ADD	RESS:					☐ Mildly III Child				
	FDUCA	TION/FXP	PERIENCE			,				
<u></u>			ter Supervisor	v Permit (Co	ppy attached.)	☐ AA in Child I	Dev. or ECE and two	vears of experience		
			v. or ECE and	gree or transcripts attached.)						
			e or transcript	conly and four years of experience						
						(Copy of trai	nscripts attached.)			
<u>III.</u>	QUALI	YING PO	STSECONDA	RY COURS	EŞ					
	COURS	EWORK I	N CD/ECE		COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY			
	CHILD/	HUMAN G	ROWTH AND	DEV.						
	CHILD,	FAMILY A	ND COMMUN	NITY						
	PROGF	RAM/CURF	RICULUM							
ADMINISTRATION/STAFF RELATIONS										
_	OTHER		T, SCHOOL-A	GE, ETC.						
	TOTAL:		TO DECLUDE							
	ADDITI	ONAL UNI	TS REQUIRE	D:						
	OHALI	VINC EVI	DEDIENCE							
	FROM	TO	PERIENCE HOURS		POSITION(S)	EMPLOYER(S)/ADDRESS(E		TOTAL: MO/DAY/YR		
	I KOW	10	PER DAY				.(0),7.12211200(20)			
_										
_										
V. OTHER APPLICABLE EDUCATION/COURSES (based on statutory/regulatory changes) (Backup documentation attach										
	COURSE TITLE CPR			DATE COMPL	ETED	VE	RIFIED BY			
	First Aid	<u> </u>								
	Others									
_										
Wa	is an exc	eption gran	nted? 🗌 No	o 🗆 Yes	(Copy of exception atta	ched.)				
Bas	Based on the completion of the requirements identified above, this employee is approved as a:									
	Fully qualified preschool director									
	Fully qualified infant director									
								DATE		
	Fully qualified mildly ill child director									
					LPA'S SIGNATURE/F	KINTED NAME AND DIST	RIC1 OFFICE	DATE		