



# Career Lattice Initial Application

*Recognizing People who Provide Child Care, Early Education & School-Age Care.*

Practitioners can use the Pathways Career Lattice to chart a course for their own career development and receive recognition for education and professional achievements. Pathways was designed to encourage professional development for individuals who are dedicated to promoting healthy, safe, and developmentally appropriate learning experiences for children and youth. Seven levels of professional achievement are defined and include education, experience and professional growth requirements. By developing a knowledgeable and skilled work force, the Career Lattice can lead to an increase in the number of quality programs for children and youth in South Dakota.

## GENERAL INFORMATION

### 1. Personal

First Name		Last Name	
Home Mailing Address			PO Box
City		State	Zip
Home Phone:	Work Phone:	E-Mail Address:	

### 2. Education: (Check all that apply) Attach a copy of your current credential or certificate, college transcript and diploma.

<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Vocational Certificate/Diploma	Area of Study
<input type="checkbox"/> SD Certificate (Infant/Toddler, OST, Leadership, etc.)	Please specify:
<input type="checkbox"/> Child Development Associate Credential (CDA) SD OST Credential	Endorsement
<input type="checkbox"/> Apprenticeship Certificate	Area of Study
<input type="checkbox"/> Associates	Major
<input type="checkbox"/> Bachelors	Major/Minor
<input type="checkbox"/> Other; explain:	

### 3. Gender:

Female     Male

### 4. Age:

17-19 yrs     20-29 yrs     30-39 yrs     40-49 yrs     50-59 yrs     60 yrs & over

### 5. Race and Ethnic Background: (Check all that apply)

White/Caucasian     Native American/Alaskan Native     Other  
 Asian/Oriental     Native Hawaiian/Pacific Islander  
 Hispanic or Latino



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## 6. Current Employment:

Place of Employment \_\_\_\_\_ Provider # (if applicable) \_\_\_\_\_

Director/Supervisor Name(if applicable) \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

• **Start Date with Current Employer:** Month/Year: \_\_\_\_/\_\_\_\_

• **Type of Provider:**

Child Care Center       Group Family Child Care       Preschool

Regulated Family Child Care       Child & Family Services       Other: \_\_\_\_\_

• **Ages of Children You Work With:** (If applicable; check all that apply:)

Infant-Toddlers (6 weeks-3 years)       Mixed Ages (0-13)       Youth (14-18)

Pre-school (3-5 years)       School-aged (K-13 years)       Not currently working with children

• **Position Title:** Select title that best represents your current position:

Primary Caregiver       Family Child Care Provider       Assistant Teacher

Staff Supervisor       Administrator       Site Coordinator

Assistant or Aide       Program Director       Other (please specify) \_\_\_\_\_

Lead Teacher/Teacher       Education/Training Coordinator \_\_\_\_\_

## 7. Current & Previous Work Experience in This or Related Field:

• Indicate the number of years of experience working directly with children in the following program types:

Child care program \_\_\_\_\_ Out-of-School-Time \_\_\_\_\_ Head Start \_\_\_\_\_ Private Preschool \_\_\_\_\_  
 Elementary School \_\_\_\_\_ Family Day Care Provider \_\_\_\_\_ Other (specify) \_\_\_\_\_

• Indicate the total number of years of experience you have been a trainer and/or promoted the development of other practitioners, if this is your role:

Program director \_\_\_\_\_  Trainer \_\_\_\_\_  Mentor \_\_\_\_\_  Other \_\_\_\_\_

•  Not applicable

**Please note:** Pages 3 must also be completed, or your application cannot be processed. Under **Career Lattice Qualifications**, check the level of recognition you are seeking. First Aid training and CPR certification are required for all candidates working directly with children.



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## Career Lattice Qualifications

### 8. Select the level of recognition you are applying for:

- Level I     
  Level II     
  Level III     
  Level IV     
  Level V     
  Level VI     
  Level VII

• **CPR/First Aid:** Indicate if you are Infant and Child CPR certified and if you have received First Aid training. **A copy of your current CPR certification and First Aid Training verification must be submitted** if you work directly with children.

- First Aid Training     
  CPR Certified

Please refer to the Pathways program handbook for more information. This handbook can be accessed online at: <http://dss.sd.gov/childcare/pathwaystopd/>

### 12. In order to complete the Pathways Career Lattice application process, you are required to do the following (use this checklist):

- Complete all sections of the application (Section numbers 1 – 11). Do not leave any sections blank.
- Mail this application to the address listed below with all required training and professional commitment documentation.
- Please mail COPIES only of original certificates, awards, or other forms of documentation. Do not send originals, these documents will not be returned to you.
- All information submitted with this application will remain confidential.

#### Documentation of Training and Professional Commitment

- All candidates are required to submit legible copies of training documentation such as certificates, credentials or diplomas that provide evidence of your educational achievements. This documentation will be utilized to determine the level of the Career Lattice for which you will be recognized.
- All candidates working with children are required to submit documentation of current CPR certification & First Aid training.
- All candidates must provide documentation of training required for the Pathways level they seek. Submit copies of training attendance records, official conference attendance certificates, etc.
- All candidates Level III and above must provide documentation of membership in a professional organization.
- Candidates for Level VII must also submit documentation of professional leadership.

**I certify that the application information and supporting documentation that I have submitted is complete and accurate to the best of my knowledge.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR APPLYING!**

If you have any questions related to completing this application,  
call the SD Dept. of Social Services –Child Care Services  
at (605)773-4766.

Submit this application and required documentation to:

DSS –Child Care Services  
3900 W. Technology Circle, Ste 1.  
Sioux Falls, SD 57106

