

# Child Development Associate Credential (CDA) Assessment Fee Grant

This application is for Vermont residents to assist with the cost of initial CDA credential fees and/or the second setting credential fee. These grants are awarded to registrants or to staff of licensed programs only when the program in which they work is in good regulatory standing\* with CDD.

## Eligibility

- Be employed for at least 6 months by a CDD regulated child care facility OR be employed as a consultant that supports inclusion of infants/toddlers or other children with special needs by working directly with children in regulated child care programs.
- Demonstrate commitment to remain in the field for at least one year in Vermont after CDA credential is achieved.

### For State Use Only

Date Received: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Reviewed/approved: \_\_\_\_\_ Date: \_\_\_\_\_

Payment entered: \_\_\_\_\_ Date: \_\_\_\_\_

License check: \_\_\_\_\_

Application #: \_\_\_\_\_ Agreement #: \_\_\_\_\_

### Program Manager Approval/Denial

Approved: \$ \_\_\_\_\_  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Person

Lynne Robbins  
802-241-0823 or 1-800-649-2642  
lynne.robbs@vermont.gov

## 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 code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

BFIS Quality & Credential Account # \_\_\_\_\_

## Please answer the following questions:

1) How much assistance you are requesting for the CDA Assessment 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 Certificate # \_\_\_\_\_
- Center-Based Infant/Toddler (up to 36 months)
- Center-Based Preschool (3-5 years)

If working in a licensed early childhood or after-school program:

Employer/Program Name: \_\_\_\_\_ Licensed Certificate #: \_\_\_\_\_

Address: \_\_\_\_\_ 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 other 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 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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Please sign the certification below:

## Certification

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 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 a Vermont resident.
5. I am not a public school employee who is paid on a teacher salary.
6. 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Be sure to sign the certification above.*

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

**Child Development Division**  
**ATTN: Linda Clark**  
**280 State Drive, NOB 1 North**  
**Waterbury, Vermont 05671-1040**  
**Phone: 802-241-0804 or 1-800-649-2642**  
**Email: linda.clark@vermont.gov**

*\* 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.*