

# Child Development Associate Credential (CDA) Renewal Bonus

This application is for a bonus (up to \$150) for Vermont residents who have successfully renewed their Child Development Associates (CDA) for the first time. 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 the past 6 months by a CDD regulated child care facility.
- Demonstrate commitment to remain in the field for at least one year in Vermont.
- Successfully renewed CDA for the first time.
- Have not received a bonus from CDD for a CDA renewal

*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.*

## Contact Person

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

### 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: \_\_\_\_\_

## Application Deadline

By the first of any month

## 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 \_\_\_\_\_

Employer \_\_\_\_\_

License/Registration # \_\_\_\_\_

Date initial CDA was received \_\_\_\_\_



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**1) 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)

**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) Training for renewal requirements:**

Course \_\_\_\_\_

Institution \_\_\_\_\_

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

\_\_\_\_\_

**5) Attach your professional development plan.** 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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6) 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)

*\* 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 no demonstrated 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 policy. A waiver may be requested by completing and signing the "Alternative Certification" at the end of this application.*

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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!*

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