Project REWARD Program Application 2004

A Project for Center-Based & Family Child Care Providers
$250 to $2,000 available per person
Fill out your application today --- beat the rush!

Workshops:

Please attend one of the "Project REWARD Application Workshops" being offered (see below). Space is limited. It is not mandatory but is strongly suggested. The workshop will review and clarify the application, and provide answers to any verification questions. If your program has more than 10 people interested in the Project, an on-site Project REWARD Application Workshop is available. Please call Valley Oak Children's Services to register for a workshop or schedule an on-site workshop at 895-3572 or 1-800-345-8627.

March 3, 2004 Wednesday or April 1, 2004 Thursday 6:30 – 8:00 P.M. Chico	**Project REWARD Application Workshop Community Care Licensing (CCL) (behind DMV) 520 Cohasset Rd., Ste. #6 / Chico Call Valley Oak Children's Services at (530) 895-3572 for directions. The meeting will be held in the conference room across the parking lot from the CCL suite.**
March 10, 2004 Wednesday 6:30 – 8:00 P.M. Oroville	**Project REWARD Application Workshop Butte County Office of Education (BCOE) 1859 Bird St. / Oroville Call (530) 879-7450 for directions, before 4:00 P.M. The meeting will be held through the back entrance of BCOE, cross-street of Huntoon and Robinson St. There will be a sign posted on the door.**

- If you need information, additional applications, or help filling out the application packet, please attend one of the workshops listed on this page or call one of the Project REWARD Program Coordinators, Jenny Sharkey at Valley Oak Children's Services (VOCS) at 895-3509, ext.3043, or Heather Senske at Butte County Office of Education (BCOE) at 879-7450.
- E-mail questions or comments to jsharkey@valleyoakchildren.org.
- Please feel free to reproduce this application as needed.
- Additional copies of this application packet are also available at www.ccfc.ca.gov/butte in the "News & Events" category and/or www.bcoe.org/ess/cd/reward. Acrobat Reader or Word is required to open and read.
- Si necesita más información sobre el Project REWARD en español por favor llame 895-3572 or 1-800-345-8627 y pregunte por Maria Hernandez.

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Purpose of Program:

Project **REWARD** (Retaining Experienced Workers And Reinforcing Development) encourages experienced and educated child care providers to stay in the field at their present place of employment and to continue their own development as child care professionals by providing cash stipends as incentives to child care providers who have met specific qualifications in each of two characteristics: longevity and continuing education. The Project applies to center–based and family child care programs.

Eligibility:

1st Year Participants must meet the following minimum eligibility requirements:

- Currently work at least 15 hours per week in a child care facility with children 0-12 in Butte County;
- Currently a licensed provider, **or** work in a licensed facility, **or** work at a public school-based site (the program must be part of the public school and receive state funding), **or** employed in a facility exempt from licensing administered by a Tribal Council;
- Employed/licensed with the same program for the last 9 months **or** program's complete year;
- Minimum requirement for Family Child Care Providers: Has completed a minimum of 6 Early Childhood Education/Child Development academic/semester units, **or** has completed 80 hours of equivalent professional training/education, **or** a combination of units and training, **or** Child Development Permit Matrix alternative qualifications.
- Minimum requirement for Center-Based Providers: Has completed a minimum of 12 Early Childhood Education/Child Development academic/semester units, **or** has completed 160 hours of equivalent professional training/education, **or** a combination of units and training, **or** Child Development Permit Matrix alternative qualifications.
- Additionally, your income must **not** exceed $60,000 a year.

Returning Participants in addition to the above must either:

- Complete 3 additional academic/semester units **or** 40 hours of professional growth activities between June 1, 2003 and May 15, 2004.

Stipend Amounts:

All stipend amounts may vary depending on funding. Base stipend amounts range from $250 to $1,500. You may also apply for an additional stipend worth up to $250 (1 maximum) if you: 1) have worked five or more years with the same program, 2) hold a Child Development Permit from the California Commission on Teacher Credentialing or hold a letter from the Child Development Training Consortium stating that your application has been received. Returning participants are also eligible for a bonus stipend worth up to $250, above and beyond their base stipend.

If you do not currently meet the eligibility qualifications, call Valley Oak Children's Services to meet with a career counselor who will assist you in developing a plan to meet eligibility requirements.

Project Activities	Date
First Application Due Date April 15th is for anyone who has already met the minimum requirements, including the 9-month working directly with children in a licensed facility, and if a returning participant, has already completed their 3 units or 40 hours returning participant requirements.	4/15/04
Second Application Due Date May 15th deadline is for anyone who is taking a spring college class or finishing up their 9-month employment requirement to qualify; those working for a school-year only program (Aug./Sept.-May/June), and those who will be working the 2004 Migrant Program.	5/15/04
Stipends Released	6/30/04

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Application Instructions:

A. Type or print (in ink) all information legibly. All illegible or incomplete applications will not be processed.

B. Migrant Programs Only: To qualify you must be currently working in a Migrant Program (2004) and also have worked the entire program year last season, March/April-October 2003.

C. In the event an application is denied a stipend award, the applicant has a right to appeal the decision. Contact one of the Project REWARD Program Coordinators, Jenny Sharkey at VOCS 530-895-3509, ext. 3043, or Heather Senske at BCOE at 879-7450, for a copy of the appeal policy and procedures.

D. Application submission should include all of the following with the supporting documentation:

1. Complete Application Packet (pages 4-5)
2. Stipend Level Request Form (page 6)
3. If applicable, a completed Course Worksheet Verification Form (page 7) with copies of your unofficial transcripts, **and/or** a copy of your BA/AA degree, **and/or** a copy of your Child Development Permit, **and/or** a copy of Child Development Permit Matrix alternative qualifications, such as the Child Development Associate Credential.
4. Page 8, College Education and Coursework Subjects.
5. If applicable, a completed Professional Growth Activity Form (page 9) and copies of signed certificates or other approved verification.
6. If applicable, page 10 includes two resource form documents; a generic "Professional Growth Activity Attendance/Participation Form" and the "Grade Status Report Form" for those who are taking a spring class.
7. Employment or Own/Operate Verification Form (page 11)
8. All participants must complete the W-9 Form (page 12) and the Letter of Consent (page 14) in order to receive a stipend check this June.

E. Returning Participants: If you are a returning participant, you do **not** need to provide verification you gave us in previous years. You will need to provide a fully complete application. You only need to provide appropriate verification for the 3 units or 40 hours or combination of units/hours. In addition, if you are moving up a "Step" from last year, you need to provide any verification you did not give us last year to qualify you at that "Step " level. Use the appropriate attached forms (Pages 7-9).

F. Please note that all information provided on this application can only be used by the "Project" for research and/or statistical purposes. No information will be released to the public.

G. Keep a **copy** of this completed application including supporting documentation for your records.

H. Although Valley Oak Children's Services issues the stipend check, the agency is not considered your employer.

I. It is unclear as to whether stipend checks issued in June effect summer unemployment benefits. If you typically are on unemployment during the summer, please discuss your stipend check with your unemployment caseworker.

J. Mail or deliver this application packet and supporting documents, (faxed copies will not be accepted), before 5:00 P.M., Thursday, April 15, 2004 or Friday, May 14, 2004, (postmarked by) to the following address:

Valley Oak Children's Services
Project REWARD Program
287 Rio Lindo Avenue
Chico, CA 95926

K. Applications will be processed when received, so beat the rush and fill out your application today!

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 1: APPLICANT INFORMATION (Please type or print (in ink) all information legibly)

☐ **First Year Participant** ☐ **Second Year Participant** ☐ **Third Year Participant**

1. Last Name:	**2.** First Name:	**3.** M.I.:
4. Last Name at Birth:	**5.** First Name at Birth (If Different):	**6.** Birth M.I.:
7. SS #:	**8.** DOB: / /	**9.** ☐ Female ☐ Male
10. Place of Birth:	**11.** Mother's First Name:	

12. Highest level of education attained:

☐ Less than a High School Diploma or GED ☐ High School Diploma or GED ☐ Some College Courses
☐ 2-Year College Degree ☐ 4-Year College Degree ☐ Some Graduate School
☐ Graduate Degree

13. How did you hear about Project REWARD?

☐ Flyer ☐ Website ☐ TV ☐ Radio ☐ Other ☐ Work ☐ Ad in Paper ☐ Word of mouth

14. Please enter the number of years you, in your lifetime, have worked in the following:

Center-based care:_____years Family child care:_____years License-exempt care:_____years

15. Street address:	Apt#:	City:	State:	Zip:

16. Mailing address (if different):

17. Home phone:	**18.** E-mail address:

RACE and ETHNICITY

(Please answer questions 20 through 22. This information is being collected for statistical purposes only. Categories match those of the 2000 U.S. Census.)

19. Are you Spanish/Hispanic/Latino?

☐ No ☐ YES, Mexican, Mexican-American, Chicano
☐ YES, Cuban ☐ YES, Puerto Rican ☐ Other:_____

20. How do you identify your race/ethnicity? *(You may choose up to 3 categories)*

☐ American Indian or Alaskan Native ☐ Guamanian or Chamorro ☐ Other Pacific Islander:_____
☐ Asian Indian ☐ Japanese ☐ Vietnamese
☐ Black, African-American ☐ Korean ☐ Samoan
☐ Chinese ☐ Native Hawaiian ☐ White
☐ Filipino ☐ Other Asian: _____ ☐ Other Race:_____

21. Please list the languages other than English that you speak fluently and use to communicate with parents or children at work daily:

CHILD DEVELOPMENT PERMIT / CREDENTIAL INFORMATION

22. Do you have a Child Development Permit? ☐YES ☐ Applied ☐NO (do not complete box below)

23. Level of Child Development Permit you currently have **or** if you have applied but not yet received your permit, please indicate the level of permit you have applied for and date applied:

☐ Assistant ☐ Teacher ☐ Site Supervisor ☐ Children's Center Permit ☐ Elementary Teaching Credential
☐ Associate Teacher ☐ Master Teacher ☐ Montessori ☐ College ECE Certificate ☐ Other:_____

Issued: Month: Day: Year: **Applied:** Month: Day: Year:

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 2: EMPLOYMENT INFORMATION

Please check one:

☐ I am an **employee** at a **Child Care Center** ☐ I am an **employee** at a **Family Child Care Home (FCCH)**

☐ I **own/operate** my own **Child Care Center** ☐ I **own/operate** my own **Family Child Care Home (FCCH)**

1. Name of Center or FCCH: **2.** License #:

3. Center or FCCH address: City: State: Zip:

4. Site Phone: **5.** Site Fax: **6.** Site E-mail:

7. Director's Last Name: **8.** Director's First Name: **9.** Director's Phone at Center:

10. Actual Job Title (that best fits duties):

☐ Assistant ☐ Master Teacher ☐ Family Child Care Provider

☐ Associate Teacher ☐ Site Supervisor

☐ Teacher ☐ Program Director

11. How many children in each of the following age groups do you work with?

# of children birth to 23 months _____

# of children 2 to 2yrs.11 months _____

# of children 3 to 5 yrs. _____

# of children school-age (K-6) _____

12. How many children between 0-5 with identified disabilities* in your care?
Number of children _____

*A child with special health care needs or a disability is a child who has special needs because his/her well-being, development, and/or learning are compromised if special and expertly designed attention is not given to his or her early development. These children need environments that are specifically organized and adjusted to minimize the effects of their disabilities or health needs and to promote learning of a broad range of skills. The can have any number of specific conditions including cerebral palsy, spina bifida, deafness or blindness, mental retardation, motor delays, language problems, emotional problems, autism, severe asthma, diabetes and so on.

13. Center or FCCH Open Date or Start Date with Current Employer:
Month: Year: **14.** Hours per week:

15. **<u>For FCCH or Center staff only:</u>**
Annual Salary (before taxes and not including benefits): $ **16.** Hourly Wage: $

17. How many months/years have you worked with the same agency/program? If program year is not year-round, please list the actual year(s) you worked the entire program year for that same agency/program.

Months: Years:

18. Do you or your employer provide benefits? ☐Yes ☐No If yes, please check boxes below that apply to you:

☐Medical Benefit ☐Retirement ☐Other_____

19. **<u>For FCCH or Center owners only:</u>**

Net Income (annual income from child care minus all business expenses, item 31 of schedule C on your federal income tax return):$

20. Are you related to any of the children in your care? ☐None ☐Some ☐All

21. Is your workplace a license-exempt site? ☐ Yes (If yes, please answer question 22) ☐No (If no, skip question 22)

22. What was the **exemption** for your work site based on:

☐ I provide care in the child's home

☐ I care for children from at most, one other family besides my own

☐ The center I work at is a school site

☐ The center I work at is on a military installation

List the address where child care is provided or where staff works:

_____

23. Is your worksite open:

☐ Late (after 6 pm) ☐ Year-round

☐ Early (before 7am)

☐ 7am to 6 pm weekdays

☐ Between midnight and 5 am

☐ On weekends

☐ Other:_____

24. Primary language(s) spoken by children in care:_____

CERTIFICATION

25. All information provided on this stipend application is accurate to the best of my knowledge. I agree to provide further information or documentation if required to do so.

SIGNATURE:_____ DATE: / /

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 3: STIPEND LEVEL REQUEST FORM

**Circle the box next to the highest step level, and additional stipends if applicable, for which you qualify.
**Attach appropriate verification:

1) If you are using your Child Development Permit or Child Development Associate Credential as verification, please attach a copy.
2) If you are using child development units, please complete the Course Worksheet Form attached.
3) If you are using professional growth activities, please complete the Professional Growth Activity Worksheet Form attached.
4) If you are using a combination of units/hours, use both worksheets and keep in mind 3 units equals 40 hours, 1 unit equals 13.5 hours.
5) If you are a second/third year participant, you do not need to provide supporting documentation you gave us last year. You only need to provide appropriate verification for the 3 units or 40 hours or combination of units/hours. In addition, if you are moving up a "Step" from last year, you need to provide any documentation you did not give us last year to qualify you at that "Step" level. Use the appropriate attached forms.

LEVEL (Circle)	**GENERALIZED TITLE**	**EDUCATION**	**STIPEND**
Pre-Entry	(Family Child Care)	6 units of ECE or CD units, **or** 80 hours of equivalent professional training/education, **or** combination of units and training, **or** Child Development Permit Matrix alternative qualifications	$250
Step 1	(Assistant)	12 units of ECE or CD units, **or** 160 hours of equivalent professional training/education, **or** a combination of units and hours, **or** Child Development Permit Matrix alternative qualifications, such as the Child Development Associate Credential	$500
Step 2	(Associate Teacher)	24 units of ECE or CD units *	$750
Step 3	(Teacher)	24 units of ECE or CD units * and 16 General Education (GE) units	$1,000
Step 4	(Master Teacher / Site Supervisor)	24 units of ECE or CD * plus 16 GE units and 6 units Administration/Specialization and 2 units Adult Supervision	$1,250
Step 5	(Program Director)	BA with at least 24 ECE or CD units * and 6 units Administration and 2 units Adult Supervision	$1,500

(* including 12 units of ECE or CD units, **or** 160 hours of equivalent professional growth activities, **or** a combination of units and hours, **or** Child Development Permit Matrix alternative qualifications, such as the Child Development Associate Credential)

An additional stipend worth up to $250 may be awarded (check only 1 maximum) per qualified applicant, per year:

☐ Hold a Child Development Permit from the California Commission on Teacher Credentialing and have attached a copy **or** hold a letter from the Child Development Training Consortium stating that your application has been received and have attached a copy of that letter

☐ Five or more years working with the same program

I am a returning participant and qualify for the additional bonus worth up to $250: ☐ **YES** ☐ **NO**

Helpful information:

- Your current job title does **not** determine your stipend level. Job titles in parentheses above apply to the corresponding levels of the Child Development Permit Matrix.
- The steps in the above chart correspond to the California Commission on Teacher Credentialing Child Development Permit Matrix, matrix alternative qualifications are also acceptable and required documentation must be submitted (please refer to the Child Development Permit Matrix).
- The 80 or 160 hours of professional growth activities must include topics and/or experience related to children.
- All applicants who qualify and successfully complete the application process will receive a stipend. **Actual stipend levels may vary based on funding available.**
- Stipend checks will be issued June 2004. Project REWARD participants must report stipend as income with their 2004 tax form.

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 4: COURSE WORKSHEET VERIFICATION FORM

**Use this form to record applicable classes to the "level" of stipend you are applying for.
**You must attach college/university unofficial transcripts with relevant coursework highlighted.
**You do not need to complete this step if you are using your Child Development Permit or Child Development Associate Credential to determine your eligibility and have attached a copy.
**If you are a returning participant, only list and provide supporting documentation for your 3 units. If the class is not a Child Development class, please attach a note stating why the class is relevant to children and your work as a child care provider.

COLLEGE DEGREES	MAJOR	COLLEGE OR UNIVERSITY
Associate of Arts (A.A.)		
Bachelor of Arts/Science (B.A. / M.S.)		

ECE/CD COURSES	COLLEGE OR UNIVERSITY	COURSE NAME	COURSE NUMBER	SEMESTER UNITS
ECE or CD Course				
ECE or CD Course				
ECE or CD Course				
ECE or CD Course				
ECE or CD Course				
ECE or CD Course				
ECE or CD Course				
			Total Units =	

Applicants who hold a Degree (A.A. or higher) do not need to complete this section.

GENERAL EDUCATION COURSES	COLLEGE OR UNIVERSITY	COURSE NAME	COURSE NUMBER	SEMESTER UNITS
General Ed. Course				
General Ed. Course				
General Ed. Course				
General Ed. Course				
General Ed. Course				
General Ed. Course				
			Total Units =	

STEP 4 & STEP 5 STIPEND REQUIREMENTS	COLLEGE OR UNIVERSITY	COURSE NAME	COURSE NUMBER	SEMESTER UNITS
Administration or Specialization Course				
Administration or Specialization Course				
Adult Supervision Course				

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 5: COLLEGE EDUCATION AND COURSEWORK SUBJECTS

FIRST YEAR PARTICIPANTS ONLY (Answer questions 1-3)

1. Initial ECE Units: Please check the total number of semester units you have received from taking academic coursework in ECE or Child Development. If your class was taken on a quarter system, 1 quarter unit equals 0.67 semester units.

☐ 0 semester units ☐ 6.5-12 semester units ☐ 18.5-24 semester units
☐ 0.5-6 semester units ☐ 12.5-18 semester units ☐ 24 or more semester units

2. Initial ECE Training: Please check the total number of ECE/CD workshops, conferences or trainings you have taken.

☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16 or more

3. ECE/CD Education: What is the highest level of Early Childhood Education or Child Development education you have received from a community or four year college?

☐ No ECE education beyond high school
☐ 6 units or less of ECE or child development
☐ 12 units of ECE or child development
☐ 24 units of ECE or child development
☐ AA in ECE or child development
☐ ECE or related courses in a four year college
☐ BA/BS in ECE or child development
☐ Graduate level courses in ECE or child development
☐ Graduate degree in ECE or child development
☐ Other (please specify):_____

RETURNING PARTICIPANTS ONLY (Answer questions 4-8)

4. Coursework: For each college course completed since July 1st of last year, choose the most pertinent description of its subject:

☐ Core ECE Classes
☐ Course Electives
☐ ESL Classes
☐ Special topic courses
☐ GE (general education courses)
☐ ECE specialization (special needs, business end of child care, etc.)
☐ Other:_____

5. Location of college course: Select from the list below the location of college courses you took in the past year:

☐ 4-year College/University ☐ Community College ☐ Online ☐ Other

6. Training: In the past year, have you participated in ECE or Child Development training that was not college credit bearing?

☐ Yes (if yes, please answer question 7) ☐ No

7. Type of Training:

☐ Literacy
☐ Diversity
☐ Infant/Toddler
☐ Pre-K Guidelines
☐ Desired Results
☐ Business end of child care
☐ Health (i.e., nutrition)
☐ Special needs including behavior
☐ Environmental Child Rating Scales (ECRS)
☐ Other:_____

8. ECE Training: Please check the total number of ECE/Child Development workshops, conferences or trainings you have taken in the past year.

☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16 or more

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 6: PROFESSIONAL GROWTH ACTIVITY WORKSHEET FORM

**Use this form to record applicable trainings, seminars, meetings, conferences, workshops, etc.
**You must attach verification of attendance and completion of each training, meeting, etc.
**Verification would include a signed "training/workshop" certificate, or a signed Professional Training/Education Attendance Form (attached, page 9), or a copy of the payment receipt along with the brochure/flyer.
**The sponsoring agent of a training/seminar may also sign off on the attendance form.
**It is the applicant's responsibility to provide verification.
**You do not need to complete this step if you are using ECE/CD units, or your Child Development Permit, or Child Development Associate Credential to determine your eligibility.

DATE	TITLE OF TRAINING OR EDUCATION	NUMBER OF HOURS	WHO PROVIDED TRAINING OR EDUCATION
	TOTAL PROFESSIONAL GROWTH HOURS:		

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 7: PROFESSIONAL GROWTH ACTIVITY ATTENDANCE/PARTICIPATION FORM

**** Use this form to verify attendance or participation hours at applicable trainings, meetings, or other approved professional growth activities.**
**** If you are using alternative approved professional growth activities, please attach a one-page explanation and evaluation of your activity. Any questions, please call Jenny Sharkey at 895-3572, ext. 3043.**
**** Attaching a copy of the brochure/flyer is helpful.**
**** Please copy this form as needed.**

This is to certify that _____ participated in _____

seminar/workshop/training/other for _____, on _____ at _____.
Hours Date Location

The activity included information and training related to: _____
in the child care field. **Subject Matter**

Trainer/Presenter/Coordinator (Please print): _____

Signature of Trainer/Presenter/Coordinator: _____
Title: _____

Participant's Name (Please print): _____
Participant's signature:_____

Part 8: GRADE STATUS REPORT FORM – Currently Enrolled Students Spring 2004

**** Use this form to verify that you are passing an applicable class during the Spring 2004 Semester.**
**** Acceptable coursework includes those classes that can be used toward a Child Development Permit or Degree.**
**** Every Grade Status Report Form must be accompanied with an unofficial transcript to show proof of enrollment.**
**** Please copy this form as needed.**
**** Please have your professor sign this form between May 1st and May 15th.**
Grade Status Report Forms signed before May 1, 2004 will not be accepted.

This is to certify that _____ is passing _____

_____ with a grade of _____ as of _____.
Course Name Grade Date

Professor/Instructor (Please print): _____
College Name: _____

Signature of Professor/Instructor: _____
Date: _____

Student's Name (Please print): _____
Student's signature: _____

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Part 9: EMPLOYMENT or OWN VERIFICATION FORM
Use "1A" or "1B" -- required for all applicants.

1A. FOR EMPLOYEES OF CENTERS OR FAMILY CHILD CARE PROGRAMS
(Please have the director or owner check all that apply and sign.)

I certify that, _____,

☐ is currently employed at_____; and

☐ has been working at least 15 hours per week directly with children in a licensed child care program; **and**

☐ has been working since Aug. 31, 2003, or

☐ has worked with the same program for 9 months of this last year; or

☐ is currently working with a Migrant program and worked last program year (March/April-Oct. 2003); and

☐ has worked 5 years or more with the same program.

Is the program in Butte County? ☐YES ☐NO Is the program licensed through Community Care Licensing? ☐YES ☐NO

Subsidized Center-Based Programs Only (to be filled out by director or owner)

Does your child care facility receive subsidies from any of the following agencies (mark all that apply)?

☐ CDD contract (Child Development Division – State Department of Education)

☐ Head Start/Early Start/Migrant (Federal)

☐ Other

Director/Owner (Please print): _____ Date: _____

Signature of Director/Owner: _____ Phone: _____

1B. FOR OWNERS OF CENTERS OR FAMILY CHILD CARE HOME PROGRAMS
(Please check all that apply, sign, and attach a copy of your Center or Family Child Care License)

I certify that I, _____

☐ have been licensed to serve children for at least the last 9 months; and

☐ work at least 15 hours per week directly with the children in a licensed child care program; and

☐ have worked 5 years or more with the same program.

Is the program in Butte County? ☐YES ☐NO Is the program licensed through Community Care Licensing? ☐YES ☐NO

Subsidized Center-Based Programs Only (to be filled out by the owner)

Does your child care facility receive subsidies from any of the following agencies (mark all that apply)?

☐ CDD contract (Child Development Division – State Department of Education)

☐ Head Start/Early Start/Migrant (Federal)

☐ Other

Owner/Operator:_____ Date: _____

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

W-9 PAGE - Front

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

W-9 PAGE - Back

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.

Consent to Participate in the First 5 California's Matching Funds for Retention Incentives (MFRI) Data Collection Project

Participant Name (please print):

_____

First Middle Last

This information will help First 5 California learn how programs can recruit and retain qualified early care and education staff. I also understand that:

- In addition to the information on the program application itself, First 5 California requires local program staff to contact you at some point after receiving an incentive, to ask you questions that will help us measure its effectiveness for training and retention. The application I complete contains demographic information: name, birth place, gender, current address, ethnicity (race/ethnic group), language spoken, financial information, and other information about my past and current experience in this field. Only First 5 California evaluation staff and their agents will be able to see my personal information (such as names, address, phone number, or place of birth). People who can see my personal information **cannot** share it with anyone else, unless program staff believe I may be in danger of being hurt or be a danger to someone else.

- It is very important to First 5 and its agents that my private information is safe. That is why my information will be protected with the most advanced and secure methods. State and federal laws protect the personal and health information I share even if the Federal Privacy Rule does not do so. Any reports published from this evaluation will **never** have individual information in them (such as a name or address) that might identify me or my family.

- Taking part in this evaluation does not jeopardize my participation in the MFRI program. Program staff will use my information to determine the best strategies to recruit and retain early care and education staff. Local and First 5 California evaluators and staff will use my information, without names or other identifying information, to learn what activities and programs are most useful.

- My approval to use my information will end ten (10) years from the date on this form.

- I can always change my mind and ask that my information no longer be shared or that it be erased. I can do this by sending a form (that can be obtained from this organization) to:

First 5 California Children and Families Commission
ATTENTION: J. Oshi Ruelas
501 J Street, Sacramento, CA 95814

I have read the preceding information and agree to allow First 5 California and their agents to access my personal information about my participation in First 5 California's MFRI evaluation. I also understand that this authorization is voluntary and I can choose not to sign it without jeopardizing my receipt of services from the MFRI Project.

_____ _____

Signature of Participant Date

Project REWARD is funded by the California Children & Families Commission, the Butte County Children & Families Commission, the CA Department of Education, and the Butte County Department of Employment and Social Services. The Project is implemented by the collaborative efforts of Butte County Office of Education and Valley Oak Children's Services.