

Investing in Early Educators Stipend Program

Cycle 16A

Instructions and Application for Persons Working in Child Development Centers

A project of the Los Angeles County Child Care Planning Committee
administered by the Office of Child Care
with funding from the California Department of Education

***Welcome to all
Race to the Top-Early Learning
Challenge staff!***

***Permit Policy Change:
You may participate in three (3) cycles
while taking classes toward your Child
Development Permit.***

***For information on earning a permit
contact the Commission on Teacher
Credentialing (CTC) at www.ctc.ca.gov,
the Child Development Training
Consortium at
www.childdevelopment.org or the
Child Development Department of your
Community College***

INVESTING IN EARLY EDUCATORS STIPEND PROGRAM



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INVESTING IN EARLY EDUCATORS STIPEND PROGRAM – CYCLE 16A

For Persons Working in Child Development Centers

FUNDING FOR CYCLE 16 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/EARLY EDUCATION AND SUPPORT DIVISION (CDE/EESD).

Instructions

Schedule for Stipend Program – Cycle 16	
Stipend Program Cycle 16 applications posted on the website at www.childcare.lacounty.gov	August 2014
Applications with supporting documents due:	Mail in: Thursday, October 16, 2014 (postmarked) Walk in: Thursday, October 23, 2014
Application Disqualification Letters mailed by:	Monday, January 5, 2015
Appeal Letters for Application Disqualification due:	Wednesday, January 14, 2015
Verification Forms mailed to eligible applicants by:	Monday, February 2, 2015
Verification Forms with supporting documents due:	Mail in: Thursday, March 5, 2015 (postmarked) Walk in: Thursday, March 12, 2015
Verification Disqualification Letters mailed by:	Friday, May 1, 2015
Appeal Letters for Verification Disqualification due:	Tuesday, May 12, 2015
Stipends sent to qualifying applicants:	July/August 2015

READ ALL INSTRUCTIONS CAREFULLY BEFORE AND WHILE COMPLETING THE APPLICATION AND PROVIDE ALL INFORMATION AND DOCUMENTS REQUESTED.

Overview

The *Investing in Early Educators Stipend Program* - funded by the California Department of Education/Early Education and Support Division (CDE/EESD), developed by the Los Angeles County Child Care Planning Committee administered by the Office of Child Care - is designed to increase the retention and academic preparedness of teachers working in child development programs – centers and family child care homes – in which most of the children are subsidized by the CDE/EESD. In addition, the *Stipend Program* helps teachers work towards completing college coursework that informs their work with children and families, and contributes to a degree in child development or a closely related field. This cycle, with Race to the Top-Early Learning Challenge (RTT-ELC) funds, the opportunity to participate in the Investing in Early Educators Stipend Program is extended to early educators working in programs participating in the Office of Child Care administered RTT-ELC.

The instructions serve as your guide for completing your application to the *Stipend Program*. It is critically important that you **read the instructions** carefully and provide all information and documents as requested. Note that each cycle is separate; therefore, you must submit all supporting documents requested for this cycle. **Applications that have missing information and/or missing documents will be considered incomplete and will not be reviewed.**

The instructions also provide you with information on the process leading up to awarding stipends, including the appeal process and a detailed timeline.

Applying to the *Stipend Program* is a two-part process:

- 1. Application:** determines that you meet the employment eligibility criteria.
- 2. Verification:** verifies that you have met the educational requirements, hold a Child Development Permit, and continue to meet the employment criteria. **See Step 2, item 2 under Eligible Coursework for information.**

Note: *If you are not eligible for the Investing in Early Educators Stipend Program, you may be eligible for ASPIRE (A Stipend Program in Support of ECE Excellence), a statewide First 5 CA professional development program for early childhood educators, also known as CARES Plus. ASPIRE is open to people currently working in the early childhood education field who are looking to do coursework and training to improve their practice. For more details on eligibility, visit www.laup.net/aspire.*

STEP 1: Determining Eligibility¹ (see note below)

To be eligible to apply for a stipend, you **must**:

1. Work in a California Department of Education/Early Education and Support Division (CDE/EESD)-contracted child development center, **OR**
2. Work in a licensed center in which the majority (51% or more) of the children receive a child care subsidy from the CDE/EESD-contracted agency at the time you submit your application; **OR**
3. Work in licensed center that is participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC), **AND**
4. Work directly teaching children as a teacher, teacher/director (those with dual roles), teacher aide/assistant, or substitute in the classroom on a consistent and continual basis at least 20 hours per week. If you are working in California State Preschool Program, you must work directly teaching children at least 15 hours per week, **AND**
5. Maintain employment at an eligible child development center located in the County of Los Angeles from August 1, 2014 through March 12, 2015; **AND**
6. Hold a Child Development Permit issued by the California Commission on Teacher Credentialing (CTC) to be submitted with the Verification Form (see Schedule). **You may participate in three (3) cycles while working toward your permit.** See Step 2, Item 2 under **Eligible Coursework** for more information on obtaining or upgrading a permit.

STEP 2: Meeting the Educational Requirements

To earn a stipend, you **must**:

1. Complete at least three (3) semester units (4.5 quarter units) or a maximum of six (6) semester units (9 quarter units) of eligible coursework at a community college, college, or university; **AND**

Attention Bachelor Degree candidates: *For teachers taking one final class required to graduate with a BA/BS degree in child development or a closely related field, you may qualify for an additional graduation stipend with the coursework stipend as long as the completed class is the equivalent of at least three (3) quarter units. The units and the degree must be earned during the Stipend Program cycle.*

2. Complete the class(es) **after** February 28, 2014 and **before** March 12, 2015; **AND**
3. Pass the class(es) with a grade of “C” or better; **AND**
4. Submit your transcript(s) and Child Development Permit when requested with your Verification Form.

Eligible Coursework

All coursework must be unit-bearing and fulfill the requirements for a degree in child development. Extension or continuing education courses are **not** eligible unless the applicant has a Bachelor Degree (BA/BS) or higher. If you have any questions regarding coursework eligible for the Stipend Program, you are encouraged to contact Renatta Cooper by telephone at (213) 974-9884 or by e-mail at rcoper@ceo.lacounty.gov.

¹ State law limits eligibility to the *Investing in Early Educators Stipend Program* to persons serving a majority of children receiving CDE/EESD subsidies. Staff working in Los Angeles Universal Preschool (LAUP) and Head Start Programs **only** are ineligible to apply. Race to the Top – Early Learning Challenge (RTT-ELC) funds are supporting RTT-ELC participants.

Eligible coursework is limited to the following five categories:

1. If you are not proficient in English as indicated on your application, you may take English-as-a-Second-Language (ESL) classes at a community college if directed to do so by your college. This option is intended for applicants needing to improve their English language skills in order to enroll in college classes toward earning a degree in child development.
2. If you do not have a child development permit issued by the California Commission on Teacher Credentialing (CTC), you should take required child development classes, or the required general education courses. **You will be eligible for a stipend for three (3) cycles while you complete this coursework.** If you already have a permit, you may take classes needed to upgrade or renew your permit.

Note: *If you do not have a permit, contact CTC by visiting their website at www.ctc.ca.gov. Click on “Credentialing”, then “Child Development Permits” and follow the instructions for obtaining or upgrading your permit. As an alternative, contact the child development department at your community college. Community colleges can often process permit applications more quickly than the CTC. In addition, the Child Development Training Consortium offers support to eligible persons applying for, renewing, or upgrading their permits; more information is available at www.childdevelopment.org.*

3. If you do not have an Associate Degree (AA/AS), you should take child development, English, math or general education classes; or prerequisites to classes that are transferable for a degree in child development at a four year college. Check with an advisor at your college or university before enrolling in a class if you are not sure it is a prerequisite or transferable class.
4. If you are taking classes at a community college with the goal of transferring to a CSU or UC school, your educational program should indicate the AA-T or AS-T degree, whichever the school offers. This degree will insure that the classes you take are transferrable and will give you preferred enrollment at some colleges. You should check with an academic advisor at your college to make sure you are enrolled in the correct program and that your classes fit the requirements for your degree. Acceptable degrees for the Investing in Early Educators Stipend Program include: Early Childhood Education, Early Special Education, Child Psychology and Child Development.
5. If you have a BA/BS or higher, you should take college or university classes that are directly related to your work with children and families in a child development program. Sample topics include: special needs children, diversity, dual language learners, parent relations, adult supervision, program evaluation, and advanced child development. Unit bearing extension or continuing education courses can be counted as eligible only for individuals who already hold a BA/BS or higher.

If you meet the eligibility criteria **and** understand the educational requirements continue to Step 3.

STEP 3: Completing the Application

Be sure you have the correct application:

- If you work in a **child development center**, complete the application for **Cycle 16A**.
- If you work in a **family child care home**, complete the application for **Cycle 16B** (see separate instructions and application for **Cycle 16B**).

Section 1. Applicant Information

- Enter your full name in the appropriate box, exactly as it appears on our social security card and on the top of each page of your application.

- Enter your social security number (SSN) exactly as it appears on your card. All SSNs are verified with the Internal Revenue Service so accuracy is critical.
- Fill in every box; do not leave blanks. If the information is not applicable, then write in “N/A”.
- Enter **all** telephone numbers where we can reach you from 9:00 a.m. to 5:00 p.m. Monday through Friday.
- Enter your personal e-mail address. If you do not have an e-mail address, enter “N/A”.
- Indicate if you have participated in the Stipend Program in previous cycles (Cycles 1 – 15) and whether your name and/or address have changed. If there has been a change in your name and/or address, you will need to submit certain documents as follows:
 - **Name change:** Submit a copy of the W-9 Form, Request for Taxpayer Identification Number and Certification (available for download from the Internal Revenue Service website at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>).
 - **Address change:** Complete and submit an Address Change Notification Form (available for download from the Office of Child Care website at www.childcare.lacounty.gov or call (213) 974-4674 to request the form) and a W-9 Form, Request for Taxpayer Identification Number and Certification (available for download from the Internal Revenue Service website at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>).

Section 2. Applicant Education and Permit Levels

- Check your highest level of education that you have completed.
- Check the type of Child Development Permit you currently hold.

Section 3: Continuing Education Requirement

- Check all that apply; indicate major if you have checked that you are working to obtain an AA, BA/BS or MA/MS degree.

Section 4. Applicant Employment Information

- For **Name of the Child Development Center**, enter the name of the site where you work.
- For **Administered by**, enter the agency name, school district or company.
- The **Program Manager** is the manager overseeing the child development program, NOT the site supervisor. **Be sure to attach the Program Manager’s business card to your application.**
- Your **Job Title** must have the word “teacher” in it, such as Preschool Teacher, Assistant Teacher, Associate Teacher, or Substitute Teacher. If your job title is “coordinator”, “supervisor, or “director”, you probably do not qualify for a stipend. However, job titles such as “teacher/director” are permissible. **If you work in a California State Preschool Program (CSPP) Part Day, add “CSPP-PD” to your title.**
- Indicate if the classroom in which you work is a Los Angeles Universal Program (LAUP) classroom as well as a CDE/EESD-contracted classroom or a classroom in which the majority of children are subsidized by the CDE/EESD-contracted agency.
- Indicate if the center in which you work is participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC).

Section 5. Applicant Salary Information

- Complete information for your gross annual salary or gross monthly salary, whichever you can most accurately calculate.

Section 6. Employer-provided Benefit Information

- Check all that apply.

Section 7. Children with Whom Applicant is Currently Working

- Check all that apply.

Section 8. Program Manager's Certification

- It is your responsibility as the applicant to make sure that your Program Manager of the child development program completes this section, signs and dates it and matches the name that you entered in Section 4. **Be sure the Program Manager provides you with their business card to attach to your application.**
- There are three options to this section, depending on whether or not your program has a CDE/EESD-contract. Be sure your Child Development Program Manager completes only one portion of this section:
 - For programs that do not hold a contract with the CDE/EESD, **OR**
 - For CDE/EESD-contracted programs, **OR**
 - For programs participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC)

Special instructions for programs that do not hold a contract with the CDE/EESD and are not participating in RTT-ELC:

- *Enter the total number of children currently enrolled and of those children, the total number of **subsidized** children.*
- **Attach** to the application a copy of the most current agency provided attendance form for each subsidized child enrolled in your program. *The attendance form should have both the agency's name and child's name on it. Write the stipend applicant's name on the upper right hand side of the document(s).*
- **Attach** to the application a copy of the facility license.

Section 9. Applicant Certification and Signature

- Read and initial each of the eight statements of certification.
- Be sure to sign and date this section.

STEP 4: Submitting Your Application

1. Be sure that you have completed every section of the application and your name is entered at the top of each page. **It is highly recommended that you have someone review your application for you before you submit it.**
2. Be sure that your name is included at the top of the supporting documents.
3. Check to make sure that your Program Manager has completed, signed, and dated Section 8 and attached their business card.
4. If you work in a program that does not hold a contract with the CDE/EESD, be sure that you have attached a copy of the facility license **and** the most current agency provided attendance form for each subsidized

child enrolled in your program. The attendance form should have both the agency name and the child's name on it. You will **not** be eligible for a stipend without these supporting documents.

5. **Make a copy of your completed application, including supporting documents, for your records.**
6. Submit your completed original application, with supporting documents if applicable, in person or by U.S. mail, certified mail or Domestic Return Receipt, to:

Investing in Early Educators Stipend Program – Cycle 16A
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

Office Hours: 8:00 a.m. – 5:00 p.m.

Application due dates:

Mail in: Thursday, October 16, 2014 (postmarked)

Walk in: Thursday, October 23, 2014

DO NOT WAIT UNTIL THE DEADLINE TO APPLY!

- Applicants are encouraged to **apply early**. If you walk your application into the Office of Child Care, you will receive a stamp-dated receipt with all documents noted on the receipt.
- Persons submitting applications in person on behalf of several colleagues should request individual receipts per applicant.
- **Do not mail groups of applications in the same packet.**
- If you choose to mail your application, send it certified mail or Domestic Return Receipt.
- Faxed, late, or incomplete applications will not be considered.
- Stipend Program staff will not call to remind you to send missing information. This is your responsibility.

STEP 5: Application Review

1. Upon receipt of your application, *Stipend Program* staff will screen your application for completeness. Only complete applications will be fully reviewed. Applications that have missing information and/or missing supporting documents will not be reviewed.
2. Staff will review your complete application to ensure that you meet the eligibility criteria to participate.
3. If you are eligible, your information is entered into the *Stipend Program* database and a Verification Form with instructions will be sent to you by U.S. mail by **Monday, February 2, 2015**. If you do not receive a Verification Form by **mid-February 2015**, contact the Office of Child Care at (213) 974-4674.
4. If your application is incomplete or you are not eligible, you will be notified with an Application Disqualification Letter by U.S. mail in early **January 2015**. You may appeal this decision. Instructions for submitting a letter of appeal are outlined in Step 6 of these instructions.

Note: Due to the anticipated number of applications, the review process can take several weeks. Please **do not** call to ask about your application. Your Verification Form or letter of disqualification will serve as notice regarding your application.

STEP 6: Submitting a Letter of Appeal

- If you are disqualified, you may submit a letter of appeal. **Appeals must be submitted in writing.**

*An appeal is **not** the time to submit new information or supporting documents. Rather, it is an opportunity to prove that your application was complete, included the required supporting documents, was submitted by the due date, and you meet the eligibility criteria based on your original application.*

- Your letter of appeal should include the following information:
 - The date your appeal letter is written
 - Your full name and social security number (SSN) as written on your application
 - Reference to the reason you were disqualified as indicated in the letter you received from the Office of Child Care
 - A brief description of why you think the decision to disqualify your application is incorrect
 - A copy of your application and supporting documents **as submitted** by the due date
 - A copy of the receipt you were provided when you submitted your application in person or a copy of your certified mail receipt

Visit the [Investing in Early Educators Stipend Program](http://www.childcare.lacounty.gov) page on the Office of Child Care website at www.childcare.lacounty.gov to download a sample letter of appeal. The sample letter of appeal is provided to help guide you as you create your own letter.

- Make a copy of your letter of appeal and supporting documents for your records.
- Letters of appeal with supporting documents are due by Wednesday, January 14, 2015 to:

Investing in Early Educators Stipend Program – Cycle 16A
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

- The Office of Child Care management team reviews appeals, including review of the original application. Decisions to grant or not grant the appeal, based on whether the applicant met the application requirements and deadlines, are made within two (2) weeks of receipt of the letter of appeal. The applicant will be notified of the decision by U.S. mail. **ALL DECISIONS ARE FINAL.**

For more information on the *Investing in Early Educators Stipend Program* and to download the instructions and application, visit www.childcare.lacounty.gov. Instructions and application forms are also available by contacting the Office of Child Care at (213) 974-4674.

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APPLICATION
INVESTING IN EARLY EDUCATORS STIPEND PROGRAM – CYCLE 16A
For Persons Working in Child Development Centers

CYCLE 16 IS DEPENDENT ON THE AVAILABILITY OF FUNDING FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/EARLY EDUCATION AND SUPPORT DIVISION (CDE/EESD).

APPLICATIONS WITH SUPPORTING DOCUMENTS ARE DUE:

BY MAIL: THURSDAY, OCTOBER 16, 2014 (POSTMARKED)
WALK -IN: THURSDAY, OCTOBER 23, 2014

**** IMPORTANT:** Eligibility and education requirements, how to complete the application and timelines are in the instructions, available for download from www.childcare.lacounty.gov or by calling (213) 974-4674.

Section 1. Applicant Information				
Last Name on Social Security Card:	First Name on Social Security Card:	Middle Initial/Name on Social Security Card:		
Is this the name on your Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number: DO NOT LEAVE BLANK		
Last Name on Birth Certificate:	First Name on Birth Certificate:	Middle Initial/Name on Birth Certificate:		
Home Street Address or P.O. Box:	Apt. #:	City:	Zip Code:	Home Telephone Number: ()
Work Site Street Address:	City:		Zip Code:	Work Telephone Number: ()
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Place of Birth (State, Country):	Date of Birth:	
Have you participated in the Investing in Early Educators Stipend Program in previous cycles? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have any of the following changed since you last participated? (Check all that apply): <input type="checkbox"/> Name change <input type="checkbox"/> Address change <i>If your name and/or address have changed, you will need to submit certain documentation. See Step 3, Section 1 of the Stipend Program Instructions.</i>				
Ethnicity (Check all that apply): NOTE: This information is being collected for statistical purposes only. <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other			Are you proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ Your primary language: _____	
Section 2. Applicant Education and Permit Levels (NOTE: The information in this section is being collected for statistical purposes only.)				
Indicate the highest level of education you <u>have completed</u> (Check one): <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year College Degree (AA) <input type="checkbox"/> 4-Year College Degree (BA/BS) <input type="checkbox"/> Graduate Degree (MA/MS)				
Indicate the type of Child Development Permit or teaching credential you hold: <input type="checkbox"/> None <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> Early Special Education Credential <input type="checkbox"/> Elementary Education Credential				
Year you began working in the early care and education field: _____				

Name of Applicant _____

Section 3. Continuing Education Requirement *(NOTE: The information in this section is being collected for statistical purposes only.)*

What are your educational goals? *(Check all that apply)*

- | | |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> To improve my English language skills (speaking, reading, writing) | <input type="checkbox"/> To obtain an early special education teaching credential |
| <input type="checkbox"/> To develop new skills related to my work with children and families | <input type="checkbox"/> To obtain a 2-Year College Degree (AA) ➔ Major: _____ |
| <input type="checkbox"/> To obtain my Child Development Permit | <input type="checkbox"/> To obtain a 4-Year College Degree (BA/BS) ➔ Major: _____ |
| <input type="checkbox"/> To upgrade or renew my Child Development Permit | <input type="checkbox"/> To obtain a Graduate Degree (MA/MS) ➔ Major: _____ |

Section 4. Applicant Employment Information

Applicant's Job Title:	Number of hours you spend each week directly teaching children in a classroom: _____ per week	Employment Status <i>(Check one):</i>
Date of hire with your current employer: _____/_____/_____ (Month/Year)		<input type="checkbox"/> Full-time (30+ hours/week) <input type="checkbox"/> Part-time (Less than 30 hours/week)
Name of Child Development Center/Work Site:	Child Development Program Manager's Name and Phone Number <i>(be sure to attach the Program Manager's business card):</i> Name: ()	

Administered by *(Name of agency, organization, or school district):*

Is your Center participating in the Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you working in a LAUP classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 5. Applicant Salary Information *(NOTE: The information in this section is being collected for statistical purposes only.)*

Gross Annual Salary (Not including benefits): To calculate: Multiply your gross monthly salary by the # of months worked per year OR multiply your weekly salary by the # of weeks you worked. Example: \$1,000 every 2 weeks x 2 = \$2,000 per month, x 9 months = \$18,000 per year. \$ _____ per year This information will not affect your stipend award.	Gross Hourly Wage (Not including benefits): To calculate: Divide your gross weekly or monthly wage by the number of hours you worked. Example: \$500 weekly salary ÷ 40 hours per week = \$12.50/hour. \$ _____ per hour This information will not affect your stipend award.
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Section 6. Employer-provided Benefit Information *(Please identify all benefits paid by your employer.)*
(NOTE: The information in this section is being collected for statistical purposes only.)

Medical Coverage <i>(Check all that apply)</i> <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage <input type="checkbox"/> Includes dependents <input type="checkbox"/> Dependents not included	Dental Coverage <i>(Check all that apply)</i> <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage <input type="checkbox"/> Includes dependents <input type="checkbox"/> Dependents not included	Discounted Child Care <i>(Check all that apply)</i> <input type="checkbox"/> Not offered <input type="checkbox"/> Free services <input type="checkbox"/> 25% discount <input type="checkbox"/> 50% discount <input type="checkbox"/> Other discount	Other Benefits <i>(Check all that apply)</i> <input type="checkbox"/> Vision Plan <input type="checkbox"/> Retirement <input type="checkbox"/> Other
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Section 7. Children with Whom Applicant is Currently Working *(NOTE: The information in this section is being collected for statistical purposes only.)*

Ages of children with whom you currently work
(Check all that apply):

Birth - 23 months
 2 years - 2 years 11 months
 3 years - 5 years
 5 years and older

Section 8. Program Manager's Certification – Please select the appropriate option.

A. For CDE/EESD-contracted programs

I certify that the applicant is an employee of _____ center/agency. I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide, assistant or working in a CSPP-Part-day). To the best of my knowledge, the applicant meets the requirements of participation in Cycle 16A of the *Investing in Early Educators Stipend Program*. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

For CDE/EESD-contracted programs: The applicant is employed in the following CDE/EESD-contracted program type:

- | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Child Care and Development Center | <input type="checkbox"/> California State Preschool Program (CSPP) Part-Day |
| <input type="checkbox"/> California State Preschool Program (CSPP) Full-Day | <input type="checkbox"/> California School Age Families Education (Cal-SAFE) |

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Child Development Program Manager's Signature (attach your business card)

Date

OR

B. For programs that do not hold a California Department of Education/Early Education and Support Division (CDE/EESD) contract

I certify that the applicant is an employee of _____ center/agency. I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide or assistant). To the best of my knowledge, the applicant meets the requirements of participation in Cycle 16A of the *Investing in Early Educators Stipend Program*. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

For programs that do not hold a CDE/EESD-contract: As of the date of application, the enrollment in the center is _____ children, of which _____ children are subsidized. I have attached the most current agency provided attendance form for each subsidized child from the following agencies (check all that apply):

- | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Child Care Resource Center (CCRC) | <input type="checkbox"/> Drew Child Development Corporation |
| <input type="checkbox"/> Children's Home Society of California (CHS) | <input type="checkbox"/> International Institute of Los Angeles |
| <input type="checkbox"/> City of Norwalk | <input type="checkbox"/> Mexican American Opportunity Foundation (MAOF) |
| <input type="checkbox"/> Connections for Children | <input type="checkbox"/> Options |
| <input type="checkbox"/> Crystal Stairs, Inc. | <input type="checkbox"/> Pathways |
| <input type="checkbox"/> Department of Children and Family Services (DCFS) | <input type="checkbox"/> Pomona USD Child Development |

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Child Development Program Manager's Signature (attach your business card and copy of the facility license)

Date

OR

C. For programs participating in Office of Child Care administered Race to the Top-Early Learning Challenge (RTT-ELC)

I certify that the applicant is an employee of _____ center/agency and that this program is participating in the Office of Child Care administered RTT-ELC. I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide, assistant or working in a CSPP-Part-day). To the best of my knowledge, the applicant meets the requirements of participation in Cycle 16A of the *Investing in Early Educators Stipend Program*. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive. Our RTT-ELC Case Manager is _____ (print name)

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Child Development Program Manager's Signature

Date

Name of Applicant _____

Section 9. Applicant Certification and Signature

Sign your initials to each statement and sign and date where requested.

1. I certify that I meet **all of the eligibility requirements** and that all of the information and documentation provided in this application is true and correct. I understand that falsification of any information and/or documentation may require the return of all stipend monies, with penalties, to the County of Los Angeles. _____ (initial)
2. I understand that I will be obligated to declare any stipend award I receive on my **2015** tax return. _____ (initial)
3. I understand that I may be required to verify my continuous employment in a child development center located in the County of Los Angeles from **August 1, 2014 through March 12, 2015** and verify completion of my coursework before a stipend can be issued. _____ (initial)
4. I understand that there is **NO GUARANTEE** that I will be awarded a stipend. Stipends will be granted depending on the continued availability of State funding and my ability to meet all of the requirements of the program. _____ (initial)
5. My Program Manager has completed and signed Section 8 of this application. _____ (initial)
6. I understand that the Office of Child Care may share information about my application with the staff of Los Angeles Universal Preschool (LAUP). _____ (initial)
7. I understand that the *Investing in Early Educators Stipend Program* will be evaluated, and that aggregated applicant data will be considered in that process. Some stipend recipients may be randomly selected to participate in a telephone interview. _____ (initial)
 I am not willing to participate in a telephone interview.
8. I understand that it is my responsibility to inform the Office of Child Care of **any changes to my address** from the time of application through **June 30, 2015**, and to provide information and documentation as requested. _____ (initial) (*Visit www.childcare.lacounty.gov and click on "Investing in Early Educators – Stipend Program to download the Address Change Notification and W-9 Forms*).

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

Refer to Cycle 16A instructions, Step 4: Submitting Your Application

Investing in Early Educators Stipend Program – Cycle 16A
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

For office use only

Received/initially screened by:		Date received/initially screened:	
Received via:	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Certified or Domestic Return Receipt	<input type="checkbox"/> U.S. Mail
Status:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> RTT-ELC Program
Notes/Action:			
Reviewed by:		Date reviewed:	
Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Rejected	
Notes/Action:			