

# San Joaquin County AB 212 Child Care Retention Incentive Program 2009-2010 Stipend Application

**Mail Application to:**

San Joaquin County Office of Education  
Early Childhood Education/AB 212  
P.O. Box 213030  
Stockton, CA 95213-9030

**Application Deadline Date:**

Applications will be accepted with a postmark date beginning September 1, 2009 – March 31, 2010.  
Walk-in applications will not be accepted.

**Part 1: APPLICANT INFORMATION**

**DATE** \_\_\_\_\_

Please print (in blue or black ink) all information legibly.

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	Gender:
Home Address:	City:	State:      Zip:
Mailing Address:	City:	State:      Zip:
Home Phone:	Alternate Contact Number:	Email Address:

**In order that we may locate your file or create a file for you, please answer the questions below:**

- YES     NO    Are you applying for a stipend for the first time?  
 YES     NO    Have you ever been denied a stipend?

**Please check the **ONE** level below in which you are applying:**

- Entry Track (\$500)     Permit Track (\$800)     Degree Track (\$1,000)     Retention Track (\$500)

**FILL IN ALL SECTIONS ON PAGES 1-4 COMPLETELY. IF THE QUESTION IS NOT APPLICABLE TO YOU, PLEASE PUT N/A IN THE INFORMATION FIELD. PLEASE DO NOT LEAVE ANY FIELDS BLANK.**

**PLEASE CHECK ALL THAT APPLY:**

<u>Primary Language Spoken at Home:</u>	<u>Race/Ethnicity:</u>	<u>Language Spoken with Child at Work:</u>
<ul style="list-style-type: none"> <li><input type="radio"/> English</li> <li><input type="radio"/> Cantonese</li> <li><input type="radio"/> Hmong</li> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Spanish</li> <li><input type="radio"/> Tagalog</li> <li><input type="radio"/> Vietnamese</li> <li><input type="radio"/> American Sign Language</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> Decline</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Alaska Native/American Indian</li> <li><input type="radio"/> Asian</li> <li><input type="radio"/> Black/African American</li> <li><input type="radio"/> Hispanic/Latino</li> <li><input type="radio"/> Pacific Islander</li> <li><input type="radio"/> White</li> <li><input type="radio"/> Multiracial</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> Decline</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> English</li> <li><input type="radio"/> Cantonese</li> <li><input type="radio"/> Hmong</li> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Spanish</li> <li><input type="radio"/> Tagalog</li> <li><input type="radio"/> Vietnamese</li> <li><input type="radio"/> American Sign Language</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> Decline</li> </ul>



**Part 4: Employment Information (Continued from page 2)**

1. What is your current position title? \_\_\_\_\_
2. **Please indicate the number of children you work with in each of the following age groups.**

**IF NONE, PLEASE INDICATE 0, DO NOT PUT A CHECK MARK.**

<i>Age Group</i>	<i>How many children do you work with?</i>	<i>Of these children, how many have special needs identified in an IEP?</i>
<b>0 – 23 Months</b>		
<b>2 Yrs - 2 Yrs/11 Months</b>		
<b>3 Yrs – 4 Yrs/11Months</b>		
<b>5 Yrs or Higher</b>		

3. **Start date** with current employer as a child care professional: \_\_\_\_\_ ( month/year)
4. **AVERAGE** Hours Worked **per week:** \_\_\_\_\_ 5. **Hourly Wage:** \$ \_\_\_\_\_
6. **Annual Gross Salary:** \$ \_\_\_\_\_ (Annual salary, before taxes and not including benefits received from child care position)

**\*TO BE COMPLETED BY OWNER / DIRECTOR / SUPERVISOR.  
PLEASE REVIEW APPLICANT INFORMATION BEFORE SIGNING.**

I verify that the information in Parts 1- 4 on pages 1 through 3 is correct.

I certify by signing below that:

- The above employee is a Title 5 child care employee who works directly with children receiving state subsidized child care.
- The applicant has worked for a minimum of 15 hours per week for at least 9 continuous months in the program year (Jan. 1, 2009 - Dec. 31, 2009). To the best of my knowledge, the applicant meets the requirements for participation in the AB 212 Child Care Retention Incentive Program. I understand that the stipend this employee receives is in addition to his/her annual salary and I certify that current salary and salary advancement will not be negatively affected by receiving the stipend.

\_\_\_\_\_  
Signature of Owner/Director/Supervisor

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date

## ***Statement of Understanding***

**Please read and sign that you understand the following information:**

- I understand that I am NOT guaranteed a stipend. If I do receive a stipend, it will be considered taxable income and tax-related information will be provided to the appropriate agencies.
- I understand that should SJC / AB 212 funding prove to be insufficient to provide stipends to all qualifying recipients priority criteria will apply.
- I understand sealed official transcripts must be provided with the application.
- I have read the eligibility requirements.
- I understand and agree to the stated appeals process.
- I understand I may be selected to participate in a cohort of evaluation to be determined by a "lottery type" selection process.
- I certify the information I am submitting in this application package is true to the best of my knowledge and understand that false information will constitute in having my application rejected without opportunity for appeal.

**Please provide other names that you have used for employment or scholastic purposes that may be on your documents or transcripts: (example: Maiden Name) \_\_\_\_\_**

\_\_\_\_\_  
Stipend Applicant Signature

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name (Interpreter)

\_\_\_\_\_  
Other Name ( Please Print )

**Consent to Participate in the Evaluation  
of AB 212 Child Care Retention Incentive Program 2009-2010**

*San Joaquin County Office of Education  
Early Childhood Education  
PO BOX 213030  
Stockton, CA 95213-9030*

Introduction. The intent of AB 212 Child Care Retention Incentive Program is to assist in improving the retention of qualified child care employees who work directly with children who receive state subsidized child care services.

You are invited to participate in this study because you are engaged in training and education as part of the AB 212 Child Care Retention Incentive Program. Your participation is not mandatory. If you do not wish to be part of the study, you may still participate in the AB 212 program.

Procedures. If you agree to be in the study, we will examine the data you provide in the attached application, as well as information about your education and training activities. If you previously participated in AB 212 Child Care Retention Incentive Program we may examine data you provided at that time. We will not ask you questions about alcohol/drug use or any arrests or convictions. If you continue in AB 212 Child Care Retention Incentive Program, and you agree, we will follow up with similar data collection, as needed, to determine AB 212 Child Care Retention Incentive Program's effectiveness in training, retention and education of participants.

Benefits. There are no direct benefits to you for being in the study. However, your information may help us improve future AB 212 programs.

Risks. There is a very small risk for you to be in the study. Someone could learn that you are in the study. But AB 212 has very strict requirements on keeping what you tell us private. Only authorized persons will have access to what you tell us. Your name and personal information will never be used in reports. The exception is if you tell us something that indicates that you may be harmed, we must take action so that this will not happen.

Questions. If you have questions regarding the AB 212 evaluation, you may contact Valerie Denero at (209) 468-4808, via email at [vdenero@sjcoe.net](mailto:vdenero@sjcoe.net) or at the above mailing address.

Voluntary Participation. You can still participate in AB 212 Child Care Retention Incentive Program if you don't want to be in the study. You can stop being in the study at any time and still participate in AB 212 Child Care Retention Incentive Program. You can fill out a form asking that you stop being in the study and your data will not be used. The same AB 212 staff who provided your AB 212 application can provide you with the form to withdraw from the study.

*I certify that I am at least 18 years of age, and agree to participate in the above study. I have had my questions answered about participating in the AB 212 Child Care Retention Incentive Program evaluation.*

***This form must be signed, dated and one of the boxes below must be checked.***

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (Please Print Clearly)

- Yes I would like to participate in the study
- No, I would not like to participate in the study