



Sonoma County
California Transitional Kindergarten Stipend Program
CTKS

**PARTICIPANT REIMBURSEMENT
INFORMATION AND APPLICATION**

April 2015



Child Care Planning Council of Sonoma County • SCOE
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California Transitional Kindergarten Stipend (CTKS) Program Description

1. California Transitional Kindergarten Stipend (CTKS) funds are for educational and professional development expenses related to early childhood education.¹
2. Transitional Kindergarten (TK) teachers are the first priority for CTKS stipends, and California State Preschool Program (CSPP) teachers are the second priority.
3. **Eligibility**
 - a. TK teachers must be employed in Sonoma County working with at least one TK student, whose 5th birthday is between September 2nd and December 2nd of the current school year, at the time of the reimbursement request.
 - b. CSPP teachers must work directly with CSPP students in Sonoma County for pay at least 15 hours per week, and must be employed as a CSPP teacher at the time of the reimbursement request. **(Family Child Care providers contracted with a Family Child Home Education Network and serving a preschool aged child are also eligible as a “CSPP teacher.”)** CSPP teachers can also be enrolled in CARES/AB212.
 - c. The stipends are for actual educational, professional development expenses, including:
 - 1) tuition costs for coursework that is unit-bearing or for continuing education units, including online courses, in early childhood education or child development (**note: general education coursework is not eligible**)
 - 2) registration costs for CDE-approved early childhood education or child development trainings or workshops
 - 3) books for courses or trainings/workshops per above, as attended during the funding period
 - d. Only individual teachers are eligible for reimbursement for out of pocket expenses; schools, districts, organizations or programs are not eligible for these funds.
 - e. The maximum amount of reimbursement for any individual over the 3-year period of the grant is \$3,000.

¹ California law (SB 876) added additional requirements for TK teachers. Pursuant to EC 48000(g), a school district or charter school shall ensure that credentialed teachers who are first assigned to a TK classroom after July 1, 2015, have, by August 1, 2020, one of the following:

1. At least 24 units in early childhood education, or childhood development, or both.
2. As determined by the LEA employing the teacher, professional experience in a classroom setting with preschool age children that is comparable to the 24 units of education described in bullet 1.
3. A child development teacher permit issued by the California Commission on Teacher Credentialing (CTC).

Any current credentialed teacher who is or was assigned to teach TK, or a combination class of kindergarten and TK, **before** July 1, 2015, is “grandfathered in” to teach TK without having to meet additional requirements. Any credentialed teacher assigned to teach TK, or a combination class of kindergarten and TK, **after** July 1, 2015, will have until August 1, 2020, to meet the above-mentioned education requirements.

4. Funding

- a. Funding will be disseminated throughout the funding period (Fiscal Years 2014-2015 through 2016-2017) until funds are fully spent.
- b. Funding will be disseminated in four funding cycles (submission deadlines in bold):
 - 1) July 1, 2014 to **December 31, 2015**
 - 2) January 1, 2016 to **June 30, 2016**
 - 3) July 1, 2016 to **December 31, 2016**
 - 4) January 1, 2017 to **June 30, 2017**
- c. Costs incurred for activities at any time during the entire funding period (7/1/14-6/30/17) will be eligible for reimbursement. **Applications must be submitted after successful course completion, and by the last date in each funding cycle in order to be considered for reimbursement in that cycle.**
- d. For each funding cycle, approved applications from TK teachers will be reimbursed first (on a first-come first-served basis if there are not enough funds to reimburse all requests), and applications from CSPP teachers will be reimbursed as a second priority, (on a first-come first-served basis) if and as funds allow. Any funding remaining at the end of a funding cycle will be rolled forward into the next funding cycle.

Some Early Childhood Education/Child Development Educational Resources

Unit-Bearing Coursework

1. Sonoma State University – Early Childhood Studies (BA degree, MA degree, and new Graduate-Level Certificate especially designed to meet the needs of TK teachers) - <http://www.sonoma.edu/education/ecs/>
2. Santa Rosa Junior College – Child Development Department - <http://www.santarosa.edu/childdev/>
3. Child Development Training Consortium - Courses at CAP Aligned Colleges
https://www.childdevelopment.org/cs/cdtc/print/htdocs/services_colleges_aligned.htm

CDE-Approved Trainings and Workshops (look for trainings approved for CARES Component A)

1. California Department of Education, EESD-Approved CARES Plus Component A Training - <http://www.cde.ca.gov/sp/cd/re/compatraining.asp>
2. CDTC Training Portal – https://www.childdevelopment.org/cs/cdtc/search/tp_e
Choose this search criteria: CARES Plus Approved for CARES Plus Component A
3. California Early Childhood Online (CECO) - <http://www.caearlychildhoodonline.org/>
4. California Preschool Instructional Network - <http://cpin.us/> - for Sonoma County trainings, see Sonoma County Office of Education website - <http://www.scoe.org/pub/htdocs/classlist.html>

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CTKS REIMBURSEMENT APPLICATION

Personal Information

First Name		Middle Name (optional)	
Last Name		Previous Last Name (if applicable)	

Mailing Address					
City		State		Zip	
Address Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				
E-mail Address					

Current Employment Information

Employer Name					
Employer Address					
City		State		Zip	
<u>What classroom type do you work in? (Select one.)</u> <input type="checkbox"/> Transitional Kindergarten or TK/K Combo <input type="checkbox"/> CA State Preschool Program					
Employment start date	____ / ____ / ____				
Number of hours worked per week directly with children as a teacher					
Principal/Director Name			Phone Number		
Principal/Director Signature			Date		

**Early Childhood Education or Child Development Educational/Professional Development
Reimbursement Request**

PLEASE COPY THIS PAGE IF NEEDED FOR MULTIPLE COURSES/PD COMPLETED

Unit-bearing early childhood education or child development coursework

Title and # of course _____

College/University _____ # of units/ CEUs _____

Beginning and ending dates _____ to _____

Amount of Tuition fees _____

Cost of required books _____

CDE-approved Early Childhood Education or Child Development Professional Development

Title of PD _____

Name of Organization Providing PD _____ # of hours _____

Beginning and ending dates _____ to _____

Amount of Registration fee _____

Cost of required books _____

Attach all receipts, and grades or verification of completion.

By signing this document I am certifying all of the information provided above is true and correct.

Signature

Date

Vendor/Organization Code _____

Title of Training _____

Date _____(mm/dd/yyyy)

Complete this form if you work in **child care center, school-age child care, family child care home, or as an individual child care provider** or as a **TK teacher**.

Confidential Profile for Direct Service Participants

California Department of Education, Early Education and Support Division, Quality Improvement Training

This training is funded through the California Department of Education (CDE), Early Education and Support (EESD) Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? ____/____/_____(mm/dd/yyyy)
2. In what city were you born? _____
3. What are the last five digits of your social security number? X X X - X ____ - _____

Education Information

4. What is your highest level of education? Please check only one answer.

- No high school diploma/No GED AA/AS (2-year college degree) Master's degree
 High School diploma/GED BA/BS (4-year college degree) Doctorate

5. Do you have a college degree from a foreign country?

- Yes No I do not have a degree

6. If you have a degree, please select the area that best represents the major for any degree you have attained.

Please check all that apply.

Degree	ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
AA/AS/2-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you hold a current California child development permit, indicate your current level:

- I do not have a permit Associate teacher Master teacher Program director
 Assistant teacher Teacher Site supervisor
 Children's Center Instruction Children's Center Supervision

8. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.

- I do not have a credential Early Childhood Special Education School Nurse Services Other
 Administrative Services Multiple Subject Single Subject
 Bilingual Specialist Pupil Personnel Services Specialist Instruction
 Clinical/Rehabilitative Services Reading/Language Arts Speech-Language Pathology

IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.

Employment Information

9. Which best describes the setting or program you primarily work in? Please check only one answer.

- Licensed child care center/early childhood program (including Head Start, After-school program, etc.)
- Licensed family child care home
- License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- Informal provider (family, friend, neighbor) Other (please specify) _____

10. If you work in a center or school-based ECE program, which best describes your primary position?

- Assistant teacher/teacher aide/associate Site supervisor Director – multi-site
- Teacher/lead teacher/associate Assistant Director Executive director
- Teacher-director Director – single site Other (please specify) _____
- Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
- Professional support staff (e.g. curriculum specialist, mental health consultant)

If working as a substitute please specify position type in which you more frequently work as a substitute.

11. If you work in a family child care home, which best describes your primary position?

- Owner/operator of the family child care Assistant in the family child care Other (please specify) _____

12. What is your city of employment? _____

13. What is your county of employment? _____

14. What is your zip code of employment? _____

15. Please write in (if less than one year, write in 1):

- Number of years you have been employed in the ECE field _____
- Number of years you have been employed with your current employer _____
- Number of years you have been employed in your current position with your employer _____

16. How many paid hours per week and months per year do you work at your current job, on average?

- Number of paid hours per week _____
- Number of months per year _____

17. How many children are currently enrolled in your classroom or program? If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program. _____

18. How many children of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 17.

- Less than one year _____
- 1 year old _____
- 2 years old _____
- 3 years old _____
- 4 years old through prekindergarten _____
- School-age in before/after school program _____

19. Do you currently care for children who are dual language learners?

- Yes No Don't know

20. Do you currently care for children who have an Individualized Family Service Plan (IFSP), an Individualized Education Plan (IEP)?

- Yes No Don't know

21. What is your current gross salary, for this early care and education job, (before taxes and other deductions)? Please

Respond only once – by hour or by month or by year. Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.

- Per hour _____ or Per month _____ or Per year _____

Demographic Information This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

22. What is your gender?

- Female Male

23. How do you identify your race/ethnicity? Please check only one answer.

- Asian Native American/Alaskan Multi-racial
 Black/African-American Pacific Islander Other (please specify) _____
 Latino/Hispanic White/Caucasian

24. What is the primary language you speak at home?

- English Spanish Hmong
 Mandarin and/or Cantonese Tagalog Other (please specify) _____
 Russian Vietnamese

25. Please check all the languages you speak fluently.

- English Spanish Hmong
 Mandarin and/or Cantonese Tagalog Other (please specify) _____
 Russian Vietnamese

26. The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. If you would like more information or to sign up for this workforce registry please go to their website: <https://www.caregistry.org/>

If you have a registry ID number, do you give us permission to include the information provided on this form in the registry? All information will remain confidential.

- Yes No

If you checked "yes" please enter your number below.
Your registry ID number: _____.

Thank you very much for completing the registration form!

REQUIRED FOR ALL PARTICIPANTS

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^a _____
 Other (see instructions) ^a
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____
 Requester's name and address (optional) _____

6 City, state, and ZIP code _____

7 List account number(s) here (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person** ^a _____ **Date** ^a _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Sonoma CTKS
Participant Certification of Program Compliance**

Certification of Program Eligibility

Please **initial each** of the following boxes to certify that you meet and understand all of the eligibility requirements for the CTKS program.

I certify that I meet the following requirements to participate in Sonoma County CTKS program for 2014-2017.

I currently work as a:

- TK teacher with students whose 5th birthdays are between September 2nd and December 2nd of the current school year, **or**
- CSPP teacher, working directly with CSPP students for pay at least 15 hours per week. (Family Child Care providers contracted with a Family Child Home Education Network and serving a preschool aged child are also eligible as a “CSPP teacher.”)

I understand that reimbursement is available ONLY for actual out-of-pocket costs for ONLY early childhood education and/or child development higher education or professional development, and that **no general education or other units can be reimbursed.**

- Receipts attached.**

I understand that reimbursement is only available for early education/child development unit-bearing courses successfully completed with a Grade C or better, and for CDE-approved professional development workshops with written verification of successful completion.

- Grade or verification of completion attached.**

Participant Name: _____

Signature: _____

Date: _____

Return completed packet to:
CCPC/SCOE
5340 Skylane Blvd.
Santa Rosa, CA 95403
csimmons@scoe.org or FAX: (707) 524-2666

For Office Use Only

Date received _____