

Child Development Associate Credential (CDA) Assessment Fee Grant

This application is for individuals working in Vermont regulated child care/early childhood programs to assist with the cost of the CDA credential fees for your first CDA, and/or the second setting credential fee. These grants are awarded to registrants or to staff of licensed programs when the program in which they work is in good regulatory standing* with CDD (see last page).

Eligibility

- Be employed for at least 6 months by a CDD regulated child care facility.
- Demonstrate commitment to continue working in a Vermont regulated child care/early education program after the CDA credential is achieved.

For Reviewers Only	
Date Received: _____	Invoice #: _____
Reviewed/Approved: _____	Date: _____
Payment Entered: _____	Date: _____
License Check: _____	
Application #: _____	Agreement #: _____
Program Manager Approval/Denial	
Approval: \$ _____	Denied <input type="checkbox"/>
Signature: _____	Date: _____

For questions about the grant, contact:

Brenda Schramm
Phone: 802-379-7267
Email: brenda.schramm@vaeyc.org

For information about the CDA credential and to obtain materials contact:

The Council for Early Childhood Professional Recognition
2460 16th Street N.W. Washington, D.C. 20009-3575 1-800-424-4310
www.cdacouncil.org

Name (Print): _____

Birth Date: _____ Social Security #(optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Email: _____

BFIS Quality & Credential Account #: _____

Please answer the following questions:

1) How much assistance you are requesting for the CDA Assesment Fee (up to \$425)? _____

2) How many children do you directly serve: _____



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3) **My CDA application is for the setting(s) checked below:**

Family Child Care; VT Child Care Registration/License Certificate # _____

Center-Based Infant/Toddler (up to 36 months)

Center-Based Preschool (3-5 years)

If working in a Center Based Child Care and Preschool Program (CBCCPP):

Employer/Program Name: _____ Licensed Certificate #: _____

Phone: _____

4) **My program, or the program which I am employed:**

Has received no violations to the child care regulations in the past year. OR

Has received violations, but no Parental Notification Letter violation in the past year and I have attached a statement detailing the violation(s) and what I am doing to make sure the violations do not happen again.

5) **Have you completed the requirements to obtain your CDA credential?**

120 Hours formal training in the eight required CDA subject areas

Professional Philosophy Statement

Competency Statements

Resource Collection

Parent Opinion Questionnaires

Anticipated application date: _____

Anticipated verification visit date/or actual date: _____

Name of person identified to conduct the verification visit: _____

6) **Please send the following additional documentation with your grant application:**

Attach a letter of recommendation from your CDA advisor, or mentor, or another child care professional who is working with you for the CDA credential. The letter must state the unique qualities and skills you demonstrate in your work with children and describe any improvements you have made during this process.

Attach a current job description outlining your responsibilities.

(This application is for professionals providing direct care and education to children.)

Attach your individual professional development plan (IPDP). The IPDP must be current (within the last year) and have a self-assessment, goals, strategies/resources, and a timeline.

A form is available on <http://northernlightscdc.org>.

Check here if you have an up-to-date professional development plan in Bright Futures Information System (BFIS). If so you do not need to send it with the application. Go to <http://northernlightscdc.org> for more information about entering your information into BFIS.



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Certification

Please sign the certification below:

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

1. My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
2. I have worked directly with children at a CDD regulated child care facility for the past six months.
3. I plan to work in Vermont regulated child care or afterschool care setting serving Vermont children for at least one year after receiving any grant funds from the CDD.
4. I am not a public-school employee who is paid on a teacher salary.
5. The program I work in is in good regulatory standing with the Child Development Division, which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification Letters" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD or I have attached a letter explaining why my program is not in good regulatory standing.
6. I do not owe any funds to the State of Vermont and am in good standing with the Vermont Department of Taxes.

Applicant's Signature: _____ Date: _____

Be sure to sign the certification above.

Keep a copy of your completed application for yourself, and mail the original to:

Brenda Schramm
Vermont Association for the Education of Young Children (VTAEYC)
145 Pine Haven Shores Road, Suite 1161
Shelburne, VT 05482

** Good regulatory standing means any regulatory violations have been corrected, no "Parental Notification Letters" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.*