



## Infant Toddler Child Development Associate Credential (CDA) Course 2014-2015 Application

### Dear Infant Toddler Educator:

Thank you for your interest in the Infant Toddler Child Development Associate Credential (CDA) Course. This course is the first step towards receiving the CDA credential awarded by the Council for Professional Development in Washington, DC.

A CDA is a Child Development Associate - the title given to a person who has been awarded a CDA credential. Established in 1975, the CDA is now built into New York State licensing requirements, and is a training standard for national organizations including the National Association of Family Child Care and the National Association for the Education of Young Children.

**The Child Care Council** will provide this important course and will assign an Infant Toddler Quality Improvement Specialist to work with each student on a quality improvement project.

**Course fee:** A generous grant from The Westchester County Office for Women underwrites tuition and books. Students **pay only \$25 for CDA application materials**. At the end of the course, students may apply for an EIP scholarship for the \$425 application/assessment fee to the Council for Professional Recognition.

### **Time commitment:**

Because a 120-hour course is required to apply for the CDA credential, students are allowed to miss only 13 hours of class, including excused and unexcused absences. The attendance policy is strictly adhered to. Missed class time must be made up to meet the 120-hour CDA formal education requirement. Students who miss more than 13 hours for any reason are dropped from the class.

### **Eligibility Requirements for 2014 - 2015 Infant Toddler CDA Program:**

Applicants must:

1. Be working with infants or toddlers in a program that currently serves at least some children whose care is subsidized.
2. Be at least 18 years of age.
3. Have a high school diploma or GED.
4. Have worked with infants, toddlers or preschoolers for at least one year in a licensed child care program or nursery school.
5. Be able to speak, read and write in English fluently enough to fulfill the responsibilities of a CDA candidate.

I hope you will take advantage of this valuable learning experience. Please email me ([idieb@cccwny.org](mailto:idieb@cccwny.org)) or call (914-761-3456 ext. 108) for additional information.

Sincerely,

Idie Benjamin  
Director of Professional Development

### **Child Care Council of Westchester requirements for CDA students:**

1. Attend 120 hours of classes held at the Child Care Council.
2. Turn in all class assignments typed, double-spaced and on time.
3. Abide by the NAEYC Code of Ethical Conduct and Statement of Commitment (<http://www.naeyc.org/about/positions/PSETH05.asp>)
4. Pay a \$25 fee for CDA application materials. This fee is eligible for EIP funding.
5. Agree to work with a Child Care Council Infant Toddler Quality Improvement Specialist on a quality improvement project over 3 visits. The specialist will be available for a longer period of time if the applicant and program choose to do this.

### **Course applications must include the following:**

1. Completed application form
2. Copy of high school diploma or GED
3. Writing sample
4. Letter of recommendation

### **Return completed application to the Child Care Council of Westchester**

**By Fax to** 914-761-1957, Attention: Idie Benjamin

Or

**By Mail to**

Idie Benjamin  
Child Care Council of Westchester  
313 Central Park Avenue  
Scarsdale, NY 10583

### **Application must be postmarked by August 15, 2013**

Questions?

Contact Idie Benjamin, Director of Professional Development, 761-3456 Ext. 108, [idieb@cccwny.org](mailto:idieb@cccwny.org)

For more detailed information about the CDA, go to the Council for Professional Recognition website:  
[www.cdacouncil.org](http://www.cdacouncil.org)

### **COMMENTS FROM PREVIOUS INFANT TODDLER CDA CLASSES**

“Incredible! I had such a wonderful time and learned so much”

“Very useful to me and I enjoyed it.”

“It made me more comfortable as a teacher.”

“Great and very informative”

“Very helpful in my work”

“I will use it in my classroom.”

“It was an absolute pleasure.”

“It was a big experience for me and one more step for my life.”

2014 – 2015 dates

<b>Wednesdays</b> 6:00pm – 9:30pm						<b>Saturdays</b> 9:00am-3:00pm
September	9/10	9/17				
October	10/1	10/8	10/22	10/29		10/18
November	11/12	11/19				11/15
December	12/10	12/17	12/19			12/13
January	1/7	1/14	1/28			1/10
February	2/4	2/11	2/25			2/28
March	3/4	3/11	3/18	3/25		3/21
April	4/8	4/15	4/22	4/29		4/18
May	5/6	5/14	5/21	5/28		



**Application for 2014–2015 Child Care Council of Westchester  
Infant Toddler Child Development Associate Credential Training Program**

**Part 1: Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include your city/town, state and zip code)*

Home Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Education beyond High School: \_\_\_\_\_

**Employment Information:**

Current Program Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include the city/town, state and zip code)*

Program Phone #: \_\_\_\_\_ Program Fax #: \_\_\_\_\_

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

Name of director or owner: \_\_\_\_\_

Program's OCFS License Number: \_\_\_\_\_

- Child Care Center       Group Family       Family

Number of enrolled children who receive subsidies \_\_\_\_\_

Your Current Position Title: \_\_\_\_\_

Years employed in current program: \_\_\_\_\_

Years working with children under age 3years: \_\_\_\_\_

**Part 2 (a): Letter of Recommendation from Center Director/Program Owner**

***Use this page if you are an employee of a Child Care Center or Group Family Program***

Using a separate sheet of paper, please attach to this application a typewritten, double-spaced 100-word essay that answers the following question:

*The applicant below is applying for the Child Care Council of Westchester's CDA Credential Training Program, designed to lead to the Infant /Toddler Child Development Associate Credential. Thank you for supporting the applicant's pursuit and completion of this professional development opportunity. Why do you believe that this person will benefit from this class. What abilities and qualities have you observed:*

I recommend \_\_\_\_\_ as an applicant for the Infant Toddler CDA Course offered by the Child Care Council of Westchester.

I have supervised this individual for the past \_\_\_\_\_ years.

I agree to monitor and support the above applicant's attendance and participation throughout the course. Yes No

This individual currently works with infants and toddlers and will continue to work with infants and toddlers for the duration of the training program and through the CDA Assessment process (completion expected summer 2015). Yes No

I agree to allow a Child Care Council Infant Toddler Quality Improvement Specialist on to work with the applicant on a quality improvement project that will involve 3 visits by the specialist to my program. I understand that the specialist will be available to work for a longer period of time if the applicant and I choose to do this. Yes No

If further information is required, I can be contacted at:

\_\_\_\_\_  
Program name Phone #

\_\_\_\_\_  
E-mail address of person writing the letter of recommendation

\_\_\_\_\_  
Director's/Provider's Name Date

\_\_\_\_\_  
Director's/Provider's Signature

(The letter of recommendation must be attached to application.)

**Part 2 (b): Letter of Recommendation for Family/Group Family Provider**

***Use this page if you are a Family or Group Family Provider***

Any of the following may write your letter of recommendation: a trainer, technical assistance specialist, another family/group family provider who has an active CDA, or a parent

Using a separate sheet of paper, please attach to this application a typewritten, double-spaced 100-word essay that answers the following question:

*The applicant below is applying for the Child Care Council of Westchester's CDA Credential Training Program designed to lead to the Infant /Toddler Child Development Associate Credential. Thank you for supporting the applicant's pursuit and completion of this professional development opportunity. Why do you believe that this person will benefit from this class? What abilities and qualities have you observed as this person works with young children?*

I recommend \_\_\_\_\_ as an applicant for the Infant Toddler CDA Course offered by the Child Care Council of Westchester.

I have known this individual for the past \_\_\_\_\_ years.

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**Applicant fills out this section:**

I \_\_\_\_\_ am applying for the Infant Toddler CDA class.

I agree to allow a Child Care Council Infant Toddler Quality Improvement Specialist on to work with the applicant on a quality improvement project that will involve 3 visits by the specialist to my program. I understand that the specialist will be available to work for a longer period of time if I choose to do this.

Yes No

I agree to monitor and support the above applicant's attendance and participation throughout the course. Yes No

I agree that I will continue to work with infants and toddlers for the duration of the training program and through the CDA Assessment process (completion expected summer 2015). Yes No

If further information is required, I can be contacted at:

\_\_\_\_\_  
Person filling out this recommendation

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Relationship to Provider

\_\_\_\_\_  
Email address

\_\_\_\_\_  
E-mail address of person writing the letter of recommendation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part 4: Copy of High School Diploma or GED (Please attach)**

**Part 5: Writing Sample Question (Please attach)**

On a separate sheet of paper, attach to this application a typewritten, double-spaced 100-word essay that answers the following question:

“Why are you interested in taking the Infant Toddler CDA class?  
How will a CDA Credential help you provide quality care for the infants/toddlers in your program?”

**Part 6: Payment for Application Materials**

I understand that I am responsible for the \$25 payment for application materials

I will be paying for it:

- Payment by myself – The check/money order is enclosed with this application.
- EIP
- My employer will be paying for it
- QUALITYstars Scholar scholarship

I understand that I am responsible for attending all classes and that I am allowed to miss only 13 hours of class, including excused and unexcused absences. I understand that missed class time must be made up to meet the 120-hour CDA formal education requirement. Students who miss more than 13 hours for any reason are dropped from the class.

Name of Student (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

My completed application includes the following:

- \_\_\_\_\_ Part 1: Applicant Information
- \_\_\_\_\_ Part 2: Payment Information
- \_\_\_\_\_ Part 3: Letter of recommendation
- \_\_\_\_\_ Part 4: Copy of High School Diploma or GED attached
- \_\_\_\_\_ Part 5: Writing sample attached
- \_\_\_\_\_ Part 6: Payment for materials

**Mail completed application to:**

Idie Benjamin  
Director, Professional Development  
Child Care Council of Westchester  
313 Central Park Avenue  
Scarsdale, New York 10583

**Or Fax to:** (914) 761-1957  
(Attention: Idie Benjamin)

**For Council Use Only:**

Date Application Received: \_\_\_\_\_  
Application Complete: Par 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6 ( )  
Read by: \_\_\_\_\_ Date: \_\_\_\_\_