Thank you for your interest in the Rhode Island Early Childhood Education and Training Program (RIECETP). Over the next 18 months students will be offered the following 4 Early Childhood courses.

1. HMNS 1210 Field Placement and Seminar I: Child Development
2. HMNS 2100 Child Growth & Development Skills
3. HMNS 2120 Curriculum for Young Children
4. HMNS 2150 Parent and Child Relations

In addition to the above, one remedial math and one remedial English course is offered. Your ACCUPLACER Math and English test score will determine your need for these classes. For students who successfully complete the 12 early childhood credits, along with the math and English courses there are two additional early childhood courses offered to anyone who wishes to continue.

Tuition is paid in full. Students are responsible for the ACCUPLACER Fee payment of $40.00. The CCRI Application Fee is $20.00.

All applicants must complete the CCRI application www.ccri.edu/oes/admissions as well as the RIECETP application. The RIECETP Application is available online at www.ccri.edu/hmns or may be mailed or emailed to you upon request. When submitting your RIECETP application packet, you must include the RIECETP Observation Agreement for Directors and the RIECETP Mandated Assessment Agreement, both of which are included in this packet as well as your Accuplacer scores. In order to be accepted into the program your file must be complete.

Incomplete applications will not be considered.

Please direct any questions to the Program Coordinator, Lynne Trudel:
ltrudel@ccri.edu or 401-825-2209

Please mail your application to:

Lynne Trudel
Community College of RI
Department of Human Services
400 East Avenue
Warwick, RI 02886
Application must be completed in full. An incomplete application will not be considered.

1. Personal Information

Name ___________________________ CCRI ID# ___________________________

Home Address ___________________________

City ___________________________ State ___________________________ Zip ___________________________

Home Phone Number ___________________________ Cell Phone Number ___________________________

E-Mail ___________________________

Date of Birth ___________________________

Female □ Male □

Ethnicity (Check all that apply)

American Indian or Alaska Native □ Asian or Pacific Islander □
African-American □ Hispanic/Latino □
Caucasian □ Other ___________________________

Other Information

Single-head of household (one or more children under 18) □

Dependents (children under 18; exclude spouse)

One □ Two □ Three or more □
Why do you want to participate in the RI Early Childhood Education and Training Program?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

What are your career goals?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Describe your favorite curriculum activity and its importance to educating young children.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
2. Employment Information

Current Employer

Address

City      State    Zip

Phone Number       Fax Number

Your Title/Current Position     Current Salary/Wage (optional)

Number of hours employed weekly: ____________________________________________

How long have you worked for this employer?

Other titles/positions with this employer:

How long have you been employed in the early childhood profession?

Former ECE-Related Employer(s):
Title(s)/Position(s):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List any volunteer experiences with children:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Educational Background

**Level of Education**
High School Graduate (year) ____________________ GED (year) _______________________
Some College (specify courses) ___________________________________________________
Associates degree (college/year/major) _____________________________________________
Bachelors’ degree or higher (college/year/major) _____________________________________
CDA (year received) ____________________________________________________________

RI Early Learning Development Standards Training:
- [ ] Foundations (formerly Level I)
- [ ] Curriculum (formerly Level II)
- [ ] Classroom (formerly Level III)
- [ ] Administrators (formerly Level IV)

**Applicant’s Signature**

_________________________  ________________________
Signature                  Date
RI Early Childhood Education and Training Program
Observation Agreement for Directors or Family Child Care Educators

I, _______________________, hereby agree to comply with the following requirement of the RI Early Childhood Education and Training Program.

To allow a CCRI Mentor to observe ______________________ for a minimum of one hour every three weeks. The observation will be conducted in the classroom. The mentoring visits will consist of observations of the mentee followed by a 15-20 minute meeting with the mentor to discuss goals, share resources, and develop action plans as needed for the mentee.

______________________________________________________________________________
Early Childhood Education Center or Family Child Care Educator Name

______________________________________________________________________________
Director, Owner or Family Child Care Educator Signature     Date

______________________________________________________________________________
Telephone Number        Email

______________________________________________________________________________
Mentee’s Name
RI Early Childhood Education and Training Program
Mandated Assessment Agreement for Directors or Family Child Care Educators

I hereby agree to comply with the following provisions of the RI Early Childhood Education and Training Program.

I, _______________________, will allow a Certified Assessor to visit each Center and/or Family Child Care Educator for the purpose of performing an Environment Rating Scales (i.e. the Early Childhood Environment Rating Scale, the Infant/Toddler Environment Rating Scale, the Family Child Care Environment Rating Scale) pre- and post- assessment. Only program participants’ classrooms will be rated, however an appointment may be scheduled with an Assessor for assessment for non-participating classrooms if so desired.

______________________________________________________________________________
Early Childhood Education Center or Family Child Care Educator Name

______________________________________________________________________________
Director, Owner or Family Child Care Educator Signature     Date

______________________________________________________________________________
Telephone Number        Email
RI Early Childhood Education and Training Program Application Checklist

Have you enclosed the following?

☐ A completed program application.

☐ Completed a CCRI college application, go to www.ccri.edu/oes/admissions and follow the link to complete the program application.

☐ A letter of reference from your current employer; director, educational coordinator, or if you are a Family Child Care Educator please provide a letter of reference from one of the parents or family.

☐ A copy of your ACCUPLACER results. You may make an appointment with the testing center to schedule your ACCUPLACER Assessment on any campus.
   Providence 455-6147
   Lincoln 333-7159
   Warwick 825-2301
   Newport 851-1631

☐ A copy of previous college transcripts if applicable. Necessary if you have successfully completed a college Math or English writing course.

Please direct any questions and mail completed applications to the Program Coordinator, Lynne Trudeliltrudel@ccri.edu or 401-825-2209. In order to be considered for this program, all applications must be fully complete.

Applications must be mailed to:

Lynne Trudel
Community College of RI
Department of Human Services
400 East Avenue
Warwick, RI 02886