



Child Care Excellence Academy Application



EXTENSION
College of Agriculture,
Biotechnology & Natural Resources

All information is **required** for the application to be considered comprehensive and complete.

I. Applicant General Information			
Applicant Name:		Date of Application:	
Mailing Address:		City:	Zip:
Phone:	E-mail:		
Applicant Race* (select one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Multiracial		Applicant Ethnicity* (select one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Applicant Gender* (please self-identify):
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other languages do you speak?			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter date and type of crime:			
Have you completed a background check in the past one year? <input type="checkbox"/> Yes <input type="checkbox"/> No Result:			
Have you ever worked in the child care field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximately how many years:			
<i>*These items are required for federal reporting purposes.</i>			

II. Applicant Background Information		
Education- Beginning with High School/GED:		
<i>*Please note, a High School Diploma or GED must be obtained by the end of the Child Care Excellence Academy.</i>		
Name of School/Program	Date of Completion (or anticipated date)	Degree, if applicable
1.		
2.		
Work History :		
Name of Employer	Position	City/State Number of Years Phone
1.		
2.		
3.		

III. Resource Needs
In order to be successful in this paid training, I need support with the following resources:
<input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Child Care <input type="checkbox"/> Early Intervention <input type="checkbox"/> Post-Partum <input type="checkbox"/> Mental Health <input type="checkbox"/> Translation <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Dental/Vision Insurance <input type="checkbox"/> WIC <input type="checkbox"/> SNAP/TANF <input type="checkbox"/> Domestic Violence/Trauma <input type="checkbox"/> Other: _____

IV. Applicant Goals
Describe why you'd like to be in the Child Care Excellence Academy:

IMPORTANT: By signing below, I understand that information contained on this form is subject to verification by The Children's Cabinet.		
Signature of Applicant	Printed Name	Date

Email Application & Documents in PDF Format or Word Document to: ExcellenceAcademy@childrencabinet.org



Child Care Excellence Academy Agreement Form



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FIRST Name: _____

LAST Name: _____

The Child Care Excellence Academy Schedule is a 40 hour week for 5 months beginning Monday, April 29, 2024. While some training and project activities can be completed virtually, all trainees are required to be available from 8:00am to 5:00pm Monday through Friday. **Please initial each item below, sign and return this form.**

If accepted into the Child Care Excellence Academy you agree to the following:

_____ I have reviewed the detailed training schedule for the Cohort 1 of the CCEA, which begins April 29, 2024-September 27, 2024 and can commit to the schedule throughout the full training series.

_____ I understand I will receive a stipend for the hours I attend training and project hours and I will be required to sign in and out to verify the number of hours spent on these activities.

_____ I understand that any payments I receive from The Children's Cabinet are taxable and I will receive a 1099 tax document.

_____ I understand that I will be given a computer to access the training and assignments for the CCEA. This computer is mine to keep after completion of the CCEA. However, if I do not complete the CCEA, I must return the computer to program staff or I will be charged for the expense of the computer.

_____ I have reviewed the Disqualifying Crimes List and attest that I have not been convicted of any of the crimes listed.

_____ I understand my classroom hours may be observed by coaches and assessors throughout the CCEA and I must actively participate in all scheduled coaching sessions.

_____ I understand that I must attend all training sessions, classroom hours, and case management appointments. Failure to attend and participate may result in being dropped from the CCEA. **Absences cannot exceed 5 days during the 6 month paid training program.**

_____ I understand I must complete all assignments and/or additional homework assigned by the instructor.

_____ I understand the CCEA is only available to candidates who will be placed in a licensed child care center to work directly with children ages 0-2 or 3-5 years old and will work toward a CDA Credential based on the age group I am placed with.

_____ I understand that this is a hybrid program and I will be required to complete training hours on online, and in-person to meet the requirements for my CDA credential and CCEA completion.

_____ I understand I must be on time to each training and all classroom hours. During that time I will remain in class until dismissed by the instructor. Candidates missing more than 15 minutes of any training will not receive training hours for that training.

_____ I understand that while participating in virtual trainings, I must be on camera and actively participate.

_____ I understand that upon completing a minimum of 480 clock hours working in a classroom is required to earn a CDA Credential and to complete the CCEA. Upon completion of CDA training, project hours and classroom requirements, I will have additional steps that I will must complete to receive the CDA Credential.

_____ I understand my CDA application must be submitted to the Council for Professional Recognition by September 30, 2024.

I have read, understand and agree to comply with the above statements.

Signature: _____

Date: _____



Child Care Excellence Academy Application Checklist



We are excited to announce the launch of the Child Care Excellence Academy (CCEA). The CCEA is a 5-month paid training program for people who are interested in becoming a child care professional. The CCEA is a full time (40 hours a week) paid program that includes early childhood training, project hours, wraparound support, career pathway planning, classroom hours, all requirements to earn a Child Development Associate (CDA) Credential, and employment matching for each trainee to a child care center. Each trainee will select a CDA track for children ages 0-2 or 3-5.

If accepted into the CCEA, a TB test and background check is required. We will also schedule a pre-training needs assessment and collect any necessary documentation. All applicants will be notified of the results once determinations have been made.

To be eligible for the CCEA, applicants must be 18 years of age and meet the following criteria:

Mandatory Submissions with Application (in PDF format or Word Document):

- Copy of Nevada Driver's License or Identification Card
- Completed Application
- Signed Agreement Form

Additional Documents: May be submitted later if not available at the time of application.

- Copy of W-9
- Background Check Confirmation
- Photo Release
- Confidentiality Policy
- Get to Know Me Document
- High School Diploma or General Education Diploma (GED)

Email all mandatory documentation and any additional documentation you have acquired at this point to:
ExcellenceAcademy@childrenscabinet.org

You may also submit all documentation by drop off or mail to:

The Children's Cabinet
Attn: Child Care Excellence Academy
961 Matley Lane, Suite 110
Reno, NV. 89502
(775) 391-5727