RI Early Childhood Registered Apprenticeship Application

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Thank you for your interest in the Rhode Island Early Childhood Registered Apprenticeship. This document is intended to serve as a joint application and is composed of sections to be completed by the Sponsor/Employer, and Teacher/Apprentice. Please review it thoroughly.

Apprenticeship Applicants: You must meet the teacher qualifications for the PATHWAY you are applying to.

Please choose the option you are applying for:

- ❑ ***Preschool CDA Pathway***
- ❑ ***Infant/Toddler CDA Pathway***
- ❑ ***Birth-3 Certificate Pathway***
  ENROLLING NOW for January 2027 start

APPLICATIONS MUST BE COMPLETED AND SIGNED BY THE SPONSORING CENTER AND THE TEACHER/APPRENTICE IN ORDER FOR THE APPLICATION TO BE DEEMED COMPLETE AND READY TO PROCESS

Important dates to consider:

Applications are due *no later than December 4th*, 2026

- ***Applications will be reviewed within seven (7) days of submission***
- ***Eligible applicants will be contacted to schedule an interview with the Apprenticeship staff to further discuss program details***
- ***If your application is accepted, you are required to attend an in-person orientation***

Return This Application along with Supporting Documentation to:

RI Early Childhood Registered Apprenticeship
Rhode Island Association for the Education of Young Children
501 Centerville Road, Suite 202, Warwick RI, 02886

or by Email: apprentice@riaeyc.org

or by Fax: 401-739-6101

riaeyc
Rhode Island Association for the Education of Young Children

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Introduction

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

The RI Early Childhood Registered Apprenticeship was intentionally designed to improve both the knowledge and competencies of the teacher apprentice and help with overall quality of a child's learning environment. Each component of the RI Early Childhood Registered Apprenticeship works together to provide the experience and education the teacher needs to advance their career.

Eligibility

Candidates must work a minimum of 25 hours/week in an early childhood setting that aligns with their chosen apprenticeship pathway. Substitute teachers, floaters, or other temporary personnel do not qualify for this program.

CDA Pathway(s) Apprentices will begin their formal, **fully online,** education and training by enrolling in either the Preschool or Infant/Toddler CDA Training through the ECETP program at CCRI. They will attend an in-person orientation and meet virtually once a week for 3 hours over 14 weeks, earning up to 45 state-approved PD hours. The training includes coaching and mentoring to prepare students to meet the CDA learning objectives and qualify for the CDA exam. Following the CDA training, Apprentices will participate in onsite and virtual coaching through the LearnERS Continuous Quality Improvement training, earning 60 hours of state-approved PD.

Birth-3 Certificate Pathway Apprentices will receive formal education and training by enrolling in the Birth-Three Certificate of Undergraduate Studies from Rhode Island College. **This program follows a hybrid model, with some classes held online and others on campus.** Following orientation, Apprentices will meet three (3) hours weekly for five semesters, earning 16 credits in Infant and Toddler Development. Instruction will be delivered in a hybrid model, combining in-person and virtual classes and onsite coaching and mentoring.

Supports

All Apprentices will receive:

- Instruction, counseling, and mentor supports
- Books and materials
- PD support
- Chromebook at no cost
- Overall supervision and supports from their center leadership
- Programmatic support, including review of the apprentice's Individual Professional Development Plan (IPDP) from RIAEYC staff
- Additional professional development and trainings
- A BrightStars assessor will conduct Pre and Post-ERS assessments to help the apprentice and sponsoring child care center identify the strengths and needs of their classroom
- Employers will have access to mentoring, professional development, and community of practice opportunities led by the University of Rhode Island's Child Development Center staff

Sponsor Section

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Please read carefully, initialing next to each statement, sign, and date this form

I, _____ *(Sponsor/Director Print Name)*, **from** _____ *(Name of Child Care Program)*, **hereby agree to the following requirements of the RI Early Childhood Registered Apprenticeship. I understand the obligations and responsibilities of the apprentice and the sponsoring program, including wage progressions outlined in the DLT Apprenticeship Agreement and the DL T Appendix A document. I have met with, vetted the apprentice (s), and determined they meet the criteria of this apprenticeship program. I agree to support the roles and responsibilities of the apprentice as outlined in this application. Services will include but are not limited to consulting with RA counselors, accommodating the apprentice to access tech support, printing, and scheduling consultation time. Additionally, I understand the apprentice must participate in on-site coaching and mentoring from RA program staff, participating community partners, and others as identified. Visits will include onsite observations, virtual consults, and brief meetings to discuss goals, share resources, and develop action plans as needed.**

I understand the purpose of the RI Early Childhood Registered Apprenticeship and confirm that _____ *(Teacher's Name)* **is working at least 25 hours/week in an early childhood setting that aligns with the following pathway** *(check one)*:

- ❑ ***Preschool CDA Pathway*** *ENROLLING NOW*
- ❑ ***Infant/Toddler CDA Pathway*** *ENROLLING NOW*
- ❑ ***Birth-3 Certificate Pathway*** *Enrolling for Spring 2027*

I confirm that _____ *(Name of Child Care Program)* **is a DHS-licensed and CCAP-approved program that is actively participating with BrightStars (the state's Quality Rating and Improvement System).**

I will contact the RI Early Childhood Registered Apprenticeship team, to inform them of any changes to the Apprentice employment status. I understand that if the Apprentice does not comply with program requirements, it may result in expulsion/withdrawal from the Apprenticeship Program.

I, _____ *(Sponsor/Director Print Name)*, **am fully informed of the RI Early Childhood Registered Apprenticeship requirements, roles, and responsibilities, and the information provided on this application and the supporting documentation is true and accurate to the best of my knowledge. I understand that falsifying application information or documentation or failing to follow requirements may result in the apprentice and sponsor's termination from this program. If participation is ended due to the sponsor or apprentice's failure to follow the requirements, I understand that both parties may be required to reimburse RIAEYC.**

_____ _____

Director/Administrator Signature ***Date***

Apprentice Section

Personal Information

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Please print clearly. The below information is used for demographic purposes only and is not used in admissions decisions.

Name : *First* *Last*

Date :

Date Of Birth : M M D D Y Y Y Y

Full Address : *Street*

City *State* *Zip Code*

Phone Number : *Home* *Cell* *Work*

Email :

Gender : *(optional)*

I identify as:

❑ **Male** ❑ **Female** ❑ **Non-Binary** ❑ **Prefer not to answer**

Ethnicity : *(optional)*

Do you consider yourself:

❑ **Hispanic** ❑ **Non-Hispanic** ❑ **Prefer not to answer**

Race : *(optional)*

Do you consider yourself:

❑ **American Indian or Alaska Native**
❑ **Asian**
❑ **Black or African American**
❑ **Native Hawaiian or Pacific Islander**
❑ **Other, two or more races**
❑ **White**
❑ **Other:**
❑ **Prefer not to answer**

Please check the box indicating what language(s) you speak fluently : *(please check all that apply)*

❑ **English**
❑ **Portuguese**
❑ **Spanish**
❑ **Other**

Apprentice Section

Employment Information

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Name of Child Care Center / Program :

Full Address :

Street

City *State* *Zip Code*

Phone Number : **Director Email:**

Director's Name :

First *Last*

Education Coordinator's Name :

First *Last*

Classroom Name : **Age of children:**

Type of Program :

❑ Center Based ❑ For Profit ❑ Non-Profit ❑ Head Start ❑ Early Head Start ❑ RI Pre-K

Work Experience :

How long have you worked as an early childhood educator *(years/months)* **?**

What is your current Title/ Position?

How long have you worked in this position?

How many hours a week do you work in this position?

Please describe any other job responsibilities/roles you have:

What is your hourly wage?:

Required: Attach a copy of most recent paystub

Do you receive employer sponsored benefits? *(check all that apply)*

❑ Paid Sick Leave ❑ Paid Vacation ❑ Medical ❑ Dental ❑ Vision ❑ Tuition Reimbursement
❑ 401K, 403B, (Retirement Savings)

Do you contribute: ❑ Yes ❑ No ❑ I don't know

Apprentice Section

Education Information

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Please check the box indicating what credentials and specializations you currently hold:

Are you First Aid/CPR AED Certified?

❑ Yes ❑ No

Type :

❑ Infant ❑ Pediatric ❑ Adult ❑ Renewal Date _____ ❑ Not applicable

CDA Certificate :

❑ Family Child Care Home/Renewal Date ❑ Infant-Toddler ❑ Preschool

Where did you receive your CDA training? _____

Do you hold a Public-School Teaching Certificate?

❑ Yes ❑ No

Type: State Issued _____ Grades/Specialization _____

Renewal Date _____ ❑Other/Describe: _____

PLEASE NOTE: If accepted into the apprenticeship, you will be asked to provide copies of college transcripts or pd certificates attained within the last two years.

Please check the box that best describes your educational history:

❑ High School Diploma ❑ GED ❑ Higher Education

❑ Associate Degree Major _____ Year _____ Institution _____

❑ Bachelor Degree Major _____ Year _____ Institution _____

❑ Master's Degree Major _____ Year _____ Institution _____

Are you currently enrolled in a degree or higher education program of study?

❑ Yes ❑ No

Which program are you enrolled in? _____

What college or university are you attending? _____

How many credit hours have you completed? _____

How many credits do you have remaining to complete your degree or program? _____

What is your expected graduation/ completion date? _____

MM/DD/YYYY

Apprentice Section

Education Information

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Are you currently or have you participated in TEACH RI or LearnERS?

❑ Yes ❑ No

If yes, please list: _____

Have you taken any college courses in the past 5 years?

❑ Yes ❑ No

Name of Institution : _____

Program of Study : _____

Number of Credits Earned: _____

Required: Please attach copies of transcript(s)

Other Professional Development :

(check all that apply)

Do you have a professional development account with the Center for Early Learning Professionals?

❑ Yes ❑ No

How many PD hours have you completed in the last 2 years? _____

Have you taken training in the RI Early Learning Development Standards :

(check all that apply)

❑ **Foundations** *(provide year)* _____ ❑ **Curriculum** *(provide year)* _____

❑ **Classrooms and Programs** *(provide year)* _____

❑ **N/A**

Do you have an updated Individual Professional Development Plan (IPDP)?

❑ No ❑ I don't know ❑ Yes, if yes, did you receive assistance in developing the plan?

❑ No ❑Yes, if yes, who helped you _____

PLEASE NOTE: If accepted into the apprenticeship, you will be asked to provide copies of college transcripts or PD certificates attained within the last two years.

What is your preferred language for learning? _____

How did you hear about the RI Early Childhood Registered Apprenticeship?

_____

_____

_____

_____

Apprentice Section

Education Information

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Please check the box that best describes your future educational goals:

❑ **Enroll in the ECETP 12-Credit program at the Community College of Rhode Island**

❑ **Enroll in the 24- credit certificate program at the Community College of Rhode Island**

❑ **Enroll in the Infant Toddler Certificate of Studies program at Rhode Island College**

❑ **Earn an Associate Degree in Early Childhood Education**

❑ **Earn a bachelor's degree in early childhood education**

❑ **Take coursework towards a Graduate Degree focusing on Early Care and Education**

❑ **Undecided**

❑ **Other/Explain:**

_____

_____

_____

Do you have a desktop computer/laptop/tablet?

❑ **Yes** ❑ **No**

Do you have internet access?

❑ **Yes** ❑ **No**

Your computer skills are:

❑ **Beginner skills** ❑ **Intermediate** ❑ **Advanced**

What technology are you familiar with?

(Check all that apply)

❑ **Microsoft Office** ❑ **Google** ❑ **Other** _____

Apprentice Section

Apprentice Responsibilities Agreement

RHODE ISLAND EARLY CHILDHOOD REGISTERED APPRENTICESHIP

Please read carefully, initial next to each statement, sign, and date this form.

As a RI Early Childhood Registered Apprentice, you will be responsible for understanding your role and responsibilities as outlined and agreed upon and as described as follows:

❑ **I am employed a minimum of 25 hours per week in an early childhood setting that aligns with my chosen apprenticeship pathway.**

❑ **I am aware of my role as the apprentice, and the requirements expected of me, and will keep track of my progress, materials and supporting documents.**

❑ **I understand, it is my responsibility to ensure that I am meeting apprentice obligations and communicating in an effective and responsive manner.**

❑**I understand that this program is structured in a specific manner to ensure participant success and achievement of goals that are paired with compensation.**

❑ **I understand that I must be prepared to commit my time to complete assignments, engage in class discussion.**

❑ **I understand that I will need to schedule time outside of work to attend professional development, to study, and to attend apprenticeship-related meetings.**

❑ **I will communicate with my instructors, mentor, and RA counselor, check and respond to all emails regularly.**

❑ **I will communicate with my program leadership to seek advice, guidance, and support.**

❑ **I will confirm appointments or report any changes in my employment status or ability to complete assignments or attend meetings.**

❑ **I will contact the Registered Apprentice Counselor at RIAEYC to inform of any changes to my contact information, employment status, or my ability to complete any portion of the program.**

❑ **I understand that failure to comply with program requirements may result in disciplinary action including, but not limited to withdrawal from the program.**

I, _____ **,** *(Applicant's Name/Print)***, attest that the information provided on this application and the supporting documentation is true and accurate, to the best of my knowledge. I understand that falsifying application information or documentation and/or failure to comply with program requirements may result in the inability to be a participant in this program. If my participation is ended due to my failure to comply with documentation or program requirements, I understand that my employer will be notified. If for any reason bonus and/or wage enhancements are issued incorrectly because of false information provided by me, I acknowledge that I will be required to reimburse RIAEYC for monetary support that was received in error.**

_____ _____

Signature ***Date***