Child Development Associate (CDA) Assessment Fee Scholarship

Please make a copy of items, including payments, for your records

T.E.A.C.H. Early Childhood® OHIO
A Project of Ohio Child Care Resource and Referral Association

OCCrra
Ohio Child Care Resource & Referral Association

1. Personal Information

Please Print

Application Date: _____   Social Security #[1]:_____

Name:_____
First   Middle   Last

Address: _____

City: _____ State: **OH** Zip: _____ County:_____

Home Phone #: _____ Cell Phone #:_____ Fax # _____

Gender: ☐ Female ☐ Male   Date of Birth: _____

E-mail: _____

Are you a citizen of the United States? ☐ Yes ☐ No[1]
([1] If not a citizen or no SSN, please complete IRS form W-9)

How did you find out about the T.E.A.C.H. Early Childhood® Project? (check one)
☐ Mailing ☐ My Center Director ☐ T.E.A.C.H. Recipient ☐ CCR&R Agency ☐ College
☐ Website ☐ Presentation ☐ Workshop ☐ Other (please specify):_____

Family Structure: How many people live in your household? _____ Of these, how many are:
Your Parents?_____ Siblings?_____ Spouse/Significant Other?_____ Children?_____ Others?_____

Ethnicity:
Are you of Hispanic, Latino, or Spanish origin?
☐ No ☐ Yes, Mexican, Mexican American ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Other Hispanic, Latino or Spanish

Do you consider yourself….?
☐ White ☐ Black/African American ☐ American Indian or Alaska Native ☐ Asian Indian
☐ Japanese ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Korean
☐ Chinese ☐ Vietnamese ☐ Samoan
☐ Filipino ☐ Other Pacific Islanders:_____ ☐ Other Asian:_____
☐ Other race:_____

The above information is used for demographic purposes only

How long have you worked in the early childhood education field?
☐ Less than 2 Years ☐ 6-10 Years
☐ 2-5 Years ☐ 10+ Years

Please check the box that best describes your educational history:
☐ No high school diploma ☐ Associate Degree (Major:_____) ☐ Doctorate
☐ High school diploma/GED ☐ Bachelor Degree (Major:_____)
☐ 1-year certificate ☐ Master Degree (Major:_____)

Please check the box that best describes your educational goal:
☐ Earn an Early Childhood or School-Age Credential
☐ Take a few early childhood courses to obtain or upgrade job-related skills
☐ Earn an Early Childhood, Infant/Toddler or School-Age Certificate
☐ Earn an Early Childhood Associate Degree
☐ Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn Bachelor's Degree
☐ Earn an Early Childhood Bachelor's Degree

2. Education Information

The following four requirements, as outlined in the CDA Competency Standards book, must be completed prior to submitting this application:

1) Have you completed 120 hours of education in 8 subject areas in the last 5 years? ☐ Yes ☐ No

2) Do you have at least 480 hours of professional experience within the past 3 years? ☐ Yes ☐ No

3) Have you completed the professional portfolio within the past 6 months? ☐ Yes ☐ No

4) Have you gathered family questionnaires within the past 6 months? ☐ Yes ☐ No

I intend to apply for the following type of CDA Credential (please choose one):
☐ Center based infant/toddler (children up to 36 months of age)
☐ Center based preschool (children agesS 3 to 5 years)
☐ Family Child Care

Are you currently enrolled at a community college? ☐ Yes ☐ No

Is there a community college you would like to attend? _____ Campus: _____

3. Employment Status

Program License Number:_____ Program Name:_____

Start date of employment at your current program: _____

What is your current job title? *(check only one)*	☐ Teacher ☐ Assistant Teacher ☐ Administrator	☐ Family Child Care Professional ☐ Non-Teaching Professional Staff ☐ Non-Teaching Support Staff
What age groups do you teach? *(please check all that apply)*	☐ Infants (0-12 Months) ☐ Toddler (13-36 Months)	☐ Preschool (37 Months – Pre-K) ☐ School-Age

What is your current hourly wage? _____

How many hours per week _____ (0-60) and months per year _____ (0-12) do you work?

Average daily number of children in your classroom _____

4. Professional Registry

Your OPIN Number (from the Ohio Professional Registry):_____

If you do not remember your OPIN, use this link to login to your registry account and view your OPIN:
https://login.occrra.org/

If you are not yet in the Registry, use this link for instructions to start using the Registry:
http://www.opdn.org/documents/RegistryBasicInstructions.pdf
Completing steps 1, 2 and 3 will let you view your OPIN on your Profile Summary page.

5. Additional Program Information

Director/Administrator/Owner Name: _____Title:_____

Phone: _____ Cell: _____ Email: _____

Program Address: _____

City: _____ Zip: _____ County: _____

Program Phone: _____ Program Fax:_____

Program Email: _____

Program Mailing Address, if Different Than Above:	Program Billing Address, if Different Than Above:
Street:	Street:
City: Zip Code:	City: Zip Code:
Phone: ( )	Phone ( )
Fax: ( )	Fax: ( )

Type of Program: ☐Head Start   ☐For profit   ☐Not for profit

Step Up To Quality Rating: ☐One Star ☐Two Star ☐Three Star ☐Four Star ☐Five Star ☐Not SUTQ rated

Part-time Program?   ☐Yes ☐No (check one)   Hours per day children are in care?_____

Is your program accredited? ☐Yes ☐No If yes, by whom?_____

# of children currently enrolled: _____   # of children on state subsidy: _____

Please check all forms of funding your facility receives (check all that apply):

☐Head Start   ☐State Pre-K   ☐Title I   ☐State Subsidies: Contracts

☐Early Head Start   ☐IDEA   ☐State Subsidies: Vouchers

# of full-time staff:_____   # of staff that work less than 12 months per year:_____

# of part-time staff (work less than 40 hours per week):_____

6. Statement and Signature of Applicant

I, _____ (applicant's name) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that the social security number provided is my correct tax identification number and I am a U.S. citizen. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant in this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse T.E.A.C.H. Early Childhood® OHIO for the monetary support that was received in error. Based on this information, I am applying for a scholarship from T.E.A.C.H. Early Childhood® OHIO to help pay the cost of early childhood education expenses.

_____   _____

Signature of Applicant   Date

7. Participation Agreement

Scholarship recipient agrees to:
- Complete and submit the *T.E.A.C.H. CDA Assessment Fee Application*
- Pay $50 of the Assessment Fee*
- Submit verification of 120 hours of education in 8 subject areas to the OCCRRA office (**Education must have been obtained in the last 5 years)**
- Commit to continued employment at the sponsoring child care program, or to keep her Type B Family Child Care Home open for six months after the date indicated on the CDA Credential
- Send a copy of the CDA Credential to the OCCRRA office once received
- Complete all requirements outlined in this agreement during the specified contract period

Skip the next section if you are a Type B Family Child Care professional or owner of a licensed program and sign only as applicant below

The Sponsoring Child Care Program agrees to:
- Allow observation of the scholarship recipient in the center by a representative of the Council for Professional Recognition

The Sponsoring Child Care Program Representative agrees to:
(Choose one of the options below by checking the appropriate box)

☐ **OPTION 1:** Pay $100 bonus award to the recipient after receipt of the CDA Credential (OCCRRA will also pay a $100 bonus award to the recipient)

☐ **OPTION 2:** Grant the recipient a 1% raise within 30 days after receipt of the CDA Credential (OCCRRA will also pay a $100 bonus award to the recipient)

☐ **OPTION 3:** Pay $100 of the assessment fee to OCCRRA (**must be included with application for this scholarship and made payable to OCCRRA***) OCCRRA will pay a $200 bonus award to the recipient

*Payments received by OCCRRA will be refunded in the event the scholarship is not awarded. By signing below you are indicating your agreement with all statements in this application and understand that a check or money order (made out to OCCRRA) must accompany this application.

_____   _____
Signature of Applicant   Date

_____   _____   _____
Signature of Program Director/Owner or Board Chairperson   Title   Date

_____
Print Name of Program

T.E.A.C.H. Early Childhood® OHIO
Checklist of Attachments for the
CDA Assessment Fee Scholarship Application

In order to process your scholarship application, please send the following items to:

Ohio Child Care Resource and Referral Association
T.E.A.C.H. Early Childhood® OHIO
2760 Airport Drive, Suite 160
Columbus, OH 43219
Fax 614-396-5960
Email: teach@occrra.org

All Scholarship Applicants:

☐ Completed and signed T.E.A.C.H. CDA Assessment Fee Scholarship Application

☐ Proof of completion of 120 hours of professional education **within the last 5 years**

☐ Copy of your program license

☐ Check or money order for $50 to cover the applicant's portion of the Assessment Fee (payable to OCCRRA)

Center Staff:

☐ If Scholarship **OPTION 3** (on page 5 tilted *Participation Agreement Page*) is chosen, the program must include a $100 check or money order payable to OCCRRA

☐ Verification of income: Copy of a current paycheck stub

Type A and Type B Family Child Care Professionals:

☐ Verification of income:
- Schedule C form (from federal tax return)

OR
- A month of four consecutive weekly statements from your county portal which provides the amount of payment and family copays
- Copies of private pay receipts from the same time period or signed statements from families stating how much they pay for care
- If you participate in the Food Program, a copy of your most recent payment

Use this link to see what comes next in the application process:
http://teach.occrra.org/documents/whats_next.pdf

Please contact the T.E.A.C.H. office if you have any questions - 877-547-6978 (toll free); 614-396-5959; 614-396-5960 (fax); or email teach@occrra.org

Statement of Income for Type-B Professionals

Instructions: This sheet is to help you determine your monthly earnings and hourly rate from your family child care home business. For each question, use the monthly amount you earned and expenses incurred. These must come from the same month. **Remember, you must include verification of your income such as copies of receipts for each of the children you care for or a signed statement from each parent with the amount paid each week**. You will also need documentation for publicly subsidized children.

A. MONTHLY REVENUE

1. How much did you receive from private pay parents? $ _____

2. How much was the Title XX/county/ODJFS subsidy for children in your care? $ _____

3. How much did you receive in co-payments from subsidy parents? $ _____

4. How much was your Child & Adult Care Food Program Reimbursement? $ _____

Total $ [_____] Box 1

B. MONTHLY EXPENSES

How much did you spend on your home child care business last month for:

1. Food Expenses $ _____
2. Toys $ _____
3. Assistant/Substitute Care $ _____
4. Crafts/Supplies $ _____

5. Transportation $_____ (use $0.25 per mile)
6. Training fees $_____
7. Gifts for Children/Families $ _____
8. Other $_____ Specify

Total $ [_____] Box 2

C. HOURS WORKED

In a typical week:

Day	EXAMPLE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time first child arrives	7 am							
Time last child leaves	3 pm							
Total hours per day	8 hours							

Sum your total hours worked per day to get your total hours worked per week and enter here [_____] Box 3. We only count up to 60 hours worked per week when figuring a wage per hour. We multiply your total hours worked per week (up to 60) by _____ to get the answer in Box 4, hours per month.

D. ESTIMATE HOURLY WAGE

$$\frac{[\quad] \text{ Box 1} - [\quad] \text{ Box 2}}{[\quad] \text{ Box 4 hours per month}} = [\quad] \text{ Box 5 wage per hour}$$

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