

DEMOGRAPHIC INFORMATION - THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY

Gender: Female Male Non-binary **Date of Birth** _____
(Month) (Day) (Year)

Family Structure

Family Size? _____

Indicate family structure: Single, no children Single parent Married, no children Married Parent

Ethnicity:

Do you consider yourself Latinx?

Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) No

Do you consider yourself...?

White Native Hawaiian or Pacific Islander
(includes Samoan, Chamorro or other Pacific Islander)
 Black or African American
 American Indian or Alaska Native
 Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or other Asian) Other, two or more races
 Other

Languages I can speak fluently:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Korean	<input type="checkbox"/> Thai
<input type="checkbox"/> Armenian	<input type="checkbox"/> Lao	<input type="checkbox"/> Tribal: _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Persian	<input type="checkbox"/> Urdu
<input type="checkbox"/> Creole	<input type="checkbox"/> Polish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> English	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Yiddish
<input type="checkbox"/> French	<input type="checkbox"/> Russian	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Greek	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Hindi	<input type="checkbox"/> Swahili	
<input type="checkbox"/> Japanese	<input type="checkbox"/> Tagalog	

Preferred language: _____

EMPLOYMENT STATUS (check all that apply)

What is your current job title?

Teacher Child Development Home Provider Owner/Director
 Assistant Teacher Director/Supervisor Other (specify): _____

How long have you worked in the early childhood field?

Less than 2 years 2-5 years 6-10 years 10+ years

What age groups do you teach? (check all that apply)

Infants Ones Twos Threes Fours Fives School age

How many hours per week do you work? _____

How many hours per week are spent directly with children birth to five? _____

How many hours per week are spent directly with school age children? _____

How many hours per week is your program open? _____

How many months per year do you work? _____

STATEMENT OF INCOME

Employer _____ Hours/Week _____ Earnings _____ per _____
(hourly rate preferred)

Attach a copy of most recent pay stub (center staff) or IRS Schedule C and Income Worksheet (home providers)

PARTICIPANT AGREEMENT

Iowa Association for the Education of Young Children agrees to:

- A. Provide wage supplements to eligible early educators as a special incentive to reward teacher education and continuity of care, thereby providing children ages birth to five more stable relationships with better educated teachers.
- B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Child Care WAGE\$ Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement amount is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is completed and when funding is available. *The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.*
- B. Continue employment in a regulated program that meets the funder-specific eligibility requirements for the entire commitment period and notify Child Care WAGE\$® IOWA of any change in eligibility. If the eligibility status changes during a six-month commitment period, participation and supplement amount may be impacted.
- C. Allow her/his employer to release employment information including date of employment, current position, age level of children in care, current salary or hourly rate and the number of hours worked each week.
- D. Allow WAGE\$ staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that individual application and participation information may be shared with funders or their designees and that name and place of employment may be shared with local resource and referral offices or community colleges if needed.
- F. Acknowledge that payments will depend upon available funding and the recipient’s employer is not responsible for providing the supplement should funds no longer be available.
- G. Report and pay and personal income taxes due on annual supplements as required by current tax law.
- H. Acknowledge that Iowa AEYC reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- I. Acknowledge that reimbursement to Child Care WAGE\$® IOWA will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- J. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.
- K. Create an i-PoWeR account (ccmis.dhs.state.ia.us/trainingregistry/TrainingRegistry/Public/) and it must remain active for duration of time on WAGE\$. WAGE\$ staff will verify and upload official transcripts to i-PoWeR account.

Statement of Affirmation:

I, _____ (applicant’s name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participation Agreement. To be considered for a WAGE\$ supplement, I understand that my name, address, email, education level, supplement amount, employer name and employer address may be released to funders of the program or their designees. Information may also be shared with T.E.A.C.H. Early Childhood® IOWA as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Iowa AEYC to the third parties described. I hereby release Iowa AEYC from any liability or damages that may result from the release of sharing such information, including possible inaccuracies, errors, or omissions.

Signature of Applicant

Date

Printed Name

***Please keep a copy of this page for your records**

DIRECTIONS: The following sections must be completed by director or owner.

A. CHILD CARE CENTER STAFF INFORMATION

Name of center/program _____
Program address (physical) _____ City _____ Zip _____
Program address (mailing if different) _____ City _____ Zip _____
County _____ License/DE number _____ **attach copy of license** Capacity _____ Total enrolled _____
Name of director/supervisor _____ # children enrolled by age group : 0-5 _____ School Age _____
Phone # _____ Fax # _____ Email _____

Check all that apply to **the employee's classroom**:

- Profit Head Start
- Non-profit Shared Visions
- Part day preschool State funded universal voluntary preschool site
- Religious/church affiliated Public school early childhood special education

How many months per year is your program open? _____ Ages served _____

Does your program serve children receiving subsidy for child care? No Yes, percentage of enrollment _____%

Does your program have a child registration/enrollment fee? No Yes \$ _____

Is your program in a city with a population of: Less than 20,000 (rural) Less than 20,000 (suburb) More than 20,000 (urban)

In what school district is your program? _____

Do you own the center/program? No Yes

Is your program NAEYC Accredited: No Yes **attach copy of certificate** other (specify) _____

Is your program rated on Iowa's Quality Rating System? No Yes What is the rating? _____ **attach copy of certificate**

Programs must demonstrate participation in a quality initiative such as QRS, QPPS, Head Start, or NAEYC accreditation.

B. CHILD DEVELOPMENT HOME PROVIDER INFORMATION

As a registered child development home provider, check the appropriate home category: A B C C1

Registration Number _____ **attach copy of registration** How many families are using your care? _____

NAFCC accredited: No Yes other (specify) _____

Is your program rated on Iowa's Quality Rating System? No Yes What is the rating? _____ **attach copy of certificate**

Programs must demonstrate participation a quality initiative such as QRS, QPPS, Head Start, or NAEYC/NAFCC accreditation.

Is your program in a city with a population of: Less than 20,000 (rural) Less than 20,000 (suburb) More than 20,000 (urban)

In what school district is your program? _____

Does your program serve children receiving subsidy for child care? No Yes, percentage of enrollment _____

Does your program have a child registration/enrollment fee? No Yes \$ _____

C. INITIAL EMPLOYMENT VERIFICATION — TO BE COMPLETED BY DIRECTOR OR CHILD DEVELOPMENT HOME PROVIDER

Employee/applicant name _____

Name of program _____

Position of employment _____

Ages of children in the care of this employee Infants Ones Twos Threes Fours Fives School age

Hours worked per week _____ Current hourly rate of pay _____ Employee's start date at the program ____/____/____

In addition to the employment verification above, please verify that you have read and understand the expectations below. As an employer of staff participating on WAGE\$, your signature on this application indicates your agreement to:

Provide Iowa AEYC with information on employees who have applied for a salary supplement. This information shall include: date employment began, employee's position, status of employee (full or part-time, permanent or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.

Be willing to meet with a local CCR&R consultant to begin a continuous improvement plan, *if required by funder.*

Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. WAGE\$ will not be used as the reason to withhold an otherwise scheduled raise.

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge. I acknowledge that falsifying information or documentation may result in denial of future participation in WAGE\$ for this program:

Signature of authorized personnel: _____ Date: _____

Printed name: _____ Position: _____

APPLICATION CHECKLIST

- Complete application (pg. 1-3 completed by applicant; pg. 4-5 completed by supervisor)
- Copy of DHS license or registration certificate – one copy per center
- Copy of QRS certificate - one copy per center
- Copy of NAEYC/NAFCC accreditation (*if applicable*) – one copy per center
- Income verification (*current paycheck stub, Schedule C, etc.*)
- Income & Schedule Worksheet (*Child Development Home Providers only*)
- Official transcript(s) for all college education
- Maintain an active i-PoWeR account allowing WAGE\$ staff to upload transcripts to registry



Return this application with required documentation to:
Child Care WAGE\$® IOWA
Iowa Association for the Education of Young Children
5525 Meredith Drive, Suite F, Des Moines, IA 50310

Phone: 800-469-2392, 515-331-8000 Fax: 515-331-8995 wages@iowaeyc.org



Child Care WAGE\$[®] IOWA

Frequently Asked Questions



What is Child Care WAGE\$[®] IOWA?

Child Care WAGE\$[®] IOWA is a project that provides education-based salary supplements, or bonuses, to low-paid early care and education providers working with children ages birth-five in regulated settings in Iowa. The project is designed to increase retention, education and compensation.

Who is eligible to receive a salary supplement?

Any early care and education professional working in a licensed child care program or registered home earning at or below the income cap (varies by position) may be eligible to participate. The supplement recipient must work with children ages birth to five at least 20 hours per week. The recipient must also have a level of education that appears on the Child Care WAGE\$[®] IOWA supplement scale. Please contact a WAGE\$ counselor at Iowa AEYC for more information about specific eligibility requirements or visit our website for more information.

How much will I receive?

Salary supplement amounts are tied to the recipient's level of education. Awards are issued in two six-month payments. The amount received will reflect the schedule worked during the six-month period; supplements for part-time employees are adjusted based on a 40-hour work week.

What do I have to do to participate in Child Care WAGE\$[®] IOWA?

Complete an application and provide proof of (1) current employment in a participating program, (2) current wages and (3) education earned (shown on an official transcript).

How are supplements received?

Checks are typically mailed by the end of the seventh month (following completion of a six-month commitment period) to eligible participants who have met the requirements.

How can I increase the level of the supplement I receive?

Participants in WAGE\$ can increase their supplement amounts by gaining more education. The T.E.A.C.H. Early Childhood[®] Project offers scholarships to child care professionals who want to earn course credits toward specific early childhood credentials or degrees. Contact T.E.A.C.H. Early Childhood[®] IOWA (515-331-8000 or teach@iowaaeyc.org) for more information. Participants are encouraged to send WAGE\$ an updated official transcript after the completion of any formal coursework so staff can determine the highest possible award.

Do I have to pay taxes on the supplement I receive?

Yes, because the salary supplement is income. Participants will receive an IRS-1099 form at the end of the year if they received \$600 or more from Iowa AEYC during the calendar year. Recipients are responsible for reporting and paying personal income taxes due.

Will I receive a supplement if I move to another early care and education program?

Checks are sent to participants after each six-month period in the same program. If a participant moves to another eligible program within the six months, no check will be sent to the participant until they have been at the new program for six months in a row. This will encourage more stability for the children in care and discourage participants from moving programs.