

CHILD DEVELOPMENT ASSOCIATE CLASSES

Starting October 9, 2023

TOP 5 REASONS

to ENROLL in the Early Childhood Resource
Center's CDA Classes

1. Finish classes in approximately 6 months online using Zoom & Google Classroom.
2. Eight Courses provide you with the required training to apply for your Credential! Take all 8 or choose just the Courses you need.
3. Scholarships are available for ODJFS programs serving publicly funded children in Mahoning, Medina, Portage, Stark, Summit and Trumbull Counties. The only fee is \$100 out of pocket per student. Private pay options available too.
4. Great peer to peer networking opportunity for family child care providers.
5. A CDA credential will increase your Career Pathway Level (CPL) helping you achieve a SUTQ high quality rating!

Space is limited!



REGISTRATION INFORMATION

**Registration is
Required!**

Ready to enroll?
Call 1-877-691-8521
to register!

LOCATION: Online
Using Zoom & Google
Classroom

REQUIREMENT:
Must have reliable
internet access and a
computer/tablet with
video and audio

TIME:
Monday & Wednesday
Evenings
5:30 PM-8:00 PM

Additional
assignments due
weekly using Google
Classroom

**CREDIT
AVAILABLE:**
Ohio Approved Hours
ODJFS In-Service

Child Development Associate Class Schedule

Course 1: Safe, Healthy Learning Environments			Course 2: Child Development & Learning		
Date	Class	Portfolio	Date	Class	Portfolio
10.9.23	CDA Orientation		11.6.23	History of ECE	RC IV-4
10.11.23	Establishing Safe Environments	RC I-1	11.8.23	Child Development Prenatal-2	
10.16.23	Healthy Habits	RC 1-2	11.13.23	Child Development Ages 2-3	
10.18.23	Sanitary Environment	CS I	11.15.23	Child Development Ages 4-5	
10.23.23	Diapering, Toileting, Sleep Habits	RC VI-3	11.20.23	Inclusion and Special Needs	
10.25.23	DAP Learning Environment Preschool		11.27.23	Developmentally Appropriate Practice	
11.1.23	DAP Learning Environment I/T				
Course 3: Physical & Intellectual Development			Course 4: Social Emotional Development		
Date	Classes	Portfolio	Date	Classes	Portfolio
11.29.23	Supporting Learning Across all Domains	CSII	12.20.23	Secure Attachments & Temperaments	CS III
12.4.23	Writing Goals & Objectives	RC II	1.3.24	Positive Guidance & Pro Social Behaviors	RC III
12.6.23	Physical Activity: Fine & Gross Motor		1.8.24	Understanding DAP Behaviors	
12.11.23	Language/ Communication/ Literacy		1.10.24	Promoting Sense of Self	
12.13.23	Cognitive Development: Science, Math & SS		1.15.24	Stages of Play & Transitions	
12.18.23	Creative Arts		1.17.24	Portfolio Class	
Course 5: Observing & Recording			Course 6: Establishing Family Relationships		
Date	Classes	Portfolio	Date	Classes	Portfolio
1.22.24	Introduction to Observations	RC V	2.12.24	Family Partnerships	CS IV
1.24.24	Observing with a Purpose		2.14.24	Ethnicity & Culture	RC IV-1
1.29.24	Planning for Individual Children		2.19.24	Communication with Families	RC IV-2
1.31.24	Assessments, Observations & ELDS		2.21.24	Supporting Family's Needs	RC IV-3
2.5.24	Strategies for Observing		2.26.24	Writing a Parent Handbook	
2.7.24	Sharing Observations & Assessments with Families		2.28.24	Portfolio Class	
Course 7: Program Management			Course 8: Professionalism		
Date	Classes	Portfolio	Date	Classes	Portfolio
3.4.24	Assuring a Smooth Running Classroom	CS V	3.25.24	Professionalism	CS VI
3.6.24	Collaborations with Families and Community	RC VI-1	3.27.24	Your Role as an ECE Professional	Professional
3.11.24	DAP Schedules & Routines	RC VI-2	4.1.24	State Licensing Rules for Admin & Staff	Philosophy
3.13.24	Record Keeping & Organization	RC VI-3	4.3.24	Building your Career	Statement
3.18.24	Lesson Planning	RC I-3	4.8.24	Review of Verification Visit	
3.20.24	Portfolio Class		4.10.24	CDA Last Steps	

Child Development Associate Training Registration Form

Please review ECRC CDA/Scholarship cancellation and attendance policies on our website!

Student Information

First Name _____
 Last Name _____
 Employer _____
 Address _____
 City/State/Zip _____
 Email Address _____
 Phone Number _____
 County _____ OPIN# _____

Which class are you registering for?

What type of CDA are you pursuing?

Infant/Toddler Preschool Family Child Care

What are you registering for?

Registration Type	Cost	Total
Full CDA Program (Modules 1-8)	\$720 \$100 Reg. Fee	
Select Module(s) (circle): 1 2 3 4 5 6 7 8	\$90/Module \$100 Reg. Fee	
CDA Scholarship: Form needs submitted with registration form. If your fee is waived, please indicate at registration.	\$100 Reg. Fee	
	Total Due	

Credit Card Payment Information

Payment Type: Check___ Cash___ Credit Card___ Invoice___ ECRC Scholarship___

Cardholder's Name _____

Cardholder's Billing Address _____

Credit card # _____ Exp. Date _____ CCV Code (3-4) _____

Cardholder's Signature _____



**Child Development Associate (CDA)
Training Scholarship Application with
Resource and Referral Agency**

For professionals currently working in an ODJFS Licensed
Center or Family Child Care Home

1. Personal Information

Please Print

Application Date: _____ Social Security #: _____

Name: _____
First
Middle
Last

Address: _____

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

Home phone #: _____ Cell phone #: _____

E-mail: _____

Date of birth: _____ Gender: Female Male

Are you a citizen of the United States? Yes No¹
 (¹ if not a citizen or no SSN, please complete IRS form W-9)

How did you find out about the CDA Training Scholarship? (check one)

- | | | | |
|----------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> My Center Director | <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> Career Tech Teacher/Administrator |
| <input type="checkbox"/> Website | <input type="checkbox"/> Presentation | <input type="checkbox"/> Workshop | <input type="checkbox"/> Other (please specify): _____ |

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...?:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Other Pacific Islanders: _____ | | <input type="checkbox"/> Other Asian: _____ | |
| <input type="checkbox"/> Other race: _____ | | | |

The above information is used for demographic purposes only.

2. Education and Training

Please check the box that best describes your educational history:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Associate Degree (Major: _____) | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Bachelor Degree (Major: _____) | |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Master Degree (Major: _____) | |

How long have you worked in the early childhood education field?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 6-10 Years |
| <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 10+ Years |

Which CCR&R will you be working with for training? _____

Have you registered for 120 hours of education in 8 subject areas? Yes No

I intend to apply for the following type of CDA Credential (*check one*):

- Center based infant/toddler (children up to 36 months of age)
- Center based preschool (children 3 – 5 years of age)
- Family Child Care

3. 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://www.occrra.org/user/login>

If you are not yet in the Registry, use this link for instructions to start using the registry:

<https://cdn.occrra.org/documents/Ohio%20Professional%20Registry%20-%20User%20instructions.pdf>

Completing steps 1, 2 and 3. will let you view your OPIN on your Profile Summary page.

4. Child Care Program Information

Program License Number: _____ Program Name: _____

What is your current job title? <i>(check only one)</i>	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Based Professional
	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Non-Teaching Professional Staff
	<input type="checkbox"/> Administrator	<input type="checkbox"/> Non-Teaching Support Staff
What age groups do you teach? <i>(please check all that apply)</i>	<input type="checkbox"/> Infants (0-12 Months)	<input type="checkbox"/> Preschool (37 Months – Pre-K)
	<input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> School-Age

Program address: _____

City: _____ County: _____ Zip: _____ Phone: _____

Email: _____ Fax: _____

Director/Administrator/Owner name: _____

Type of Program (check all that apply):

Child Care Program Head Start Public School Preschool For Profit Not for Profit
 Other _____

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

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

I understand that my employee _____ is applying for this scholarship.

Signature of Program Director, Administrator or Owner

Date

5. Statement and Signature of Recipient

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 US 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 program 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 OCCRRA for the monetary support that was received in error. Based on this information, I am applying for a scholarship from OCCRRA to help pay the cost of the CDA Training.

I understand that this scholarship is up to \$1,350 based on the fees assessed by my local Child Care Resource and Referral Agency. These funds are paid to the R&R upon completion of the training series. If I do not complete the training series, I understand that my local Child Care Resource and Referral Agency will bill me for the portion taken to-date. In some cases, the Child Care Resource and Referral Agency may require fees to participate in the training that will be reimbursed upon completion.

Signature of Recipient

Date

Please contact ECRC if you have any questions at 330-491-3272

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

EARLY CHILDHOOD RESOURCE CENTER
SDA 4'S Child Care Resource and Referral
1718 Cleveland Ave NW
Canton, Oh 44703
E-mail: jgraves@ecresourcecenter.org
Fax: 330-491-0334