2016 EIP Demographic Information Survey

Directions: Please check off ONE answer for each question unless directed otherwise. When asked to provide numbers, please write individual numbers in the boxes provided.

1) Work Zip Code

2) County of Employment

3) For how many years have you been a child care provider? (Round to the nearest year, e.g., 2.5 years would be 3 years.)

4) What is your highest level of completed education?
- Grades 1-11  (Go to #5.)
- High School Diploma/High School Equivalency  (Go to #5.)
- Some college  (Go to #4a.)
- Associate’s Degree  (Go to #4b.)
- Bachelor’s Degree  (Go to #4b.)
- Masters Degree or Higher  (Go to #4b.)

4a) How many credits have you completed?  
( Go to #5.)

4b) Did you receive your degree in the past 12 months?
- Yes
- No

5) In what type of child care setting do you work?
- Family Day Care
- Group Family Day Care
- School Age Child Care
- Day Care Center
- Head Start Program
- Legally Exempt
- Other  (Please fill in below.)

6) What is your current job title?
- Director
- Assistant Director
- Day Care Provider
- Day Care Assistant
- Head or Lead Teacher
- Assistant Teacher
- UPK (Universal Pre-K) Teacher
- Aide
- Other  (Please fill in below.)

7) What is your PRIMARY language (the one you speak most of the time)?
- English
- Spanish
- Chinese
- Russian
- Other  (Please fill in below.)

8) What is your age?
- Less than 18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years or more
- Prefer not to answer

9) Do you have a CDA (Child Development Associate) credential or other early childhood certificate or credential?  
- Yes  (Go to Question #10.)
- No  (Go to Question #10.)

9a) If Yes, which early childhood credential(s) do you have? (Check all that apply.)
- Child Development Associate (CDA)
- Family Child Care Accreditation (FCCA)
- New York State School Age Child Care Credential (SACC)
- New York State Infant/Toddler Credential (NYS ITC)
- Children’s Program Administrator Credential (CPAC)
- Other

STOP HERE - END OF SURVEY - THANK YOU!

10) Are you familiar with the CDA credential?
- Yes  (Go to #10a.)
- No  (Go to #10c.)

10a) Are you currently working on obtaining a CDA?
- Yes  (Go to #10c.)
- No  (Go to #10b.)

10b) Are you interested in pursuing a CDA?
- Yes  (Go to #10c.)
- No  STOP HERE - END OF SURVEY - THANK YOU!

10c) If you would like more information about the CDA, please provide your email address below.

THANK YOU FOR COMPLETING THIS SURVEY!
This application is designed exclusively for CDA training and credentialing fees only. All other requests should continue to go on the EIP application.

### Section 1  Applicant Information

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Complete all fields.

- **Do you currently hold a permanent/professional teacher certification?**
  - Yes
  - No

- **Are you a U.S. Citizen, Permanent Alien or Resident Alien authorized to work in the U.S.?**
  - Yes
  - No

- **I am enrolled in an early childhood or related degree program in an institution of higher education.**
  - Yes
  - No

- **I submitted my most recent Federal Income Tax Return (1040).** Either 2014 Form 1040 (12/2/15 - 4/15/16), or 2015 Form 1040 (after 4/15/16)

### Section 2  Child Care Employment Information

- **Job Title:**
- **Name of Child Care Employment:**

Are you currently providing care for children as part of the regulated adult/child ratio for this program or directly supervising someone who is?

- Yes
- No

- **Day Care Program Operating Permit/License/Registration Number:**
- **Exp. Date:**
  - / / 

- **Work Phone:**
  - ( | - |   |

- **Program County/Borough:**

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The Educational Incentive Program is sponsored by the New York State Office of Children and Family Services, funded by the federal Child Care and Development Fund and administered by the Professional Development Program, Rockefeller College, University at Albany.
I attest that the information on this application is true. I will provide the additional documentation as requested. I will refund EIP for all courses or activities I do not attend or complete or if it is verified that my eligibility was fraudulently documented. I understand that EIP scholarships may be considered taxable income. EIP reserves the right to seek additional verification that the tax forms are accurate and authentic. I agree to provide proof of successful completion for the activity above upon request.

I understand that I must meet the following CDA eligibility criteria prior to application for the CDA assessment. For a complete listing of current eligibilities, go to www.cdacouncil.org. At time of assessment, I will hold a high school diploma or GED or be enrolled in a high school career and technical education program, have 480 hours of experience working with children within the past three years, obtain 120 clock hours of child care education prior to application, and complete all the requirements of my CDA Professional Portfolio. I certify that I have completed 240 hours of experience working with children prior to this application. I understand that if I do not submit proof of course completion I will not be eligible for future EIP awards until required documentation is received by EIP.

Mail your completed application and documentation together to:
Professional Development Program
Educational Incentive Program
4 Tower Place, 4th Floor
Albany, NY 12203

EIP does not accept faxed applications.
EIP is not responsible for lost or stolen mail.

Questions?
visit www.ecetp.pdp.albany.edu
e-mail eip@albany.edu
call 800-295-9616