

CARES Plus Participant Data
CARES Plus Database (via First 5 California's PROOF Data System)

Legend:

Information Area:	Categories of data: i.e. participant demographic, work facility, etc.
Data Element:	Data to be captured.
Data Type:	Data type: i.e. date, text, list field.
Value:	This column defines the valid value if the data field is constrained.
Required for Submission:	Indicates whether the field must be filled in with some value, when submitting the record in PROOF by the semiannual deadlines of March 1 and October 1. (Reference: RFA pages 32 and 49) Y = Yes N = No C = Conditionally Required. If Conditionally Required, the condition is stated in the 'Condition' column.
Condition:	If the 'Required For Submission' field is 'C', the condition is stated.
Copy to Next Program Year:	A teacher may participate in CARES Plus for multiple years. Some participant data, such as name or city of birth, will not change from program year to program year. Other data, such as wages and benefits, may change from program year to program year and therefore will be captured and stored for each year the teacher is participating. For convenience and to reduce duplicate data entry, PROOF will offer to copy certain data elements from one program year to the next, on any participant records identified by the county as remaining in the CARES Plus program. After copying, these fields will be available for edits/updates by authorized users. The 'Copy to Next Program Year' column designates a field which will be copied from program year to program year.
Comments:	May include sample language for questions associated with the data element.

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Demogr. Data	Fiscal Year	List	2011-12 2012-13	Y			
Participant Demogr. Data	County	List	List of Counties	Y		X	
Participant Demogr. Data	CARES+ Application Date	Date		Y		X	
Participant Demogr. Data	Last Name	Text		Y		X	
Participant Demogr. Data	Previous Last Name	Text	(if applicable)	Y		X	
Participant Demogr. Data	First Name	Text		Y		X	
Participant Demogr. Data	Middle Initial	Text	(if applicable)	Y		X	
Participant Demogr. Data	Last 5 digits of SSN	Number		N		X	
Participant Demogr. Data	Other Unique Identifier		NA	N		X	
Participant Demogr. Data	Date of Birth	Date		Y		X	
Participant Demogr. Data	City of Birth	Text		Y		X	
Participant Demogr. Data	Home Address Street line 1	Text		Y		X	

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Demogr. Data	Home Address Street line 2	Text		Y		X	
Participant Demogr. Data	Home Address - City	Text		Y		X	
Participant Demogr. Data	Home Address - State	List	List of States	Y		X	
Participant Demogr. Data	Home Address - Zip Code	Number	(zip plus four format #####-####)	Y		X	
Participant Demogr. Data	Phone Number	Number	(Phone number format)	Y		X	
Participant Demogr. Data	E-mail address (if available)	Text		Y		X	
Participant Demogr. Data	Consent	List	Yes No	Y		X	Sample question: Has this participant signed the consent form? Do they agree to participate in program evaluation analyses?
Participant Demogr. Data	Gender	List	Male, Female, or Decline to State	Y		X	

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Demogr. Data	Race / Ethnicity	List	Alaska Native/American Indian Asian Black/African American Hispanic/Latino Pacific Islander White Other Decline to state	Y		X	Sample question: What is your race/ethnicity? Please check all that apply.
Participant Demogr. Data	Primary Language	List	Chinese English Japanese Korean Spanish Tagalog Vietnamese Other	Y		X	Sample question: What is your primary language spoken at home?

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Demogr. Data	Secondary Language (if applicable)	List	Chinese English Japanese Korean Spanish Tagalog Vietnamese Other	Y		X	
Participant Demogr. Data	Language(s) with Children (check all that apply)	List	Chinese English Japanese Korean Spanish Tagalog Vietnamese Other	Y		X	Sample question: What are the primary languages you speak with children and families in your workplace? Please check all that apply.
Participant Demogr. Data	Length of Time in Field	Number	(# YEARS)	Y		X	Sample question: How many years have you been in the field of early child care and education?
Participant Demogr. Data	Type of Care Provided	Number	(# YEARS by Setting – Center, FCC)	Y		X	Sample question: How many years have you provided child care in each of these settings?
Participant Demogr. Data	Annual Salary	Number	(##,### format)	C	Required if Hourly Wage not entered		Sample question: What is your annual salary? (applicable to child care position, only)

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Demogr. Data	Hourly Wage	Number	(##,### format)	C	Required if Annual Salary not entered.		Sample question: What is your hourly wage? (applicable to child care position, only)
Participant Demogr. Data	Date of Last Wage Increase	Date		N			
Participant Demogr. Data	Hours per Week	Number		Y		X	Sample question: What is the average number of hours you worked per week in this child care position over the last 9 months?
Participant Demogr. Data	Months Worked Per Year	Number		Y		X	Sample question: How many months have you worked in this child position over the past 12 months?
Participant Demogr. Data	Benefits	List	Health, Vision Dental, Paid Vacation Paid Personal Leave Paid Holidays Paid Sick Leave Paid Release Time for Training Training Registration Fees Conference Registration Fees College Tuition Retirement	Y			Field label: Please check all that apply

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Demogr. Data	Program Component applying for	List	CORE only A. CDE Sponsored Evidence-based Training B. Higher Education C. Professional-Advisors/Coaches/Mentors D. State Coaching Pilot	Y			Field label: Check one
Participant Demogr. Data	Program Component approved (if any)		CORE only A. CDE Sponsored Evidence-based Training B. Higher Education C. Professional-Advisors/Coaches/Mentors D. State Coaching Pilot	Y			Field label: Check one
Work Facility	Work Facility Name	Text		Y		X	
Work Facility	Work Address - Street line 1	Text		Y		X	
Work Facility	Work Address - Street line 2	Text		Y		X	

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Work Facility	Work Address - City	Text		Y		X	
Work Facility	Work Address - State	List	List of States	Y		X	
Work Facility	Work Address - Zip Code	Number	(zip plus four format #####-####)	Y		X	
Work Facility	Work Phone	Number	(Phone number format)	Y		X	
Work Facility	Director/Operator Last Name	Text		N		X	
Work Facility	Director/Operator First Name	Text		N		X	
Work Facility	Start Date at Current Place of Employment	Date		Y		X	
Work Facility	Setting Type	List	Center FCC	Y		X	
Work Facility	Center Type	List	Private, for profit Private, non-profit Public	Y		X	

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Work Facility	Accreditation Type	List	NAEYC CAEYC NAFCC NAA Montessori State Accreditation Local Accreditation None	Y		X	
Work Facility	Licensing Status	List	Licensed License-exempt	Y		X	Field label: For Centers and FCC, employers are asked to report their licensing status. For FFN providers, "Check here if licensed."
Work Facility	Program Number	Text		N		X	Facility License Number
Work Facility	Program Type	List	Head Start/Early Head Start State Preschool CDE General Child Care Private/Other Local Subsidy (city, county) Private/Non-Subsidized Public School Military Base Child	Y		X	Sample question: Which best describes your child care program? Field Label: Check all that apply, to the best of your knowledge.

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
			Care Other				
Work Facility	Priority Zone Status	List	Low API Low Supply of Child Care None	Y		X	Sample question: Does your program provide child care in a low API, or low supply of child care area? Please select the areas that apply to your site.
Work Facility	Typical Hours of Operation	List	M-F between 7am and 6pm After 6pm Between midnight and 5am Before 7am Weekends	Y		X	Field label: If your program provides care during non-traditional hours, please select all categories that apply.
Work Facility	How Many Months of Operation per Year	Number		Y			Sample question: How many months is your program open?
Work Facility	Age Served By Program (Enter an approximate count of children for each age group.)	Number	(# children by Age Groups: Birth to 23 months 2 years to 2 years, 11 months 3 years to 5 years Kindergarten and School-age)	Y		X	Field label: Enter the number in each field that applies.

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Work Facility	Position Title	List	Master/Lead Teacher Teacher Assistant Teacher Administrator Owner Other	Y			Sample question: What is your current job classification/title?
Work Facility	Number of Children Served by the Participant (Direct Service)		(# Children by Age Groups: Birth to 23 months 2 years to 2 years, 11 months 3 years to 5 years Kindergarten and School-age)	Y			Field label: Please report the number of children you serve in each age group in your classroom (for center based) or home (for FCC).
Work Facility	Relation to Children in Care	Number		C	Required if the teacher is a FCC provider under 'Setting Type'.		Sample question: Of the children in your care, how many are related to you? (asked only of FCC providers)
Work Facility	Number of Children with Special Needs	Number		Y			Sample question: Of the children 5 and under in your care, how many have a special need? (include definition)

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Formal Education and Professional Credentials	Highest Level of Education	List	Less than high school diploma/GED High school diploma/GED Some college AA in non-ECE/CD AA in ECE/CD BA in non-ECE/CD BA in ECE/CD Graduate degree in non-ECE/CD Graduate degree in ECE/CD	Y			Sample question: What is the highest level of education that you have completed?
Participant Formal Education and Professional Credentials	Foreign Education	List	Yes No	C	Required only if prior data element indicates BA degree received.	X	Sample question: If you received a BA or higher, did you receive the degree in a foreign country?
Participant Formal Education and Professional Credentials	Teaching Credential	List	Yes, from California Yes, out of state/country No	Y		X	Sample question: Do you have a teaching credential?

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Formal Education and Professional Credentials	Teaching Credential Type	List	Single Subject Multiple Subject Education Specialist (Disabilities and Other 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 _____	C	Required if 'Teaching Credential' is from California.	X	Sample question: If you have a California teaching credential, what type/s? Check all that apply. Note for First 5 California: If Other is selected, Other text field is required.
Participant Formal Education and Professional Credentials	Credential Expiration	Date		C	Required if 'Teaching Credential' is 'Yes'.	X	

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Formal Education and Professional Credentials	ECE/CD Units Prior to Entry	Number		Y		X	Sample question: How many ECE/CD units have you completed prior to entry into the CARES Plus program?
Participant Formal Education and Professional Credentials	Professional Growth Hours in last 5 years (estimate if not sure)	Number		Y			Sample question: How many professional growth hours have you completed in the last 5 years?
Participant Formal Education and Professional Credentials	Permits Acquired	Check-box	Do not have a permit Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director	Y		X	Field label: Please indicate the permit you most recently acquired.
Participant Formal Education and Professional Credentials	Date Permit Acquired	Date		C	Required if 'Permit Acquired' is not 'Do not have a permit'.	X	

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Participant Formal Education and Professional Credentials	Permits Applied For but not yet received, if any. (Can be blank)	Check-box	Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director	Y			Sample question: If you have not yet received the permit that you most recently applied for, please indicate which one you are waiting for. (Leave blank if this does not apply to you.)
Participant Formal Education and Professional Credentials	Date Permit Applied For	Date		C	Required if 'Permits Applied For but not yet received' is not blank.		
Participant Formal Education and Professional Credentials	First Aid Training	List	Yes No	Y			Sample question: Has the participant received EMSA certified pediatric First Aid training?
Participant Formal Education and Professional Credentials	CPR Certification	List	Yes No	Y			Sample question: Has the participant received EMSA certified pediatric CPR training?

The following fields comprise one CLASS Assessment
(completed up to 3 times per year per Assessment Type)

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
CLASS Assessment	CLASS assessment Identifier	List	Yes No	C	Required if the participant was selected for the class assessment		To be used by First 5 California to identify participants to receive CLASS assessment Program Year - one to many within the year
CLASS Assessment	Assessment Identifier	List	Pre Mid-year Post	C	Required if the participant was selected for the class assessment		
CLASS Assessment	Assessment Type	List	State State Double Code Local Local Double Code	C	Required if the participant was selected for the class assessment		
CLASS Assessment	CLASS assessment date	Date		C	Required if the participant was selected for the class assessment		
CLASS Assessment	CLASS assessor	Text		C	Required if the participant was selected for the class assessment		Name or Identifier
CLASS Assessment	Start Time	Time	(##:## am/pm format)	C	Required if the participant was selected for the class assessment		

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
CLASS Assessment	End Time	Time	(##:## am/pm format)	C	Required if the participant was selected for the class assessment		

The following fields comprise one CLASS Assessment cycle (up to 6 cycles per assessment)

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
CLASS Assessment	Number of Children	Number		C	Required if the participant was selected for the class assessment		Number of children - gathered up to six times
CLASS Assessment	Positive Climate	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Emotional Support
CLASS Assessment	Negative Climate	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Emotional Support
CLASS Assessment	Teacher Sensitivity	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Emotional Support

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
CLASS Assessment	Regard for Student Perspectives	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Emotional Support
CLASS Assessment	Behavior Management	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Classroom organization
CLASS Assessment	Productivity	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Classroom organization
CLASS Assessment	Instructional Learning Formats	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Classroom organization
CLASS Assessment	Concept Development	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Instructional Support
CLASS Assessment	Quality of Feedback	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Instructional Support
CLASS Assessment	Language Modeling	Number		C	Required if the participant was selected for the class assessment		scored up to 6 times Domain: Instructional Support

End of CLASS Assessment data elements

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Stipend Information	Stipend Source	List	CARES Plus AB212	Y			Keep with fiscal year data, but do not copy.
Stipend Information	Stipend Amount	Number	(#,### format)	Y			Keep with fiscal year data, but do not copy. Field label: Annual Value of stipend, if received.
Incentive	Incentive Estimated Value	Number	(#,### format)	N			
Incentive	Incentive Type	Text		N			
Core Requirements	Date of Meeting with Advisor (allow up to 6 per year)	Date		Y			Keep with fiscal year data, but do not copy.
Core Requirements	Has the participant submitted a Professional Development Plan	List	Yes No	Y			Keep with fiscal year data, but do not copy.
Core Requirements	Date of Intro to CLASS completion	Date		Y	Required in Year 1 only		Keep with fiscal year data, but do not copy.

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Core Requirements	Date of Looking at CLASSrooms completion (LAC)	Date		Y	Required in Year 1 only		Keep with fiscal year data, but do not copy.
Core Requirements	Date of Second-Hand Smoke course Completion	Date		Y	Required in Year 1 only		Keep with fiscal year data, but do not copy.

Component A data elements

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Component A	Training title	Text		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component A	Training provider	Text		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component A	Date of completion	Date		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component A	Credit hours	Integer		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component A	Area	List	See list below	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy. Field label: must select one

- Infant/Toddler or Preschool Foundations
- Preschool Curriculum Framework
- Learning and Development System
- Early Educator Competencies
- Desired Results Developmental Profile (DRDP 2010)
- Program for Infant/Toddler Care (PITC)
- Preschool English Learner Guide (PEL)
- Center on the Social and Emotional Foundations in Early Learning (CSEFEL)
- Family Child Care at It's Best

Component B data elements

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Component B	Statement on prioritization of courses	List	Yes No	C	Required if participated in Component and received Stipend		See below for the text of the question that PROOF will ask.

Text of question: “Did the advisor verify that courses were considered in the following priority order, as stated in the RFA?”

- Lower Division 8, Core Class (as described in Appendix J of RFA)
- Courses covering content related to improving children’s outcomes or of key interest to First 5 California and areas highlighted by research as key to children’s later academic and life success: Infant/Toddler, Language and Literacy, Dual Language, Numeracy, and Social/Emotional Development
- Other courses that contain content that covers areas as designated for improvement on participants’ CLASS scores, subsequent conversations and plan development with CARES Plus Advisors
- Other courses as required to achieve an AA or AS degree
- Other courses as required to achieve a BA degree

The Component B information area includes a record for each course. PROOF may contain up to 6 courses per participant, per year. Each Course contains the following data elements:

(list begins on next page)

Each Course contains the following data elements:

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Component B	Coursework Type	List	See list below	C	Required if participated in Component and received Stipend		

- Core 8 (if yes, then identify specific course below)
 - Child Growth and Development
 - Child, Family and Community
 - Health, Safety and Nutrition
 - Principles and Practices of Teaching Young Children
 - Introduction to Curriculum
 - Teaching in a Diverse Society
 - Observation and Assessment
 - Practicum: Field Experience
- General Education (GE) which qualifies for graduation requirements, transfer to 4-year or meets permit requirements(e.g. English, Math/Science, Social Science, Humanities)
- English or Math prerequisites
- ECE
- CD
- ESL
- Courses related to Education (Psychology, Special Education, etc)

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Component B	Course title	Text		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component B	Course provider	Text		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component B	Course provider type	List	Community College CSU/UC CSU Extended Learning/UC Extension Private College Other	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component B	Course provider location	List	See list below	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.

- Community College
- CSU/UC
- CSU Extended Learning/UC Extension
- Distance Learning (ONLINE)
- Local/State First 5
- NAEYC, CAEYC
- Other State Agency
- Private College
- R&R/CBO/LPC
- School District/COE
- Other

Component B	Date of completion	Date	Date format	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component B	Units	Integer		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component B	Participant's final grade	List	<ul style="list-style-type: none"> • C or better • C minus or worse or did not pass 	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component B	Applicability of coursework	List	See list below	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy. Field label: Check all that apply

- ESL, linked, study skills classes, or unit-based ECE and GE classes.
- Courses that allow for participants to build skills needed to take degree/permit applicable courses.
- Non-unit-based ESL courses taken through adult education programs that are based on comparable hours. (Example: 54 hours in a non-unit based course would be equivalent to a 3-unit-based course.)

Component B	Applicability of degree	List	Yes No	C	One of these two fields must be filled in, for submission, if participated in Component and received Stipend ↓		Field label: "If coursework is toward a <u>degree</u> , is the degree related to ECE/Child Development?" Keep with fiscal year data, but do not copy.
Component B	Applicability of credential	List	<ul style="list-style-type: none"> • Early Education credential • Multiple Subject elementary school credential 	C	↑ One of these two fields must be filled in, for submission, if participated in Component and received Stipend		Field label: "If coursework is toward a <u>credential</u> , select one:" Keep with fiscal year data, but do not copy.

Component C data elements

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Component C	Field of Bachelor's degree previously completed by participant	List	<ul style="list-style-type: none"> • Early childhood education • Child development • Related field 	C	Required if participated in Component and received Stipend Participant must have bachelor's degree in one of the three categories to participate in Component C		Keep with fiscal year data, but do not copy. Field label: must select one
Component C	Completion date of Intro to CLASS – special Advisors section (six hours)	Date		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component C	All other Core requirements met? (Including LAC)	List	Yes No	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy. Field label: check one
Component C	Local CARES Plus program training – course title	Text		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component C	Local CARES Plus program training – provider	Text		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.

Information Area	Data Element	Data Type	Value	Required For Submission	Condition	Copy to Next Program Year	Comments
Component C	Local CARES Plus program training – completion date	Date		C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy.
Component C	This participant has provided advising services to which CARES Plus program participants?	Text	Free-form text	C	Required if participated in Component and received Stipend		Keep with fiscal year data, but do not copy. Would like to be able to display the list of participants the Component C teacher is advising.

Component D data elements

No Component D data elements will be in PROOF. Tracking of Component D requirements will be handled outside the PROOF system.