

RI Early Childhood Education and Training Program (RIECETP) CDA Program Application –2022

PRESCHOOL

Please submit the following student and director-required documents:

• Student Required Documents:

- > CDA Application
- ➤ Copy of previous college transcripts
- Letter of reference from your current employer, director, educational coordinator or if you are a family childcare center a letter from one of the parents
- > Student Reflection Requirement
- ➤ Signed Director and Student Agreements

• Director Required Documents:

- ➤ RIECETP Director Agreement
- > Copy of the center's DHS licensing certificate
- ➤ Copy of the center's BrightStars certificate
- ➤ DHS-Child Care Assistance Program (CCAP) Provider ID Number
- ➤ Signed Director and Students Agreements

Please Note:

In order to be eligible for the CDA application fee, supported by T.E.A.C.H. Rhode Island, all CDA requirements must be completed within a 1-year period. The 1-year time period begins on the first scheduled day/evening of class. Requests for exceptions may be submitted to the RIECETP team for consideration. The CDA assessment scholarship pays for the majority of the cost of the CDA assessment fee and provides a bonus once the credential is earned.

In order to be considered for this program all required documents must be submitted.

Incomplete applications will be waitlisted.

Please return completed application and required documents to:

Lori Ryan Community College of Rhode Island Department of Human Services 400 East Avenue Warwick, RI 02886



All RIECETP services are funded through the RI DHS Office of Child Care.



RIECETP - CDA PRESCHOOL APPLICATION

PERSONAL INFORMATION - Please Print Clearly

| Name | | CCRI ID# or Social Security Number |
|----------------------------------|---------------------------|--------------------------------------|
| Time | | era ibii of social security realised |
| Home Address | | |
| City | State | Zip |
| Home Phone Number | Cell Pho | one Number |
| E-Mail | | |
| Date of Birth | Option | nal Female Male |
| Ethnicity - Optional: | | |
| ☐ Black or African American (No | ot Hispanic or Latino) | |
| ☐ Hispanic or Latino | | |
| ☐ American Indian or Alaska Na | tive (Not Hispanic or Lat | tino) |
| Asian (Not Hispanic or Latino) | l | |
| ☐ White (Not Hispanic or Latino) |) | |
| ☐ Native Hawaiian or Other Paci | fic Islander (Not Hispani | ic or Latino) |
| ☐ Two or More Races (Not Hispa | anic or Latino) | |



EMPLOYMENT INFORMATION

| Child Care Center or Family Child Care Educator Program Name | | |
|--|----------------------------------|--------------------|
| Supervisor/Owner/Director's Name | 2 | |
| Address | | |
| City | State | Zip |
| Phone Number | | |
| Is your center/program? | | |
| Head Start Program | Early Head Start Program | State PreK Program |
| What is your center/program's Brig | ghtStars Rating? | |
| What is your Title/Current Position | : | |
| Age group of children: Preso | chool (Must be working with Pre | schoolers) |
| How long in this position: | | |
| Current Salary/Wage: | | |
| Number of hours employed weekly | (Must be minimum of 20 hours | weekly): |
| How long have you worked for this | s employer? | |
| How long have you worked in the l | Early Childhood Education field? | |



EDUCATION INFORMATION

| Level of Education |
|---|
| High School Graduate (year) |
| GED (year) |
| Some College - Attach Transcript |
| Associates degree - Attach Transcript |
| Bachelor's degree - Attach Transcript |
| Master's degree - Attach Transcript |
| |
| RI Early Learning Development Standards - Check all that apply: |
| Foundations Curriculum Classrooms and Programs |
| Are you registered with ECEDS - Early Care and Education Data System? |
| Yes No |
| Are you registered with CELP - Center for Early Learning Professionals? |
| Yes No |
| Other Certificates: |
| |
| |
| |
| |
| <u> </u> |



STUDENT REFLECTION REQUIREMENT

| F | lease attach a one-page essay, typed and double-spaced answering the following question: |
|---|--|
| (| If you do not have access to a computer/printer please print clearly). |

You are an early childhood educator. Please describe what influenced you to choose to work within the field of early childhood.

| Applicant's Signature | |
|-----------------------|------|
| Signature | Date |



RIECETP DIRECTOR'S AGREEMENT

| I,, hereby agree to con | nply with the following requirement of the | |
|---|--|--|
| Director/Owner | | |
| RI Early Childhood Education and Training Program (RIECETP). To allow a CDA Mentor to visit the student/students participating in the RI Early Childhood Education and Training CDA Program a minimum of one hour every three weeks. The mentoring visits will consist of observations of the student followed by a brief meeting with the mentor to discuss goals, share resources, and develop action plans as needed for the student as well as additional support to include phone calls, emails, video consults and in classroom assistance. | | |
| Required: | | |
| I understand that applicants must be employed i CCAP approved and BrightStars rated. I have a | • • | |
| RI Child Care License | | |
| CCAP Provider ID Number | | |
| BrightStars Rating Certificate | M.D. I. I | |
| ☐ I verify that the student is currently working | ; with Preschoolers | |
| Sponsoring Program Information | | |
| | | |
| Child Care Center Name | | |
| Director's Signature | Date | |
| Director's Signature | Date | |
| Telephone Number | Email | |
| Student Name | | |
| Student Name | | |
| Student's Signature | Date | |
| REQUIRED DOCUMENT | | |
| | | |



RIECETP CDA- T.E.A.C.H. AGREEMENT FOR DIRECTORS AND STUDENTS

| I, | and | hereby agree to the Director/Owner |
|----------------|--|---|
| | Student (Print Name) | |
| RIECETP CI | DA - T.E.A.C.H. scholarship terms a | nd conditions. Whereas, the sponsoring |
| program and | the student agree to pay a portion of | the CDA® assessment fee (rates may vary). |
| Upon success | ful completion of the RIECETP CD | A instruction, students can apply for a RI |
| T.E.A.C.H. se | cholarship http://www.teach-ri.org | Upon approval, the student will be eligible to |
| receive a CD. | A scholarship that will provide 90% | of the CDA application/assessment fee (at the |
| current rate). | The student and the sponsor will ea | ch pay the remaining costs equal to 5% each. |
| Scholars who | are awarded The Child Developmen | nt Associate (CDA) Credential |
| https://www. | cdacouncil.org and who submit ver | ifying documents to RIT.E.A.C.H., will be eligible to |
| receive a \$10 | 0.00 bonus. | |
| Please note th | nat the Council for Professional Reco | ognition and the RI T.E.A.C.H. scholarship |
| program fees | and reimbursements are subject to c | hange. |
| Child Care Co | enter Name | |
| Di | | Dete |
| Director's Sig | gnature | Date |
| Student's Sig | nature | Date |



| Before mailing your application, please check that you have completed and included the following: | |
|---|---|
| | The CDA application |
| | Student Reflection Paper |
| | College transcripts – if applicable |
| | Include a letter of reference from your current employer, director, education coordinator, or if you are a family child care educator a letter from one of the parents. |
| | RIECETP Agreement for Directors |
| | RIECETP CDA-T.E.A.C.H. Agreement for Directors and Students |
| | DHS licensing certificate |
| | BrightStars certificate |
| | CCAP Provider ID Number |
| Retain Pages | 1, and 8 for your records |
| If you have a | ny questions, please call or email: |
| | Lori Ryan, Project Coordinator lryan2@ccri.edu 401-825-2209 |

Rhode Island Early Childhood Education & Training Program - https://www.ccri.edu/hmns/RIECETP