

Certified Childcare Professional (CCP) Fees Grant

This application is for Vermont residents to reimburse the cost of initial CCP credential fees. 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.

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.
- Have registered for the CCP and be ready to submit the portfolio to NCCA.

Employees of public schools who are paid on the teacher salary schedule for work in the regulated care setting are not eligible for this type of grant.

Application Deadline

By the first of any month

For State Use Only

Date Received: _____ Invoice #: _____
Reviewed/approved: _____ Date: _____
Payment entered: _____ Date: _____
License check: _____
Application #: _____ Agreement #: _____

Program Manger Approval/Denial

Approved: \$ _____ Denied
Signature: _____ Date: _____

Contact Person

Heather Mattison
802-241-4551
800-649-2642 ext. 4551
heather.mattison@ahs.state.vt.us

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

National Child Care Association
1325 G Street NW, Suite 500
Washington, DC 20005
800-543-7161 (phone & fax)
www.nccanet.org

Name (Print) _____

Birth Date _____ Social Security # (optional) _____

Address _____

City _____ State _____ Zip code _____

Telephone (Home) _____ (Work) _____

Email _____

Employer/Business name _____

License/Registration # _____

I am a:

- registered home provider
- licensed center staff
- early interventionist

Amount Requested: \$ _____ (up to \$495)



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1) Indicate the number of children you directly serve: _____

2) 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 the following 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.

3) Describe your job or attach a job description. (This application is for professionals providing direct care and education to children.)

4) Are you working with a group that is helping you get your CCP? Yes No

If yes, please give the name of the program and describe it: _____

Name and title of your advisor, course instructor or mentor who is working with you for the CDA credential: Name _____ Title _____

5) Are you ready to submit your portfolio to NCCA?

Registered for the CCP

Completed the portfolio

Performance-Based Observations (conducted by field counselor), completed:

Month _____ Year _____

National Credentialing Examination (conducted by field counselor), completed:

Month _____ Year _____

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

a. Attach a letter of recommendation from your mentor, or other child care professional who is working with you for the CCP. 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.

b. Attach your current professional development plan. A form is available on BFIS at www.brightfuturesinfo.org or Northern Lights Career Center <http://northernlightscdc.org>, or by calling Linda Clark at 802-241-1215 or 1-800-649-2642 ext 1215.

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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9) Please sign one of the certifications 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 1 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 the teacher salary schedule for my work in the regulated care setting.
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 letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

Applicant's Signature: _____ Date: _____

Make 3 copies of your complete application. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application! * Complete means all the required enclosures and attachments are included with each application.*

Child Development Division

ATTN: Linda Clark

103 South Main Street – 2 North

Waterbury, Vermont 05671-2901

Phone: 802-241-1215 or 800-649-2642 ext. 1215;

email: linda.clark@ahs.state.vt.us

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

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OR

Alternative 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 1 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 the teacher salary schedule for my work in the regulated care setting.
6. My program does not currently meet the criteria for good regulatory standing due to the following:

7. I am requesting a waiver from the grant requirement of good regulatory status for the following reason(s):

Applicant's Signature: _____

Date: _____

Make 3 copies of your complete application. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application! * Complete means all the required enclosures and attachments are included with each application.*

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