T.E.A.C.H. Early Childhood® PA
CDA ASSESSMENT SCHOLARSHIP

What is the CDA Credential?
The Child Development Associate (CDA) Credential is a nationally recognized credential awarded to individuals who have demonstrated competency through both experience and education in working with young children ages 0-5. The CDA Credential is awarded to infant/toddler and preschool teachers, family child care providers and home visitors.

Who awards the CDA Credential?
The Council for Professional Recognition administers the CDA credentialing program and awards the CDA Credential.

What are the CDA Credential eligibility requirements? Candidates for the CDA Credential must meet the following criteria: have a high school diploma or be a junior or senior in an Early Education/Child Development Career & Technical Program, have 480 hours of experience working with young children within the past five years and have 120 hours of formal child care education or training within the past five years in the CDA competency areas. CDA training is available at a college or community college for credit that will articulate toward an Associate degree in Early Childhood Education or an equivalent.

How do I earn the CDA Credential?
In order to receive the CDA Credential, an individual must meet the eligibility requirements and prepare a CDA Professional Portfolio according to the requirements outlined in the CDA Competency Standards.

Does the CDA Credential have to be renewed?
Yes. The CDA Credential is valid for 3 years from the date of award. At the end of that period, a CDA may apply for renewal.

Who administers the T.E.A.C.H. CDA Assessment Scholarship Program in Pennsylvania?
The CDA Assessment Scholarship is made available through T.E.A.C.H. Early Childhood® PENNSYLVANIA and is administered by Pennsylvania Child Care Association (PACCA).

Who is eligible for a T.E.A.C.H. CDA Assessment Scholarship?
Individuals earning less than $19 per hour, working in a Department of Human Services (DHS) certified, Keystone STARS child care center or family child care home for approximately 25-30 hours or more per week are encouraged to apply.

What will the CDA Assessment Scholarship cover?
The CDA Assessment Scholarship will pay 70% - 85% of the assessment fee, depending on the scholarship model you choose. Both recipients and sponsoring employers pay 15% of the assessment fee.

What kind of commitment is required of CDA Assessment Scholarship Recipients?
Scholarship recipients must remain employed with their sponsoring child care program or in the early childhood field for an additional 6 months after the credential has been awarded.

Will I be compensated for earning the CDA Credential?
Yes. PACCA or the sponsoring program will award a $200 completion stipend to individuals who obtain the CDA Credential.

What kind of commitment is required of the sponsoring employer/center?
The center may be required to pay a portion of the assessment fee (15%) or the completion stipend, depending on the model selected. Centers also allow teachers to be formally observed in the classroom by a PD Specialist during the verification visit.

What kind of support does PACCA provide?
PACCA provides counseling and administrative support to recipients and directors. PACCA reviews the required CDA Application documentation and submits payment for the application fee directly to the Council. Interested candidates should complete the T.E.A.C.H. CDA Assessment application.

For more information, contact Nikki Burchett, T.E.A.C.H. Counselor at (717) 724-9513 or nikki.burchett@pacca.org.
T.E.A.C.H. Early Childhood® PENNSYLVANIA
Child Development Associate (CDA) Assessment Scholarship Application
*NOTE: This scholarship provides assistance for the CDA Application Fee ONLY.
For assistance with tuition, books, etc., complete the AA/CDA Scholarship Application.

PERSONAL INFORMATION

Date ___________________________ Social Security # ___________________________

Name ____________________________

Address __________________________

City, State, Zip _____________________

County __________________________ Email ________________________________

Phone Number Home: ( ) Cell: ( ) Work: ( )

Date of Birth (mm/dd/yyyy) __________________________ Gender __________________

Ethnicity (Information provided in this section used for demographic purposes only)
Are you of Hispanic, Latino or Spanish origin?
☐ No ☐ Yes, Puerto Rican ☐ Other Hispanic, Latino or Spanish
☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban

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

How did you hear about the T.E.A.C.H. Early Childhood PENNSYLVANIA® Scholarship?
☐ Presentation ☐ College ☐ Workshop
☐ Mailing ☐ My Center Director ☐ Website
☐ CCR&R Agency ☐ T.E.A.C.H. Recipient ☐ Other (please specify): _________________

EMPLOYMENT STATUS

What is your current job title?
☐ Teacher ☐ Director ☐ Administrator ☐ Non-Teaching Professional Staff
☐ Assistant Teacher ☐ Assistant Director ☐ Owner ☐ Non-Teaching Support Staff

What age groups do you teach? (check all that apply)
☐ Infants (0-12 months) ☐ Preschool (37 Months – PreK)
☐ Toddler (13-36 months) ☐ School Age

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

Do you work in a PA PreK Counts classroom? ☐ Yes ☐ No

How many children are in your classroom or family child care/group home? ___________________________

How many hours per week do you work? (on average) ___________________________

How many months per year do you work? ___________________________

Beginning date of employment at your current facility? (mm/dd/yyyy) ___________________________

What is your current hourly wage? ___________________________

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_____________________________________________________________________________________
EDUCATION INFORMATION

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

Check the box that best describes your educational goals:
☐ 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 Associate Degree and transfer to a four-year college/university to earn a Bachelor Degree

Indicate the type of CDA Credential for which you are applying:
☐ Center-based infant/toddler (children birth – 36 months) ☐ Home-based Family Child Care (birth – 5 years)
☐ Center-based preschool (children 3-5 years) ☐ Home Visitor

When did you complete your CDA training/courses? (min 120 hours) __________________________________________________________

Where did you take your CDA training/courses? __________________________________________________________________________

When do you intend to apply for the CDA Credential? _______________________________________________________________________

FACILITY INFORMATION

This section must be completed by the center director or owner.

Facility MPI# __________________________________________________________________________________________________________
Facility Name __________________________________________________________________________________________________________
Facility Address (street address) ______________________________________________________
Facility Address (city, state, zip & county) ________________________________________________
Director Name ________________________________________________________________________
Director Email Address __________________________________________________________________
Tax ID Number ________________________________________________________________________

Indicate all forms of funding your facility receives:
☐ Head Start ☐ State PreK ☐ State Subsidies: CCIS
☐ Early Head Start ☐ Title I ☐ State Subsidies: Other Funding Contracts
☐ State Head Start ☐ IDEA ☐ N/A

Number of Children Served ________________________________________________________________________________________________

Auspice: ☐ Profit ☐ Nonprofit ☐ Head Start ☐ Religious Sponsored

Keystone STAR Rating: ☐ Non-STARS ☐ STAR 1 ☐ STAR 2 ☐ STAR 3 ☐ STAR4

Accreditations: ☐ N/A ☐ NAEYC ☐ OTHER________________________________________________________

Return competed application with income verification to:
PACCA/T.E.A.C.H. • 20 Erford Rd, Suite 302 • Lemoyne, PA 17043
Fax: (717) 657-0959 • Email: teachinfo@pacca.org
Questions? Call (717) 657-9000 or visit www.pacca.org
Instructions: This section will help you determine monthly earnings from your family child care or group home. If you work at a child care center, skip this section and proceed to the Statement of Income section below.

For each question use the amount you made or spent last month. Remember, you MUST include income verification such as copies of receipts for each of the children in your care or a statement detailing your weekly rate and number of children for which you provide care.

1. What is the total amount paid to you by parents each week? ____________________________
2. Multiply by 4.33 (weeks per month) for total monthly parent fees ____________________________
3. How much was your Child & Adult Care Food Program (CACFP) Reimbursement? ____________________________
4. How much was the Department of Human Services CCIS subsidy for children in your care? ____________________________
5. TOTAL MONTHLY REVENUE (Add lines 2, 3 and 4 for total monthly revenue) ____________________________

How much did you spend for children in your care last month on:
6. Food ____________________________
7. Toys ____________________________
8. Assistant/Substitute Care ____________________________
9. Crafts/Supplies ____________________________
10. Transportation ____________________________
11. Training Fees, ____________________________
12. Gifts for Children/Families? ____________________________
13. Other (please specify) ____________________________
14. TOTAL MONTHLY EXPENSES (Add lines 6 through 13 for total monthly expenses) ____________________________

Revenue (line 5) — Expenses (line 14) = TOTAL MONTHLY EARNINGS
(Subtract line 14 from line 5 to find total monthly earnings – use this information in the Statement of Income below)

Instructions: As part of the application process, we must verify your income. List EACH source of income available to you plus you MUST include income verification. A statement from your employer indicating your hours and rate of pay or a copy of your most recent pay stub will verify earnings from your job. Family child care/group home providers should use the income worksheet above to determine earnings.

Employer #1 ____________________________ Hours/week ____________________________ $______________ per ____________
Employer #2 ____________________________ Hours/week ____________________________ $______________ per ____________

YOUR TOTAL ANNUAL INCOME IS $__________________________

I, ____________________________ (applicant name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. 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 scholarship funds are issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse PACCA and the T.E.A.C.H. Early Childhood® PENNSYLVANIA Scholarship Program for the monetary support that was received in error.

Signature of Applicant ____________________________ Date ____________________________
FAMILY CHILD CARE PROVIDER PARTICIPATION AGREEMENT

The T.E.A.C.H. Early Childhood® CDA Assessment Scholarship offered through PACCA requires the participation of each scholarship recipient. In the event that I (Applicant's Name) __________________________ am awarded a scholarship, I agree to the following participation requirements.

FAMILY PROVIDER OPTION

1. Complete and submit the CDA Assessment Application to the National Council, along with all required documentation.
2. Pay 15% of the cost of the CDA Assessment Fee.
3. Continue operating my family child care home for an additional 6 months after earning the CDA Credential.

Print Name of Family Child Care Owner ______________________________________________________________
Signature of Family Child Care Owner ______________________________________________________________

CENTER PARTICIPATION AGREEMENT

The center director or owner must complete this agreement for Option 1 ONLY. Option 2 does not require employer approval.

Option 1 of the T.E.A.C.H. Early Childhood® CDA Assessment Scholarship offered through PACCA requires the participation of each scholarship recipient’s employing child care program. In the event that (Applicant’s Name) __________________________ is awarded a scholarship, I agree that (Center Name) _____________________________________________ agrees to select Option 1 below and adhere to all of the following participation requirements.

OPTION 1 __________ (requires employer sponsorship)

Recipient agrees to:
1. Complete and submit the CDA Assessment application and all required documentation to PACCA.
2. Pay 15% of the CDA assessment fee.
3. Notify PACCA upon obtaining the CDA Credential.
4. Commit to employment at sponsoring program for an additional 6 months after receiving the CDA Credential.

Center agrees to:
1. Pay 15% of the CDA assessment fee.
2. Issue a $200 stipend to recipient upon obtaining the CDA credential.

OPTION 2 __________ (does not require employer sponsorship)

Recipient agrees to:
1. Complete and submit the CDA Assessment application and all required documentation to PACCA.
2. Pay 15% of the CDA assessment fee.
3. Notify PACCA upon obtaining the CDA Credential.
4. Commit to employment in the child care field for an additional 6 months after receiving the CDA Credential and a $200 stipend

Print Name of Facility Director/Owner ______________________________________________________________
Signature of Facility Director/Owner ______________________________________________________________

APPLICATION DOCUMENTATION

This T.E.A.C.H. scholarship application must be submitted with the following:
☐ Copies of all training certificates and/or college transcripts AFTER completing your CDA training/courses.
☐ Verification of income (paycheck stub or letter from employer verifying hourly rate and # of hours worked.)

For more information on the CDA Credential application process or to find a PD Specialist and/or test site, visit the Council for Professional Recognition’s website at www.cdacouncil.org.