EVALUATION OF TEACHER 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 teachers in the California Code of Regulations, Title 22, Division 12.

The original of this form, along with copies of transcripts or other relevant documentation, must be kept in the teacher's personnel file at the licensed center. This form is transferable to other centers and will be accepted by all District Offices.

I.   PERSONAL INFORMATION

TEACHER:

FACILITY:

ADDRESS:

COMPONENTS

☐ Preschool

☐ Infant

☐ School-Age

☐ Mildly Ill Child

FACILITY NUMBER

II.   EDUCATION/EXPERIENCE

☐ Children's Center Permit (Copy attached.)

☐ Regional Occupational Program Certificate (Copy attached.)

☐ Child Development Associate Credential (Copy attached.)

☐ Coursework only and six months of experience (Copy of transcripts attached.)

III.   QUALIFYING POSTSECONDARY COURSES

COURSEWORK IN CD/ECE	COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY
CHILD/HUMAN GROWTH AND DEV.			
CHILD, FAMILY AND COMMUNITY			
PROGRAM/CURRICULUM			
OTHER: INFANT, SCHOOL-AGE, ETC.			
TOTAL:			
ADDITIONAL UNITS REQUIRED:			

IV. QUALIFYING EXPERIENCE

FROM	TO	HOURS PER DAY	POSITION(S)	EMPLOYER(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR

V.   OTHER APPLICABLE EDUCATION/COURSES (based on statutory/regulatory changes) (Backup documentation attached.)

COURSE TITLE	DATE COMPLETED	VERIFIED BY
CPR		
First Aid		
Others		

Was an exception granted?   ☐ No   ☐ Yes (Copy of exception attached.)

Based on the completion of the requirements identified above, this employee is approved as a :

☐ Fully qualified preschool teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

☐ Fully qualified infant teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

☐ Fully qualified school-age teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

☐ Fully qualified mildly ill child teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

CHILD CARE CENTER COPY (ORIGINAL)

Directions for Completing Evaluation of Teacher Qualifications

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

Type or print clearly using black ink. <u>Return the original form to the director of the licensed center</u>. Retain one copy in the teacher's personnel file at the licensed center. Retain one copy in the teacher's file at the licensed center and return a copy to the teacher. 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 teacher is qualified under Title 22 licensing regulations.

EVALUATION OF TEACHER QUALIFICATIONS

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The original of this form, along with copies of transcripts or other relevant documentation, must be kept in the teacher's personnel file at the licensed center. This form is transferable to other centers and will be accepted by all District Offices.

I. PERSONAL INFORMATION

TEACHER:

FACILITY:

ADDRESS:

COMPONENTS

☐ Preschool

☐ Infant

☐ School-Age

☐ Mildly Ill Child

FACILITY NUMBER

II. EDUCATION/EXPERIENCE

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☐ Coursework only and six months of experience (Copy of transcripts attached.)

III. QUALIFYING POSTSECONDARY COURSES

COURSEWORK IN CD/ECE	COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY
CHILD/HUMAN GROWTH AND DEV.			
CHILD, FAMILY AND COMMUNITY			
PROGRAM/CURRICULUM			
OTHER: INFANT, SCHOOL-AGE, ETC.			
TOTAL:			
ADDITIONAL UNITS REQUIRED:			

IV. QUALIFYING EXPERIENCE

FROM	TO	HOURS PER DAY	POSITION(S)	EMPLOYER(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR

V. OTHER APPLICABLE EDUCATION/COURSES (based on statutory/regulatory changes) (Backup documentation attached.)

COURSE TITLE	DATE COMPLETED	VERIFIED BY
CPR		
First Aid		
Others		

Was an exception granted?   ☐ No   ☐ Yes (Copy of exception attached.)

Based on the completion of the requirements identified above, this employee is approved as a :

☐ Fully qualified preschool teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

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LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

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LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

☐ Fully qualified mildly ill child teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE   DATE

TEACHER COPY