

# 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 the 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.

*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 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 \_\_\_\_\_

## Please answer the following questions:

1) How much assistance you are requesting for the CDA Assessment Fee (up to \$325)? \_\_\_\_\_

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 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.

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

### 6) Are you working with a group that is helping you get your CDA credential? 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 \_\_\_\_\_

### 7) Have you completed the requirements to obtain your CDA credential?

- 120 Hours formal training in the eight required CDA subject areas
  - Autobiography
  - Competency Statements
  - Resource Collection
  - Parent Opinion Questionnaires
  - Observation instrument by advisor completed on \_\_\_\_\_
  - Anticipated date of application for assessment by council \_\_\_\_\_
- OR Assessment was completed on \_\_\_\_\_

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

a. 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.

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b. 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.

## 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!*

### 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](mailto:linda.clark@ahs.state.vt.us)

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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!*

**Child Development Division**

**ATTN: Linda Clark**

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

*\*Good regulatory standing means that any regulatory violations have been corrected, no "Parental Notification Letter/s" have been mailed within a year of the application and the program has not demonstrated a pattern of repeated regulatory violations in the year prior to the application. The CDD may, upon request in an individual case, grant a waiver from this grant policy. A waiver may be requested by completing and signing the "alternative certification" at the end of this application.*