MDHS Early Child Care Development Initiative (ECCDI) Scholarship Payment Program

INTERESTED INDIVIDUALS

MDHS
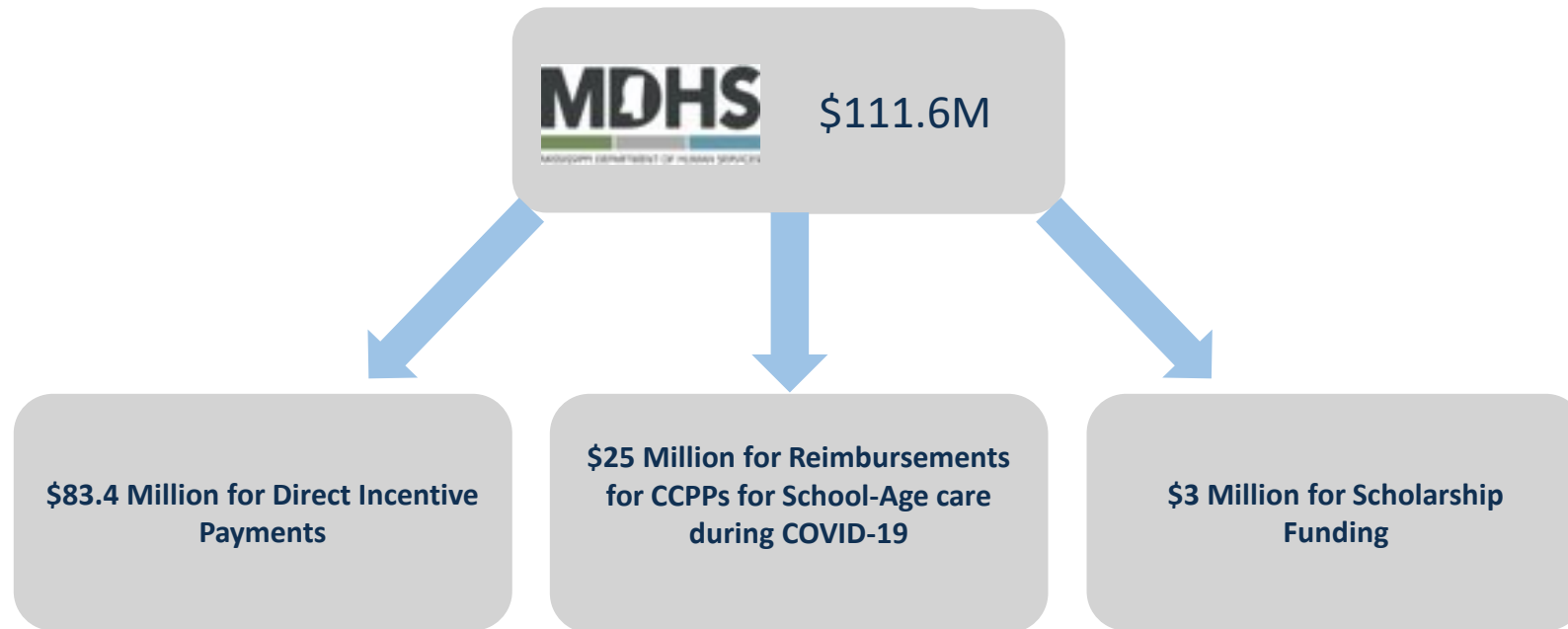MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

MDHS ECCDI Mission

These programs reflect our commitment to supporting childcare educators, improving the quality of childcare services, and assisting providers during challenging times. We look forward to partnering with employees and providers to ensure the success of these initiatives!

MDHS ECCDI: Program Overview

$111.6M

$83.4 Million for Direct Incentive Payments

$25 Million for Reimbursements for CCPPs for School-Age care during COVID-19

$3 Million for Scholarship Funding

MDHS ECCDI: Program Specific Goals

- **Direct Incentive:** Recognizing and rewarding the hard work and dedication of individual teachers within CCPP-participating childcare programs.

- **School Age Reimbursement:** Will be designed to offer financial support to CCPP-participating childcare providers who extended their services to provide full-time care to school-age children during pandemic-related school closures.

- **Scholarship Payment:** Supporting eligible employees in CCPP-participating childcare programs as they pursue higher education in the field of child development.

Resources

- MDHS ECCDI Main Page: https://mseccdi.com/
- Resources Page: https://mseccdi.com/resources/
- Call Center:
  - Monday to Friday
  - 8:00am to 5:00pm CST
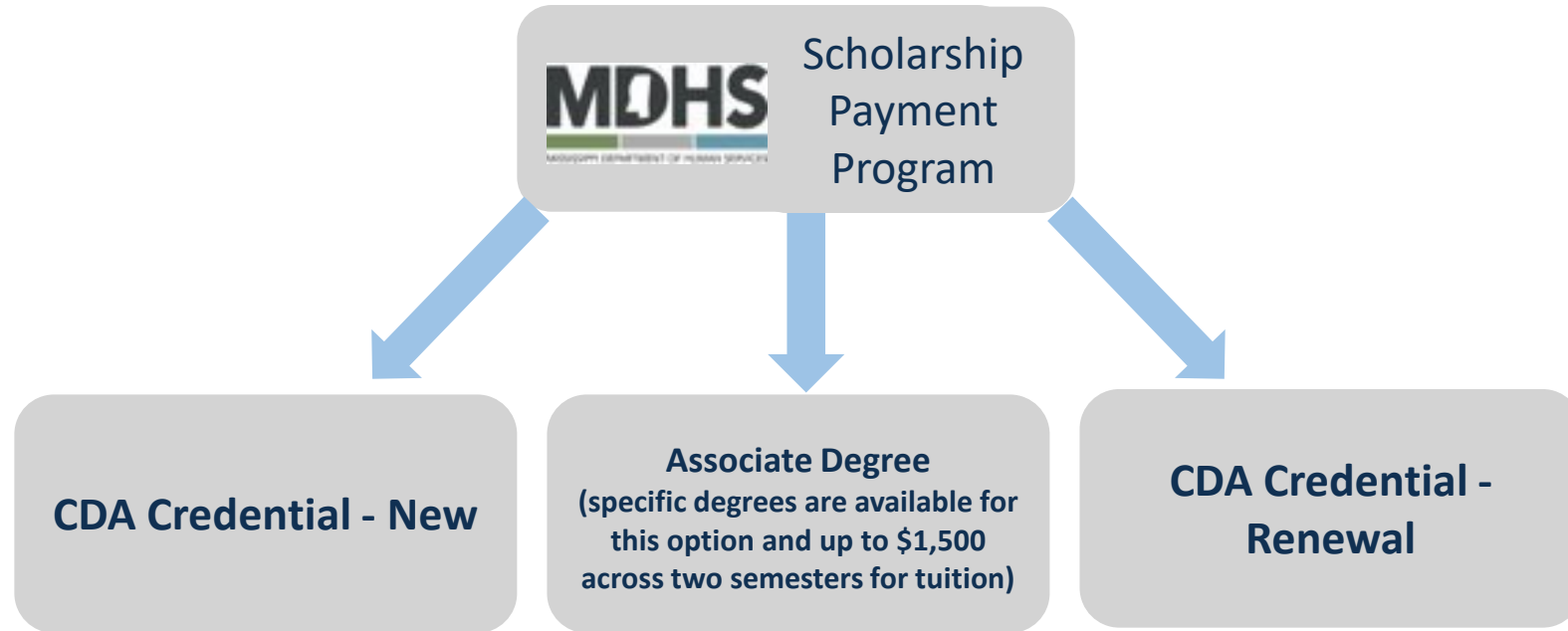 - 601.258.3402

ECCDI Scholarship Payment Program

MDHS ECCDI: Scholarship Payment Program

- Individuals employed by a CCPP facility may be eligible to receive financial aid to assist them with specific education opportunities
- Eligible months to be approved and receive aid is now until **August 1, 2024**

MDHS ECCDI: Scholarship Payment Program

Scholarship Payment Program

CDA Credential - New

Associate Degree
(specific degrees are available for this option and up to $1,500 across two semesters for tuition)

CDA Credential - Renewal

*Applicants are only allowed to participate in one Scholarship Payment Program option.

Scholarship Payment Program: Applicants

- Applicant Eligibility Requirements:
  o Must be employed by a CCPP facility
  o Must, at minimum, meet part time hours (15 hours per week)

- Documentation Requirements:
  o Valid Photo Government ID
  o Letter of Suitability or a Pay Stub (within 30 days of submitted application)
  o Proof of enrollment/acceptance into an approved Mississippi accredited community college, if applying for the Associate degree opportunity

Portal Walk Through

Portal Walk Through

- Website address: https://mseccdi.com/

Portal Walk Through

Portal Walk Through

Portal Walk Through

Portal Walk Through

My Applications › Scholarship Payment Program › **New Application**

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1. Program Overview

Overview

Welcome to the Mississippi Department of Human Services (MDHS) Scholarship Payment Program. This program was created to provide educational opportunities for individuals who help take care of children at Child Care Payment Program (CCPP) facilities in Mississippi.

To qualify for this program, you need to meet certain requirements:

• You must be working at a child care provider that is part of the Child Care Payment Program (CCPP). Your provider should have been approved by MDHS.

• If you receive financial assistance toward continuing your education from this program, you must continue working at a CCPP program through September 2024.

• You must also commit to working in childcare until September 2025.

Program Structure

Here's how the program works:

• **Scholarship Payment Program:** This program revolves around assisting individuals employed at a Child Care Payment Program-participating child care facility the opportunity to receive financial support through a variety of MDHS approved options.

• **Budget Allocation:** MDHS has set aside a fund of $3,000,000 for this program. This money comes from the American Rescue Plan Act (ARPA) and shows how much MDHS cares about making child care a great place to work.

The goal of this program is to make child care even better by providing pathways for individuals to pursue higher education opportunities and making child care facilities stable and safe for kids. When you join this program, you're not only taking part in a great opportunity for yourself, but you're also helping kids and their future. We'd love to have you be part of this important journey!

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2. Pre-Registration Eligibility

Pre-Registration Eligibility Checklist

Before you begin the registration process for this program, we want to ensure that your time is well spent, and you meet the basic criteria essential for participation. Please carefully review and respond to the following eligibility checkpoints.

If you meet all these criteria, you are welcome to proceed with your application. If not, we appreciate your interest and suggest exploring other opportunities that better align with your current circumstances.

Current Employment Status *

Are you currently employed at a child care facility? For purposes of this application, you must work at least 15 hours per week on average to be eligible.

○ Yes   ○ No

Commitment to Continued Service in the Childcare Sector *

Post the completion of the program, are you willing to continue working in the childcare sector for a minimum duration of one year?

○ Yes   ○ No

Child Care Payment Program (CCPP) Facility

Is your employer a Child Care Payment Program (CCPP) facility? *

○ Yes   ○ No

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3. Applicant Information

Applicant Information

First Name *
Please enter your given name as it appears on official documents.

Middle Name
Include your middle name or initial if applicable.

Last Name *
Provide your surname or family name.

Social Security Number (SSN) *

Date of Birth *
mm/dd/yyyy

Street Address *

City *

State *
SELECT

Zip Code *

Email Address *

Mobile Phone *

Personal Phone Number *

Gender *
SELECT

Ethnicity *
SELECT

Race *
SELECT

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4. Employment Verification

To confirm your employment status and ensure a smooth application process, please upload required documents that support your application responses. Be sure to provide clear and readable copies to avoid any verification delays.

Verification of Employment or Suitability for Employment

To validate your current employment status or your eligibility for employment, please provide one of the following documents:

Recent Pay Stub: This should display your full name, employer's name, and date of issue.
Letter of Suitability for Employment: This official letter, issued by the Mississippi State Department of Health, confirms that a comprehensive background check—including criminal records, sex offender registry, and child abuse central registry—has been conducted on you. This serves as a testament to your suitability to work or volunteer in a facility.

Please upload your chosen document below:

Note: If uploading a Letter of Suitability, it should be on official letterhead with a signature from an authorized person.

Eligibility for employment *

◯ Recent Pay Stub - Last 30 Days

◯ Letter of Suitability for Employment

⬆ Drop a file here or browse   Upload file

15 MB limit. Allowed types: .pdf,.jpg,.jpeg,.png.

Employment Details

Hours Worked per Week (Subject to verification by employer) *

Please specify the average number of hours you work per week. This information will be verified with your employer at a later stage in the application process.

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5. Program Selection

Please select the program assistance you are applying for:

Note: Please make sure to select the program that most aligns with your educational goals and the requirements set forth by the Mississippi Department of Human Services (MDHS). You can find detailed information about each program in the program overview section and at https://mseccdi.com/.

CDA Credential - New

Be advised, if you are approved for the Child Development Associate (CDA) Credential you will not be eligible for the Associates Degree Program.

What is your CDA Customer ID? *
If you do not already have a CDA Customer ID, please visit yourcouncil.org to create an account.

What is the email you are using for your CDA Council account? *

What specialty certification are you seeking? *

Select

If you have applied to the MDHS Direct Incentive Program, what is your application number?

Have you completed CDA specific training for your selected certification specialty? *

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7. Terms & Conditions

Obligations   Acknowledgements

Terms & Conditions

Before proceeding with your application, please read and understand the following terms and conditions that govern your participation in the program. Your adherence to these conditions is vital to maintaining the integrity and effectiveness of the program.

Obligations

• I hereby commit to remain continuously employed by a childcare provider participating in the CCPP for the entire duration of the program (program ends in September 2024). This commitment is essential to fostering stability and growth within the childcare sector and to reap the full benefits of the program.

• Following the successful completion of the program (September 2024), I pledge to continue working in the childcare industry for at least one year. This commitment aims to apply the knowledge and skills acquired during the program effectively and to contribute positively to the childcare sector.

• I understand that I will be required to provide periodic updates on my employment status while in this program and for one-year after completion of the program to ensure compliance with this commitment. This will involve submitting proof of employment or other relevant documents as requested by the program administrators.

• I understand that participation in the program may necessitate communications with my employer for verification processes or other related aspects. This could involve discussions regarding my employment status, work performance, or other relevant details.

• I understand that participation in the program may necessitate communications with educational institutions, the CDA Council, and other entities. This could involve personal identification information (PII) such as but not limited to: date of birth, email, SSN, etc.

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7. Terms & Conditions

Obligations   **Acknowledgements**

Acknowledgements

• I acknowledge that failure to submit the required documents may result in delays of reimbursements or disqualification.

• I consent to the collection, storage, and use of my personal information as necessary for the administration of the program. I understand that the program is committed to safeguarding my privacy and will handle my data in accordance with applicable privacy laws and regulations.

• I consent and understand that my employment details and progress in the program may be shared for monitoring and evaluation purposes.

• I am aware that I will receive a Form 1099 for tax purposes reflecting the amount of incentives or reimbursements received during the tax year. This form will be used to report any income from this program on my annual tax return.

Acceptance of Terms

By providing my electronic signature below, I certify that all information submitted in the application process is true and correct, and I understand that any misrepresentation, falsification, or omission of any facts called for in the application may result in disqualification from the program. I affirm that I have read, understood, and agree to comply with the terms and conditions stipulated above. I acknowledge that any breach of these conditions may result in penalties including but not limited to disqualification from the program. I am aware that failure to comply with the above terms may result in repercussions, including but not limited to the revocation of awards, potential recoupment of funds received, or exclusion from future participation in similar programs.

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e-Signature: *
Please sign your full name to serve as your electronic signature.

Draw   Upload

Clear

After Submission

- **Review Team** – our Review Team will reach out to you if anything else is needed for your application. They will also be verifying that you are listed in LARS and if you are employed at an unlicensed facility you will need to upload a recent pay stub and letter of suitability.

- **Denials** – if denied, there is an appeal process; you will have 60 days from the date of the denial notice.

Additional Resources

Outside Resources

CDA Council Main Page: https://www.cdacouncil.org/en/

- Monday to Friday
- 8:00am – 7:00pm EST
- Phone Number: 800.424.4310
- Email Address: cdafeedback@cdacouncil.org

Teachstone Main Page: https://teachstone.com/

- Monday to Friday
- 8:00am – 8:00pm EST
- Phone Number: 866.998.8352
- Email Address: contact@teachstone.com

Frequently Asked Questions

- Resources Page: https://mseccdi.com/resources/

- What items will be paid for in regard to an applicant receiving their CDA Credential for the first time?
  - Required CDA Competency Standards Book (specific to the applicant's specialty)
  - Training required by the CDA via Teachstone (if the applicant does not have prior CDA specific training)
  - CDA online application fee

- When will the Associate Degree and CDA Credential Renewal options be available?
  - The Associate Degree application will be open in the near future.
  - The CDA Credential Renewal application will be open at a later date.
  - To receive communication for when these opportunities are available, please register for notifications on the https://mseccdi.com/ website.

Questions?

Thank You!

www.mseccdi.com