

## **Request for Applications (RFA) 20210106 ECTS**

### **Early Childhood Training Specialist (ECTS)**

The Mississippi Department of Human Services (MDHS) is seeking multiple contractors for the agency to assist the MDHS Division of Early Childhood Care and Development (DECCD) with providing training to early childhood providers on topics related to the care and education of children from birth through 12 years of age in the child care setting. The term of the contract shall be about four (4) months (March 1, 2021 – June 30, 2021) with no renewal options. The rate of pay shall be \$45.00 an hour not to exceed 704 hours during the period of performance. No fringe or travel will be paid by MDHS. The contract worker will report directly to DECCD Director of Program Design and Implementation.

### **Scope of Services**

Early Childhood Training Specialist(s) will work with DECCD Leadership to:

- Provide Professional Development Training sessions, specific to the care of children from birth through 12 years of age in the child care setting, to licensed child care center staff, unlicensed or license-exempt child care providers, Head Start teachers, and other early child care and education professionals.
- Provide training sessions in designated geographic areas across the state in a variety of formats including but not limited to in-person, virtual, public and private trainings.
- Coordinate and plan training sessions in cooperation with the local Resource and Referral (R&R) Network Sites, at various times including days and nights, throughout the week and weekend to ensure availability to the childcare workforce.
- Work with DECCD leadership to establish a continuum of Professional Development topics that are specific to the quality care of children birth through 12 years of age and are aligned with the Mississippi Early Learning Standards for Infants and Toddlers, Mississippi Early Learning Standards for Three-Year-Old and Four-Year-Old children, and evidence and researched-based content.
- Provide a minimum of six (6) trainings per month for the duration of the contract period.
- Assist with creating training sessions to include the PowerPoint content and handouts.
- Assist the R&R Network Sites with planning and implementing family engagement events and other R&R activities.
- Work with R&R Network and MDHS staff to coordinate and attend meetings with regional childcare providers to build relationships and promote communities for quality care of children.
- Submit activity reports to DHS leadership weekly.

### **Minimum Qualifications**

- a) A master's degree from an accredited college or university in early childhood education, child development, 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), or equivalent degree from another child-related field or course of study.

-AND-

At minimum one (1) year of experience providing professional development/adult education for early childhood practitioners, child care licensure, or other training specific to working with children age birth through 12 years of age.

-OR-

At minimum three (3) years of experience working in early childhood education (i.e., teaching, administration, curriculum implementation or design, professional development/adult education for early childhood practitioners, child care licensure).

-OR-

- b) A bachelor's associate degree from an accredited community or junior college in early childhood education, child development, 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), or equivalent degree from another child-related field or course of study.

-AND-

At minimum two (2) years of experience providing professional development/adult education for early childhood practitioners, childcare licensure.

-OR-

At minimum four (4) years of experience working in early childhood education (i.e., teaching, administration, curriculum implementation or design, professional development/adult education for early childhood practitioners, childcare licensure).

Successful applicant must comply with *Miss. Code Ann., Title 25, Chapter 4, Article 3, Conflict of Interest; Improper Use of Office.*

### **Other**

Although there will be no designated work site or office, the contractor can utilize the resources at all R&R sites statewide. The ability to travel extensively, including overnight is required. The travel will include, but is not limited to, areas assigned by MDHS leadership. The contractor will be expected to attend all meetings and trainings requested by MDHS. At times, walking, bending, kneeling, and lifting objects, not to exceed 40 pounds, may be required. MDHS will provide needed equipment, but contractor may be liable for equipment damages.

### **Application Information**

MDHS will accept applications until **5:00 p.m., February 10, 2021**, for the purpose of hiring a contract worker(s). Applications can be found online with this request. Applications can be submitted to MDHS via electronic mail to [ProcurementServices@mdhs.ms.gov](mailto:ProcurementServices@mdhs.ms.gov) or by hand delivery to 200 South Lamar Street, Jackson, MS 39201. For more information please contact Jennifer Austin by email at [ProcurementServices@mdhs.ms.gov](mailto: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)**

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

### 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	
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"/>	DATES ATTENDED
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

### WORK HISTORY

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

DUTIES
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