



2015 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

**COMPLETED APPLICATIONS DUE INTO ELCOC OFFICE
CLOSE OF BUSINESS THURSDAY FEBRUARY 5th, 2015.**

**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.**

**2015 INFANT/TODDLER
CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL PROJECT
TEACHER APPLICATION**



**2015 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 include:**
 - **attendance at all training sessions (scheduled twice 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,**
 - **completing individual Teaching Strategies Gold assessments on all children in my class,**
 - **participating in program evaluation (written feedback and focus group).**
- **will commit to staying at my current center for one year after completing my Infant/Toddler CDA.**

Teacher Signature

Print Name

Date

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



**2015 INFANT/TODDLER
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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: _____

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: _____

Developmental Screening & Assessment

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

☐ No ☐ Yes What tool do you use? _____

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

☐ No ☐ Yes What tool do you use? _____



**2015 INFANT/TODDLER
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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.

I affirm that I:

- **am willing to have my infant/toddler teacher(s) participate in the Infant/Toddler CDA Credential project,**
- **will cooperate with the required observations that are a part of this project,**
- **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,**
 - **completing individual Teaching Strategies Gold assessments on all 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