



## Purchase Area Development District Child Care Resource & Referral

1002 Medical Drive -- P.O. Box 588  
Mayfield, Kentucky 42066-0588  
(270) 247-7171 or 1-877-352-5183  
[www.purchaseadd.org](http://www.purchaseadd.org)

### **Child Development Associate (CDA) Renewal Mini-Grant** (for providers working in licensed or certified child care in the state of Kentucky)

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Position / job title: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work e-mail: \_\_\_\_\_

Work address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date that current CDA credential expires: \_\_\_\_\_

Type of CDA credential that you will renew (circle one):

Center Based: Infant / Toddler

Center Based: Preschool

Family Child Care

Home Visitor

Please include a **copy** of the following (please do not send originals; these will not be returned):

- Current CDA credential
- Current First Aid certificate
- Proof that you have completed 4.5 Continuing Education Units (CEU) or a three-credit-hour course in early childhood education
- Proof of at least 80 hours of recent work experience with young children in licensed or certified child care in the state of Kentucky
- Proof of membership in a national or local early childhood profession association

Who will complete your Letter of Recommendation Form? This person must be an early childhood education professional? \_\_\_\_\_

**Child Development Associate (CDA) Renewal Mini-grant**

Please  
initial

- \_\_\_\_\_ I have purchased and completed my renewal packet from the Council for Professional Recognition.
- \_\_\_\_\_ I understand that this mini-grant will only pay for the \$50 CDA renewal fee.
- \_\_\_\_\_ I understand that the PADD / CCR&R will pay this fee directly to the Council for Professional Recognition.
- \_\_\_\_\_ I am a Kentucky resident and I work at least 20 hours / week in an early childhood program that is licensed or certified by the state of Kentucky.
- \_\_\_\_\_ I have not been convicted of a crime involving child abuse or neglect.
- \_\_\_\_\_ I will provide follow-up information and proof of the CDA renewal to the PADD / CCR&R upon receipt.

I give my permission to the Purchase Area Development District / Child Care Resource & Referral agency should they need to verify any information included on this application.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Please mail this renewal mini-grant application form and supporting documentation to:  
Attn Beth Carrico, PADD / CCR&R, P O Box 588, Mayfield KY 42066**

**Please allow 3-4 weeks for processing by the PADD.  
The \$50 check will be returned to you to mail along with your completed renewal packet.**

For more information about renewing your CDA, visit [http://www.cdacouncil.org/CDA\\_renew.htm](http://www.cdacouncil.org/CDA_renew.htm).

For PADD / CCR&R Use Only

Date received: \_\_\_\_\_

Status of application (circle one):

Approved

Denied

Pending

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PADD / CCR&R staff signature

\_\_\_\_\_  
Date approved