

# KIDS NOW CDA Mini-Grant Begins September 1, 2000!

Joan B. Tackett, Division of Child Care

Beginning September 1, 2000, CDA candidates can contact the Professional Development Counselor at their local Child Care Resource and Referral Agency and request to apply for the new "KIDS NOW--Child Development Associate (CDA) Mini-Grant". Only candidates who are nearing completion of their CDA credentialing requirements and will be ready to submit their Direct Assessment Applications to the Council for Early Childhood Professional Recognition (Washington, DC), for the **December 1, 2000, Quarterly Assessment Deadline (QAD)**, will be considered for approval at this time. The eligibility criteria for the KIDS NOW CDA Mini-Grant is outlined in the chart below.

Regular CDA Mini-Grants will also continue to be available, and will use the same deadlines. The application return deadline for both types of applications using the 12/1/00 QAD, is **September 15, 2000**.

Both CDA Mini-Grants pay the \$325 Direct Assessment Fee on behalf of eligible candidates. See details below:

<b>KIDS NOW CDA MINI-GRANT</b>	<b>CDA MINI-GRANT</b> (Funded by: Child Care Development Fund)
<p>(Funded by: Early Childhood Initiative)</p> <p><b>APPLICANT ELIGIBILITY CRITERIA:</b></p> <ul style="list-style-type: none"><li>α Must be a Kentucky resident</li><li>α Family income <u>will not</u> be considered as an eligibility factor and income verification <u>is not</u> required</li><li>α Must be employed, working 20 or more hours per week in a child day care program</li><li>α Employees of public school programs, Head Start or Kentucky Early Intervention System are <u>not eligible</u>, (as these entities have access to other training and education funds)</li></ul>	<p><b>APPLICANT ELIGIBILITY CRITERIA:</b></p> <ul style="list-style-type: none"><li>α Must be a Kentucky resident</li><li>α Family income <u>will be</u> considered and <u>must</u> meet income eligibility guideline; verification <u>is</u> required</li><li>α Applicants are <u>not</u> required to currently be employed in a child day care program, but <u>must</u> be a program volunteer, a student, on a work program, etc., and/or be seeking/planning employment in a child day care program</li><li>α Employees of public school programs, Head Start or Kentucky Early Intervention System <u>may apply</u>, but <u>must verify</u> funds are not available from any other source for payment of their CDA Assessment fee</li></ul>
<p><b>CONTACT:</b></p> <p><u>Professional Development Counselor</u> or <u>CCR&amp;R Coordinator</u> at your local Child Care Resource and Referral (CCR&amp;R) office for educational counseling, application information/approval, etc.</p> <p>See the CCR&amp;R listing in current LINK newsletter or call the KACCRRRA office's toll free number for your local CCR&amp;R Agency phone number &amp; address: <u>877-723-5002</u></p>	<p><b>CONTACT:</b></p> <p>Joan B. Tackett, Program Specialist Phone: (859) 246-2316</p> <p>Department for Community Based Services Division of Child Care 627 West 4<sup>th</sup> Street, Bldg. # 52, 3<sup>rd</sup> Floor Lexington, KY 40508-9990</p>

## DATES WHEN CANDIDATES CAN REQUEST CDA MINI-GRANT APPLICATIONS:

- If Using Council's March 1 QAD → Request Mini-Grant Application December 1 → Return Application December 15
- If Using Council's June 1 QAD → Request Mini-Grant Application March 1 → Return Application March 15
- If Using Council's September 1 QAD → Request Mini-Grant Application June 1 → Return Application June 15
- If Using Council's December 1 QAD → Request Mini-Grant Application September 1 → Return Application September 15

**FOR OFFICE USE ONLY**

File: \_\_\_\_\_  
Date Rec'd by CCR&R: \_\_\_\_/\_\_\_\_/\_\_\_\_  
For \_\_\_\_/\_\_\_\_/\_\_\_\_ QA Deadline

**KIDS NOW  
CHILD DEVELOPMENT ASSOCIATE  
KENTUCKY MINI-GRANT APPLICATION**  
*(PLEASE PRINT ALL ANSWERS CLEARLY)*

**I. APPLICANT PERSONAL DATA**

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Name (last) (first) (middle)

Home Address (if applicable-- Apartment Number)

City County of Residence State Zip Code

( ) ( )  
Area Code / Home Telephone # Area Code / Work Telephone #

If we need to call you about your application during the day, what is the most convenient time? \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_; DATE OF BIRTH: \_\_\_\_\_

Highest level of education completed: High School \_\_\_\_\_; GED \_\_\_\_\_;

Other (Specify): \_\_\_\_\_

**II. CANDIDATE STATUS**

- A. In order to become a candidate for the Child Development Associate (CDA) Credential, you must order the required CDA Candidate Application packet (\$17.75 fee), from the Council for Early Childhood Professional Recognition, Washington, DC. Have you ordered the packet? \_\_\_\_\_; Date ordered: \_\_\_\_\_
- B. The Council For Early Childhood Professional Recognition only accepts Direct Assessment Applications four (4) times a year. For which of the Council's Quarterly Assessment Deadline Dates (see below), will you have completed all of your CDA credentialing requirements and be ready to send your "Direct Assessment Application" and materials to the Council?

**CHECK ONE AND INSERT YEAR:**

March 1, 200 \_\_\_\_  June 1, 200 \_\_\_\_  September 1, 200 \_\_\_\_  December 1, 200 \_\_\_\_

### III. EMPLOYER/CHILD CARE PROGRAM OPERATION INFORMATION

A. Place of Employment: \_\_\_\_\_

\_\_\_\_\_

Mailing Address	City	State	Zip Code
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Current Position/Title: \_\_\_\_\_

Will payment of the \$325 Direct Assessment fee be available to you through your employer or any other agency or source?  
(Example: Head Start funding, Kentucky Early Intervention System, private/public school program, agency or employer, etc.):

No \_\_\_\_\_; Yes \_\_\_\_\_; If YES, by whom: \_\_\_\_\_

DIRECTOR of the Child Care program where you are employed, at least a minimum of 20 hours per week:

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name and Address of Employer (if different from place/location of employment) \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

B. Check the type of CDA credential you have selected to be awarded, if you receive a CDA Scholarship as a result of this application:

Center Based: *Infant/Toddler Endorsement*

Family Child Care

Center Based: *Preschool Endorsement*

Home Visitor (Head Start Employees)

C. If the program setting where your Observation Instrument was completed is licensed by the Kentucky Cabinet for Health Services, list the Division of Licensing and Regulations, license number and type of license below:

Number: \_\_\_\_\_

CHECK ONE:  TYPE I Licensed Child Day Care Facility;  TYPE II Licensed Child Day Care Facility

If this facility is NOT LICENSED, explain why not: \_\_\_\_\_

D. If program setting is a Certified Family Child Care Home, list the Certificate Number: \_\_\_\_\_;  
Certification Date: \_\_\_\_\_

E. Describe the Program where you are employed: Check AT LEAST ONE in Column I AND Check ONE in Column II:

Column I

- Head Start
- Military (Branch \_\_\_\_\_)
- Private Child Care Program
- Public School Program
- Kentucky Early Intervention System

Column II

- For Profit
- Non-Profit

#### IV. SELF-STUDY STATUS

	<u>YES</u>	<u>NO</u>
A. In order to become a candidate for the CDA Credential, the CDA Candidate must purchase the <b>Direct Assessment Candidate Application</b> packet (\$17.75 fee) from the Council. Have you bought and received the candidate packet?	_____	_____
B. Have you selected a child care professional to serve as your <b>Advisor</b> ? If "yes", list <b>name and phone #</b> : _____ _____	_____	_____
C. Has your <b>Advisor</b> completed your <b>Observation Instrument with you</b> ?	_____	_____
D. Have the <b>Parent Opinion Questionnaires</b> been completed and returned to you?	_____	_____
E. Have you completed the <b>120 clock hours of approved training, Professional Resource File, Statements of Competence and Autobiography</b> , in accordance with the Council's CDA requirements?	_____	_____
F. Have you completed the " <b>Direct Assessment Application</b> " form and obtained the required signatures of your <b>Director and Advisor</b> on the form?	_____	_____

#### V. EXPERIENCE AND EDUCATION REQUIREMENTS:

Candidates must have a minimum of 480 hours of experience working with preschool age children in groups within the past 5 years.

##### A. EXPERIENCE:

I have had \_\_\_\_\_ (number) hours of the **REQUIRED EXPERIENCE** within the past 5 years, working with children in the appropriate age group for the endorsement in which I plan to be credentialed (Check one below):

I have already met the experience requirement.

I do NOT currently meet the experience requirement. I will have completed the experience requirement by : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

##### B. EDUCATION

Candidates for CDA assessment must be able to fully document completion of **120 clock hours of approved, formal early childhood and child development education, within the past five (5) years**, and the Candidates must document **no fewer than 10 hours in each of the Council's Eight (8) Subject Areas**. (See Council's materials for full details).

-How many hours of the above *required* hours of education have you completed? \_\_\_\_\_

-If you have **not** yet completed the required 120 hours of education, by what **date** do you expect to have completed this requirement? \_\_\_\_\_

## VI. APPLICANT'S BASIS FOR REQUEST

Write a brief paragraph, explaining why you wish to earn the CDA Credential and how you think it will help you in working with young children in the early childhood profession: \_\_\_\_\_

## VII. APPLICANT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

I am a Candidate for the CDA Credential. I wish to apply for the \$325 KIDS NOW CDA Mini-Grant at this time. I understand this Mini-Grant pays the \$325 Direct Assessment Fee, on behalf of eligible Candidates, directly to the Council for Early Childhood Professional Recognition. I am a Kentucky resident, at least 18 years old, hold a high school diploma or equivalent and I am able to speak, read and write well enough to fulfill the responsibilities of a CDA Candidate. I have studied the CDA credentialing program's self-study information, and believe that I can complete the requirements for the setting (Center-Based, Family Child Care or Home Visitor) for which I am applying.

I understand that individuals convicted of a crime involving child abuse or neglect are ineligible to apply for or hold the CDA Credential. If I am approved for the Scholarship, I agree to provide follow-up information which may be requested by the Child Care Resource and Referral agency, as part of the reporting necessary for the KIDS NOW Initiative, regarding changes in my employment, salary, etc, after earning the CDA, as a result of being awarded the KIDS NOW CDA Mini-Grant.

I am willing to comply with the above requirements and confirm that all answers given to all questions on this application, and any enclosed documents, are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return completed application to the Professional Development Counselor or Coordinator at your local CCR&R by

DATE \_\_\_\_\_

CCR & R Address:

STATUS OF KIDS NOW--CDA APPLICATION:    **Approved**    **Denied**    **Pending**

NOTES:

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

Professional Development Counselor / CCR&R Coordinator

\_\_\_\_\_  
Date