



# 2017 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 Tuesday, January 31<sup>st</sup>, 2017.**

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.



**2017 INFANT/TODDLER  
CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL PROJECT  
TEACHER APPLICATION**

**MUST BE SUBMITTED BY Tuesday, January 31<sup>st</sup>, 2017.**

Teacher Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Street address

City

Zip Code

Phone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

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.**



**2017 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,**
- **am 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 and ELCOC Media Release forms 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.**

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**Teacher Signature**

**Print Name**

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**Date**



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



**2017 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.: _____	# Toddlers 2-3 yrs.: _____	# Mixed 0-3 yrs.: _____
Group size: _____	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: _____	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? \_\_\_\_\_



**2017 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,
  - collecting signed ELCOC Media Release forms from parents,
  - participating in program evaluation (written feedback and focus group).

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date