



Coordinated Child Care of Pinellas, Inc.
6500 102nd Avenue, North Pinellas Park, FL 33782

Child Care Quality Improvement Initiative (CCQII)
New Employee Screening and Training Scholarships (N.E.S.T.S.)

Participant/Employee Agreement

This scholarship program is funded by the Juvenile Welfare Board (JWB) and administered through Coordinated Child Care of Pinellas, Inc. (CCC). The purpose is to assist child care centers and large family child care homes with the up-front costs associated with meeting Pinellas County License Board (PCLB) requirements when new employees are hired (i.e. Level II Background Screening, Introductory Child Care Training, competency exams, Early Literacy/VPK Emergent Literacy training, and Developmentally Appropriate Practices (DAP) training modules).

This Agreement is entered into between CCC and \_\_\_\_\_
Participant/ Employee name (please print)

As the Participant/Employee; I understand and agree to the following:

- I will register for and take training classes led by an instructor (no online training classes) with the exception of the Early Literacy or VPK Emergent Literacy training.
I will remain employed with \_\_\_\_\_ for the duration of my participation in the program.
The program will pay for the Level II background screening, the required 30 hour Child Care Introductory training (Part I), one 10-hour DAP training (Part II), 5-hour Early Literacy or VPK Emergent Literacy training, and competency exams.
I must attend all training classes and work to the best of my ability to complete all training requirements.
If I miss more than 3 hours of the 30 hour training as required by the Pinellas County School Board, I will no longer be eligible to participate which could affect my employment status.
If I miss a scheduled DAP class, I am required to make up the class at my own expense. If I choose to not make up the class I understand that I will no longer be eligible to participate.
I have 90 days from the date of my first training class to complete the 30 hour Child Care Introductory Training and an age-appropriate DAP training.
I have 6 months from the date of completion of the above training classes to complete and pass the required competency exams.
If I miss a scheduled appointment for any competency exam, I am required to reschedule the exam(s) at my own expense. If I choose to not make up the exam, I understand that I will no longer be eligible to participate.
I am responsible for ensuring that designated CCC staff receives documentation of my final completion of all training requirements and successful completion of the competency exams.
I understand that failure to complete all training requirements may jeopardize my chances of receiving future assistance and require me to reimburse any funds paid on my behalf.
I will notify designated CCC staff of any changes to my employment and/or contact information.

As a scholarship recipient, I have read, understand and agree to the aforementioned program requirements.

Participant/Employee Signature

Date

CCC Scholarship Representative

Date