



**CHILD CARE**  
COORDINATING COUNCIL  
OF NEVADA COUNTY

**Submit completed registration materials  
on or before January 9, 2012 at 5 p.m.  
Postmarks will not be accepted in lieu of the due date.**

Mail or hand deliver completed materials to:  
Child Care Coordinating Council  
640 E. Main Street, Suite#3  
Grass Valley, CA 95945

**Registration Instructions:**

- Please type or print legibly in blue or black ink.
- Illegible or incomplete materials will not be processed.
- Registration must be completed in English.

If you have any questions, contact our office and we will be happy to help you: (530) 271-0258.

**SECTION 1, CONTACT INFORMATION:**

1. Last Name:

First name:

**SECTION 2, COMPLETE CDD PROFILE- 3 PAGES**

**SECTION 3, PROFESSIONAL GROWTH:** Please attach 21 hours of Professional Growth Activities (workshops, courses, etc.) you have completed since July 1, 2011 (attach documents or submit May 30, 2012) or proof of progress to 105 hours for past 5 years

**SECTION 4, EMPLOYER DECLARATION: FOR STATE CONTRACTED SITE EMPLOYEES ONLY**

I certify that above employee works in this State contracted site and currently works an average of \_\_\_\_\_ hours a week.

The applicant's hourly wage is \$\_\_\_\_\_. I understand that the incentive she/he receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by the incentive.

This employee has knowledge and participates in and /or has training in:

DRDP child assessments

ECERS, ITERS

Signature of Employer

Date

**SECTION 5, INDIVIDUAL DECLARATION: (THIS MUST BE SIGNED IN ORDER TO COMPLETE YOUR REGISTRATION)**

For Family Child Care Network you must attach proof that you have completed DRDP child assessments and FCCERS self study or proof of training in DRDP and FCCERS.

I, \_\_\_\_\_, certify that all information provided is true and correct.

Signature of Applicant

Date

## AB212 Survey (Part 3 of your registration)

Please return the completed survey as part of your AB212 registration materials.

1. Have you had any formal training in the care and/or inclusion of children with disabilities or other special needs? YES NO

2. Have you had any formal training in the last 12 months that focused exclusively on the care and/or inclusion of children with disabilities and other special needs? YES NO

If so, please describe the training:

3. Have you had any formal or informal training in interpreting the screenings or assessments? YES NO

If so, please describe the training and/or your experiences:

4. If you needed to access services or needed refer a family to services that could provide services in addition to those that are offered at your early childhood education site for a child with a disability or other special needs, would you know where to refer them? YES NO

If so, where?

5. What would you feel could help you or your site better serve children with disabilities and other special needs and their families?

6. Do you know what an IEP is? YES NO

If so, have you ever participated in an IEP? YES NO

If so, have you participated in an IEP in the last 12 months? YES NO