Demographic Information Survey 2018

7) What is your PRIMARY language? (the one you speak most of the time)

☐ English  ☐ Haitian Creole
☐ Spanish  ☐ Korean
☐ Chinese  ☐ Italian
☐ Russian  ☐ Other  (Please fill in below.)

8) What is your age?

☐ Less than 18 years  ☐ 45-54 years
☐ 18-24 years  ☐ 55-64 years
☐ 25-34 years  ☐ 65 years or more
☐ 35-44 years  ☐ Prefer not to answer

9) Do you have a CDA (Child Development Associate) credential or other early childhood certificate or credential?

☐ Yes  ☐ No  (Go to #10.)

9a) If Yes, which early childhood credential(s) do you have?

Note: 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!

THANK YOU FOR COMPLETING THIS SURVEY!
Section 1  Applicant Information

Complete all fields.

First Name: 
Last Name: 
Mailing Address: Apt. #:
City: State: Zip: 
County of Residence: Home Phone: 
Email address: 
Job Title: 

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
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

☐ I submitted my most recent Federal Income Tax Return (1040).  

Either 2016 Form 1040 (before 4/15/18) or 2017 Form 1040 (on or after 4/15/18)

Section 2  Child Care Employment Information

Complete all fields.

Name of Child Care Employer: 
Child Care Facility / Work Address: Suite/Room #: 
City: State: Zip: 
Program County/Borough: Work Phone: 
Child Care Program Operating Permit/License #: Permit/License Expiration Date: 

☐ Family Day Care  ☐ Group Family Day Care  ☐ Day Care Center/Head Start  ☐ School Age Child Care

Did you attach Proof of Employment?  

☐ Yes  ☐ No

The Educational Incentive Program is sponsored by the New York State Office of Children and Family Services, funded by the federal Child Care Development Fund and administered by the Professional Development Program, Rockefeller College, University at Albany
Section 3 Child Development Associate Information

Which type of CDA fee are you applying for? [ ] CDA Training [ ] Assessment [ ] Renewal Fee

Name of Training Organization:

Training Organization/College Zip Code:

Trainer Information

Trainer First Name:

Trainer Aspire ID#:

Trainer Last Name:

Training Organization/College Zip Code:

Number of Training Hours:

Training Start Date:

Total Cost of Training:

Training End Date:

If the training end date has already passed, proof of completion must be submitted with this application.

Trainer Aspire ID#:

(If known)

Training Information

Title of Training/Activity:

Total Cost of CDA Assessment or Renewal:

[ ] Classroom [ ] Distance Learning

Number of Training Hours:

Total Cost of CDA Assessment or Renewal:

Section 4 CDA Agreement

Please read this carefully.

I attest the information on this application is true. I attest I have 240 hours of experience working with children. I will provide additional documentation as requested. I will refund EIP for all training 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 successful proof of completion for the activity listed on this application upon request. I understand that if I do not submit proof of completion I will not be eligible for future EIP scholarships until the required documentation is received by EIP.

I understand that I must meet the following CDA eligibility criteria prior to applying for the CDA 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 professional experience working with children within the past three years; Have completed 120 hours of child care training; and completed all of the requirements of the CDA Professional Portfolio. For a complete list of current requirements go to www.cdacouncil.org.

Your original signature indicates you have read, understood and agree to the statements above.

Applicant’s Signature: ___________________________ Date: __________

Please print name: ____________________________________________

Did You...

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