

Request for Applications (RFA) 20200105 ECS

Early Childhood Services (ECS) Transition Liaison

The Mississippi Department of Human Services (MDHS) is seeking a contractor for the agency to assist the MDHS Division of Early Childhood Care and Development (DECCD) with facilitating a seamless transition of management of Early Childhood Academy services from the Mississippi Community College Board (MCCB) to the DECCD. The term of the contract shall be about six (6) months (January 15, 2021 – June 30, 2021) with no renewal options. The rate of pay shall be \$50.00 an hour not to exceed 1,040 hours during the period of performance. No fringe or travel will be paid by MDHS. The contract worker will report directly to the DECCD Director.

Scope of Services

The ECS Transition Liaison will work with DECCD Leadership to:

- Provide daily consultation and support to DECCD leadership regarding Early Childhood Academy processes and how to replicate those processes within with the new Resource & Referral system.
- Assist DECCD leadership through consultation on the usage of the Provider Integrated Portal and the Child Care Standard Designation process.
- Coordinate and plan monthly meetings with R&R Network Staff.
- Write and review correspondence to Resource & Referral Network Staff as needed.
- Write and review correspondence to Child Care Provider as needed.
- Schedule regular, regional meetings with child care providers statewide to get feedback on DECCD services and needed changes/improvements.
- Assist DECCD Leadership by functioning as a liaison between child care providers and DECCD.

Promotion of Network

- Coordinate efforts with the DECCD Leadership to promote DECCD funded services for child care providers and families including: child care payment program, Healthy Families Mississippi Program, Resource & Referral (R&R) services, training and technical assistance services, etc.
- Develop and coordinate promotion of DECCD funded services through social media, public service announcements, public events, child care and other education conferences, radio and television interviews, etc.

Consumer Education Website

- Identify how to make consumer education website accessible and client/end-user friendly.
- Identify changes that need to be made on a regular/weekly/monthly basis to meet Federal guidelines and requirements.
- Facilitate updates to consumer education website.

Minimum Qualifications

- A master's degree in early childhood education, elementary education, educational leadership, human development and family science, special education (with an early childhood emphasis), child psychology (with emphasis on child psychology), or family and consumer sciences (with emphasis on child development) issued by an accredited college or university; or an equivalent degree from another child-related field or course of study.
- Minimum of three to five years' experience in management of early childhood education support programs including child care resource and referral services, early childhood professional development training, early childhood technical assistance.
- Successful applicant must comply with *Miss. Code Ann., Title 25, Chapter 4, Article 3, Conflict of Interest; Improper Use of Office.*

Preferred Qualifications/Experience (the following are desired and may be given additional consideration but are not required)

- Experience with establishment of child care support networks including branding, public relations, and client relations.

Other

MDHS will provide space, as needed, at its central office at 200 South Lamar Street, Jackson, MS 39201. The contractor will be expected to spend part of the time at the MDHS central office. While the contractor is not required to spend any specific amount of time in this State-provided space, because of the need to meet with stakeholders and communities across the state, it is expected that working from State-provided space will enhance the contractor's ability to successfully perform contract requirements.

Application Information

MDHS will accept applications until 5:00 p.m., December 29, 2020, for the purpose of hiring a contract worker. Applications can be found online with this request. Applications can be submitted to MDHS via electronic mail to ProcurementServices@mdhs.ms.gov or by hand delivery to 200 South Lamar Street, Jackson, MS 39201. For more information please contact Bryan C. Wardlaw by email at ProcurementServices@mdhs.ms.gov or phone 601-359-4500.

STATE OF MISSISSIPPI APPLICATION



Return Completed Application to:
Mississippi State Personnel Board
 210 East Capitol Street, Suite 800
 Jackson, MS 39201
 www.mspb.ms.gov

For Staff/Official Use Only

Received: _____

Important! Please Read Before you begin the application process:

Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

POSITION #:	POSITION TITLE:
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PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Specialist's Degree	

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES NO
 IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7 8 9 10 11 12

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES NO
2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- _____
- (AGENCY NAME) (CURRENT JOB TITLE)
3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES NO
4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- _____
- (AGENCY NAME) (PREVIOUS JOB TITLE) (DATE OF RIF)
5. ARE YOU A VETERAN OF THE ARMED FORCES? YES NO
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? YES NO
7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?
 YES NO

TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)

- | | | |
|--|---|---|
| 8. INDICATE YOUR RACE
<input type="checkbox"/> AMERICAN INDIAN
<input type="checkbox"/> WHITE
<input type="checkbox"/> HISPANIC
<input type="checkbox"/> BLACK
<input type="checkbox"/> ASIAN
<input type="checkbox"/> Other | 9. INDICATE YOUR GENDER
<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE | 10. AGE GROUP:
<input type="checkbox"/> UNDER 18
<input type="checkbox"/> 18-25
<input type="checkbox"/> 26-39
<input type="checkbox"/> 40-54
<input type="checkbox"/> 55-69
<input type="checkbox"/> 70+ |
|--|---|---|

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE

SUPPLEMENTAL QUESTIONS

Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

ADDITIONAL WORK HISTORY**JOB INFORMATION**

JOB NUMBER:	POSITION TITLE:
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COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED
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DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
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SCHOOL LOCATION (CITY/STATE)	MAJOR
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SCHOOL NAME	DEGREE RECEIVED
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DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATES ATTENDED
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SCHOOL LOCATION (CITY/STATE)	MAJOR
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CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
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ADDRESS	CITY	STATE
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COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
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HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DUTIES
