EIP | New York State Child Care Educational Incentive Program

Demographic Information Survey 2019

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.

1) Work Zip Code

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2) County of Employment

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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.

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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.)*

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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.)*

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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.)*

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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! STOP

THANK YOU FOR COMPLETING THIS SURVEY!

Social Security Number: ___ - __ - ____

CDA | New York State Child Care Educational Incentive Program

2019

This application is designed exclusively for CDA training and credentialing fees only.
All other requests should continue to go on the EIP application.

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 2017 Form 1040 (before 4/15/19) or 2018 Form 1040 (on or after 4/15/19)

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

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Please complete a separate Section 3 form for each training.

Applicant Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Section 3 Child Development Associate Information

Complete all fields.

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 Aspire ID#: (if known)

Trainer First Name:

Trainer Last Name:

Training Information ☐ Classroom ☐ Distance Learning

Title of Training/Activity:

Training Start Date: / /

Number of Training Hours:

Training End Date: / /

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

Total Cost of Training: $.

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...

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