

EIP | New York State Child Care Educational Incentive Program



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.

Demographic Information Survey 2018

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.)
- Master's 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
- Day Care Substitute
- Head or Lead Teacher
- Assistant Teacher
- Aide
- UPK (Universal Pre-K) Teacher
- Other (Please fill in below.)

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

- English
- Spanish
- Chinese
- Russian
- Haitian Creole
- Korean
- Italian
- 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?

Note: College degrees are captured elsewhere in this survey and should not be reported in response to this question.

- 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!



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 credential?

- Yes (Go to #10c.)
- No (Go to #10b.)

10b) Are you interested in pursuing a CDA credential?

- Yes (Go to #10c.)
- No **END OF SURVEY**

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

THANK YOU FOR COMPLETING THIS SURVEY!

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A full program description and directions for completing an online application are available on our website: www.ecetp.pdp.albany.edu

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

Copy this page if applying for more than one training.

Applicant Social Security Number: - -

Section 3 Training Information Complete all fields.

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Select Delivery Type AND Training Type

Delivery Type:	Training Type:	
<input type="checkbox"/> Classroom	<input type="checkbox"/> Training/Conference/Workshop	<input type="checkbox"/> College Credit
<input type="checkbox"/> Distance Learning/Online Training	<input type="checkbox"/> Training leading to a Credential	<input type="checkbox"/> Coaching
<input type="checkbox"/> Coaching	<input type="checkbox"/> Credential/Assessment Fee	<input type="checkbox"/> CPR/First Aid

i Do not complete this application for CDA activities, use the separate CDA application.

Name of College/Training Organization:

Title of Training:

Training Start Date: / / Training Organization/College Zip Code:

Training End Date: / / **!** If the training end date has already passed, proof of completion must be submitted with this application.

Total Cost of Training: \$. Number of College Credits or Training Hours:

Trainer First Name: Trainer Last Name:

Trainer Aspire ID#: (if known)

Section 4 EIP Agreement Please read this carefully.

- The information on this application is true.
- I will provide the additional documentation requested to support the information on the application.
- EIP reserves the right to seek additional verification that the tax forms submitted are accurate and authentic.
- I will return all unused EIP awards within 60 days of the training start date or award issue date.
- I am responsible for tuition and costs not covered by EIP.
- I will pay EIP back for all training I do not attend or successfully complete or if it is verified that my eligibility was fraudulently documented.
- I will inform EIP if other scholarships, grants or financial aid pays for my course(s)/training(s).
- I understand EIP scholarships may be considered taxable income. I will follow all federal, state and local requirements regarding reporting and payment of taxes.
- I must provide proof of successful completion for the training above.
- I understand if I do not submit proof of completion, I will not be eligible for future EIP awards until required documentation is received by EIP.

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

Applicant's Signature: _____ Date: _____

Please print name: _____

? Did You... Incomplete applications will not be considered received and will not be processed.

- complete sections 1, 2 and 3?
- attach all required documents?
- read, sign and date the agreement?
- mail the application by the appropriate deadline?

EIP does not accept faxed applications.

EIP is not responsible for lost or stolen mail.

Online applications are also available at: www.ecetp.pdp.albany.edu

Mail your completed application and supporting documentation together to:

**Professional Development Program
Educational Incentive Program
4 Tower Place, 4th Floor
Albany, NY 12203**