



Child Care Excellence Academy Center 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):
*These items are required for federal reporting purposes.			

II. Child Care Center Information			
Provider Type: <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care <input type="checkbox"/> Center <input type="checkbox"/> Out of School Time			
Child Care Name:			
Physical Address:	City:	County:	Zip:
Number of classrooms? Total Capacity # ____ Ages 0-12mo. ____ Ages 12-24mo. ____ Ages 24-36mo. ____ Ages 36-60mo. ____			
Number of classroom employee positions currently vacant: <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9+ Current Number of employees:			
Summarize the quality improvement initiatives you have implemented in your child care center:			
Name of QRIS Coach (if applicable):		Current Star Rating:	
Name of Internal Coach (if applicable):			

To be eligible for consideration, you must provide the following documents:

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

- Completed Application and Agreement Form
- Summary of Child Care Center Educational Philosophy

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

- Copy of Employment Handbook
- Copy of Parent Handbook
- Copy of W-9

Email all mandatory documentation and any additional documentation you have acquired at this point to:

ExcellenceAcademy@childrenscabinet.org

IMPORTANT: By signing below, I also 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@childrenscabinet.org



Child Care Excellence Academy Agreement Form



Child Care Center Name: _____ Address: _____

The CCEA is a 5-month paid training program for people who are interested in becoming a child care professional with little or no experience. The CCEA is a full time hybrid 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 licensed child care center. We are seeking child care centers to partner with us by employing trainees based on a seriated training schedule. Please sign and return this form with the Application to be considered for this partnership.

Responsibilities of the Child Care Provider:

1. Be a licensed child care center that is star-rated by QRIS with a start rating of 2 or higher and/or have dedicated internal coaching and quality improvement processes in place.
2. Understand that any trainee that is placed in my center will be unavailable to work on training days while in the CCEA.
3. Allow for prearranged trainee tours, coaching visits and practice assessments during dates and times prescheduled.
4. Agree to provide a high quality employment experience by following child care licensing regulations, ensuring breaks and unpaid lunch time are offered and by allowing the trainee to participate in on-site coaching/mentoring from the CCEA staff.
5. Agree to pay the trainee a minimum hourly pay rate of \$14 while in the CCEA and increase that amount to a minimum of \$17 an hour at the end of CCEA, if choosing to retain the trainee.
6. Agree to notify the CCEA staff if the trainee misses any work they are scheduled for (the trainee can miss no more than 5 days of training hours or work days to remain in the CCEA).
7. Agree to supply the CCEA staff with information about my program that would help ensure the trainee is informed of programmatic philosophy and operational standards to promote the best match possible.
8. Understand that each trainee will begin the background process once hired at the matched center and the Director will provide the documents needed to process the background check request.
9. Understand that if I have any issues arise with a trainee who is employed, the center will work with the CCEA staff to mitigate issues and work together to create a performance improvement plan. However, if behavior is egregious and requires immediate termination per the center's employee handbook, I will communicate with the CCEA staff immediately.
10. Understand each trainee must work all hours in classrooms with children ages 0-2 or 3-5 years old, depending on the CDA specialized that the trainee selects.
11. The Director must attend an orientation to the CCEA to learn about the CDA program and receive guidance on coaching support after the trainee completes the CCEA.
12. Understand that the trainee must complete a minimum of 480 clock hours working in a classroom, which is required to earn a CDA Credential and to complete the CCEA.
13. Agree to support the trainee in receiving the CDA Credential by allowing the Council for Professional Recognition to conduct an onsite visit by September 30, 2024.

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

Signature: _____

Date: _____