



2016 INFANT/TODDLER TEACHER CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL PROJECT

APPLICATION CHECKLIST

TEACHER APPLICATION (pages 2 and 3):

- _____ Completed & signed Infant/Toddler teacher application
- _____ Infant/Toddler teacher statement
- _____ Infant/Toddler teacher Resume
- _____ Infant/Toddler teacher High School Diploma or GED (copy)
- _____ Infant/Toddler teacher DCF Transcript (copy)

OWNER/DIRECTOR INFORMATION (pages 4 and 5):

- _____ Completed & signed director and owner information
- _____ Letter of recommendation for teacher (including verification of 480 hours worked)

**COMPLETED APPLICATIONS DUE INTO ELCOC OFFICE
CLOSE OF BUSINESS FRIDAY FEBRUARY 5th, 2016.**

**Mail applications to: ELCOC, PO Box 540387, Orlando, FL 32854
Attn: Infant/Toddler CDA Program.**

**Fax applications to: 407-749-0282
Attn: Infant/Toddler CDA Program.**



**2016 INFANT/TODDLER
CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL PROJECT
TEACHER APPLICATION**

MUST BE SUBMITTED BY FRIDAY February 5th, 2016.

Teacher Name: _____

Home Mailing Address: _____

Street address

City

Zip Code

Phone #: (home) _____ (work) _____ (cell) _____

Email: _____

Program: _____

Position: _____ Age Group: _____

Date of employment at your current center: _____

Number of hours per week you work in the classroom with children birth – 3 yr. olds:

How long have you worked with infants/toddlers? _____

Does your center presently use Teaching Strategies Gold for child assessment?
_____ Yes _____ No _____ Not Sure

Name of High School, Date of Graduation and City/State OR Name of GED Program, Date of Completion and City/State:

Name of High School/GED Date Graduated/Completed City/State

Other Education (Tech Center, Community College, University – LIST ALL):

Name of Institution Dates Attended Subject Credit Hours Completed Degree Earned



On a separate page, please tell us why you want to participate in the Infant/Toddler CDA program and how you think this course will benefit your children, your program and your professional development.



**2016 INFANT/TODDLER
CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL PROJECT
TEACHER APPLICATION**

I affirm that I:

- **have completed Florida's state-mandated child care training (copy of DCF transcript attached),**
- **have a high school diploma/GED (copy attached),**
- **am not enrolled in another Florida Child Care Professional Certificate program,**
- **have worked with infants and/or toddlers full-time for at least one year,**
- **committed to completing the necessary requirements of this project, which at a minimum includes:**
 - **attendance at all training sessions (scheduled twice a month on Thursday afternoons from 12 noon – 5 pm),**
 - **completion of a Professional Portfolio,**
 - **distributing and collecting completed Family Questionnaires from parents of children in my class,**
 - **being observed working with children; assessment will be made using the appropriate Classroom Assessment Scoring System tool (Infant CLASS and/or Toddler CLASS),**
 - **participating in program evaluation (written feedback and focus group).**
- **The professional commitment that is expected is that participating students will remain at their cooperating centers for one year after completion of this program. Failure to remain at the program may exclude participants from further program incentives.**
- **The ELCOC will not intervene in employee/employer relations.**

Teacher Signature

Print Name

Date



Please attach a current resume, copy of DCF transcript and copy of HS diploma or GED to this application.



**2016 INFANT/TODDLER
CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL PROJECT
OWNER/DIRECTOR INFORMATION**

Teacher Name: _____

Center Name: _____

Director Name: _____

Owner Name: _____
(if different)

Physical Address: _____

Mailing Address: _____

Phone: (Work) _____ (Cell) _____

Fax: _____ Email: _____

License #: _____ (if Religious Exempt indicate) Licensed Capacity: _____

Ages served: _____ Approx. # School Readiness Children: _____

Do you serve Early Head Start (EHS) children? ☐ Yes ☐ No Number of classrooms: _____

Gold Seal Center: ☐ Yes ☐ No Accrediting Agency: _____

# Infants 0-1 yr.: _____	# Toddlers 1-2 yrs. old: _____	# Toddlers 2-3 yrs. old: _____
Group size: _____	Group size: _____	Group size: _____
Ratio used in this room is 1: _____	Ratio used in this room is 1: _____	Ratio used in this room is 1: _____

Infant/Toddler Teaching Staff: # Full-time: _____ # Part-time: _____

Infant/Toddler Staff Credentials # Infant/Toddler CDA: _____

Florida Child Care Provider Certificate: _____

Second Languages spoken by children in your program: _____

Second Languages spoken by teaching staff: _____

Are you presently doing developmental screening and/or assessment with your infants/toddlers?

☐ No ☐ Yes What tool(s) do you use? _____



**2016 INFANT/TODDLER
CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL PROJECT
OWNER/DIRECTOR INFORMATION**

Teacher Name: _____



Please complete a letter of recommendation for your infant/toddler teacher describing why you think s/he would benefit from the Infant/Toddler CDA Project. Include employment dates and verification of at least 480 hours working with children birth – 3 yrs. old.

I affirm that I:

- **am willing to have my infant/toddler teacher(s) participate in the Infant/Toddler CDA Credential project,**
- **can verify this teacher has at least 480 hour working with children birth – 3 yrs. old,**
- **will cooperate with the required observations that are part of this project; assessment will be made using the appropriate Classroom Assessment Scoring System tool (Infant CLASS and/or Toddler CLASS),**
- **will ensure my participating teacher(s) attendance at all training sessions (scheduled twice/month on Thursday afternoons from 12 noon – 5 pm),**
- **will support my participating teachers in completion of all the necessary requirements of this project, which include:**
 - **collecting completed Family Questionnaires from parents of children in the participating teacher's class,**
 - **participating in program evaluation (written feedback and focus group).**

Director Signature

Print Name

Date

Owner Signature

Print Name

Date