



2020-2021 Workforce Stipend Program

Application Instructions:

- Please type or print legibly in blue or black ink.
- Illegible or incomplete materials will not be processed.
- **Mail, email/fax or deliver completed materials to:** Child Care Planning Council of Yuba & Sutter Counties, 1104 E Street, Marysville, CA. 95901
- **If you have any questions, please contact our office at (530) 749-4040**
- **Application DUE DATE: Friday, October 9th at 5:00 PM**

SECTION 1 - CONTACT INFORMATION:

1. Last Name:		First name:	
2. Mailing Address:		City:	Zip:
		4. Email (required):	
5. Employer (agency/program):		6. Date of Birth (MM/DD/YY):	7. Gender: M/F
8. Have you participated in the stipend program in previous years? <input type="radio"/> Yes <input type="radio"/> No		9. Workforce Registry Number (www.caregistry.org):	
Please answer #10. This information is collected for statistical purposes only.			
10. How do you identify your race/ethnicity? <input type="radio"/> Latino/Hispanic <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Black, African American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Other <input type="radio"/> Decline to State			
11. Primary language spoken at home: Language preferred for Training materials:		12. Permanent contact phone number: <input type="radio"/> cell <input type="radio"/> home	

SECTION 2 - WORK HISTORY:

13. County of Employment: <input type="radio"/> Colusa <input type="radio"/> Sutter <input type="radio"/> Yuba						
14. Name of site you work at: <input type="radio"/> Center-based <input type="radio"/> Family Child Care <input type="radio"/> Family, Friend, Neighbor <input type="radio"/> Home Visiting <input type="radio"/> Family Resource Center <input type="radio"/> Community-based organization					Work Phone:	
15. Work address:					City:	Zip:
16. Date you were hired at above program (month and year):					17. Hours worked at site weekly:	
18. Director's full name:					19. Facility license number:	
20. Number of children you care for that are:	0-11 months:	One year:	Two yrs:	Three yrs:	4 yrs – before Kindergarten:	School-age:
21. Do you currently care for children identified as the following: IFSP or IEP: <input type="radio"/> YES <input type="radio"/> NO Foster Care: <input type="radio"/> YES <input type="radio"/> NO Homeless: <input type="radio"/> YES <input type="radio"/> NO Dual Language Learners: <input type="radio"/> YES <input type="radio"/> NO			22. Primary language spoken by children in classroom and number: Language: # of children: Language: # of children: Language: # of children:			
23. Your annual salary (before taxes): \$				24. Hourly wage: \$		
25. What is the highest level of education you have completed? <input type="radio"/> Some high school <input type="radio"/> High school degree <input type="radio"/> Some College, unrelated field <input type="radio"/> Some college, related field <input type="radio"/> A.A. <input type="radio"/> B.A. <input type="radio"/> M.A. <input type="radio"/> Ph.D.						
26. If you have a degree (A.A, B.A, etc.), in what field?						Degree from a foreign country? Yes No
27. What level Child Development Permit do you hold? <input type="checkbox"/> Do not hold (Attach a copy or application) <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Director <input type="checkbox"/> Teaching Credential plus 12 ECE/CD units						
28. Current position: <input type="radio"/> Assistant/Aide <input type="radio"/> Teacher/Lead <input type="radio"/> Teacher <input type="radio"/> Site Supervisor <input type="radio"/> Assistant Director <input type="radio"/> Director-Multi-site <input type="radio"/> Director/Owner <input type="radio"/> Other:				29. Total years worked in ECE:		30. Total years with current employer:

APPLICATION CHECKLIST

- **Please check these items before completing.**
- Application Fields Complete
- Program Director signed Employment Verification (Pg. 2) if applicable.
- Read and signed Keys to Quality Agreement (Pg. 2).
- Completed **W-9** tax form (Upon approval of participation).
- **Attached transcripts for units completed if applying for the AA/BA stipend.**
- **Attached copy** of current **Child Development Permit.**
- **Attached copy** of **class registration if applying for the AA/BA stipend.**

INCENTIVES – PLEASE CHECK ONE COMPONENT

ALL APPLICANTS MUST ATTEND A Virtual APPLICATION WORKSHOP. WORKSHOP DATES ARE:

October 6, 1:00 – 2:00 pm;
October 7, 6:00 – 7:00pm,
October 10, 9:00 – 10:00 am

Stipend Requested: (Please check one component)

- AA Component \$500 - 6 units towards completion of a degree in ECE/CD **Fall** and/or **Spring**
- BA Component \$1,000 - 6 units towards completion of a degree in ECE/CD **Fall** and/or **Spring**
- PD Pathway \$150 – completed pathway (see PD Pathways)
- Family, Friend, Neighbor Component \$150 – completion of at least 6 hours of health/safety/child development training
- Permit Incentive \$100 – new or upgrade child development permit – check if you are requesting this stipend

- Retention Incentives are considered taxable income.
- PD Incentives will be awarded by June 30th after completion of all Project Participation Requirements.
- Incentives for coursework will be awarded in January and June.



PD PATHWAYS GUIDELINES – PLEASE CHECK ONE

- Participants in the PD Pathways Component must complete an approved professional development pathway. Participant’s professional development must support their site Quality Improvement Plan, for those sites participating in Keys to Quality. If a participant’s site is not participating in Keys to Quality, the participant’s professional development must support their individual Professional Growth Plan.
- **Please check one of the following PD Pathways:**
(see Keys to Quality training calendar for dates)
 - MMCI/Class-Based Coaching Infant Toddler**
 - MMCI/Class-Based Coaching PreK**
 - Inclusion Professional Learning Community**
 - Dual Language Learner Series**
 - Trauma Responsive Caregiving Series**
 - Program for Infant and Toddler Care-Based Series**
 - Project Based Curriculum Series**
 - Strengthening Families Series**
 - Teaching Pyramid Training Series and Coaching – All members of classroom staff must attend this training series. Classroom team will receive coaching for implementing strategies to support children with challenging behavior. Slots in this pathway may be limited due to available coaching.**
- Adjustments to the training schedule will be made as needed during the program year. All trainings will be held virtually until in-person training resumes.

For Office Use Only

Received:

Date of Attendance at Application Workshop:

Eligibility: