



Alameda County California Transitional Kindergarten Stipend (CTKS) Program

REIMBURSEMENT INFORMATION AND APPLICATION
FOR *NEW* APPLICANTS
Updated: September 2016

California Transitional Kindergarten Stipend Program: Introduction

California legislation (SB 876) requires all Transitional Kindergarten (TK) teachers who are assigned to TK after July 1, 2015 to earn 24 units in Early Childhood Education or Child Development by August 1, 2020.

The bill also provides one time funding for credentialed teachers as they earn their credits, and some funding for California State Pre-School Program (CSPP) teachers. The funding is available from July 1, 2014 to March 31, 2019. The stipend program is an opportunity for TK teachers as well as State Preschool teachers to enhance their understanding of best practices for working with children who are five years old and younger.

Specific information on the stipend program is in this packet. The packet also includes contact information for higher education institutions that provide the courses needed, and a stipend application form. Teachers select their own courses*, complete them with a grade of C or better, and submit a reimbursement application form to Kim Hazard at the Alameda County Early Care and Education Planning Council, 1401 Lakeside Dr., Oakland, CA. 94612 or kim.hazard@acgov.org. Please read carefully and if you have questions on the stipend program, call Kim Hazard at (510) 208-9645.

We wish you the best in your studies and your work with young children!

***Courses can be upper or lower division to meet CTKS stipend program requirements; please check with your district if you have questions on which type will qualify for wage scale increases.**

Alameda County California Transitional Kindergarten Stipend (CTKS) Eligibility and Regulations

1. A school district or charter school must 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:
 - a. At least 24 units in early childhood education, or childhood development, or both.
 - b. As determined by the local educational agency employing the teacher, professional experience in a classroom setting with preschool age children that is comparable to the 24 units of education described above.
 - c. A child development teacher permit issued by the Commission on Teacher Credentialing.
2. California Transitional Kindergarten Stipend (CTKS) funds are for educational expenses related to early childhood education.
3. Transitional Kindergarten (TK) teachers are the first priority for CTKS stipends; California State Preschool Program (CSPP) teachers are the second priority.
4. Eligibility
 - a. TK teachers must be employed 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 course completion or of the reimbursement request.
 - b. CSPP teachers must work directly with CSPP students, and must be employed as a CSPP teacher at the time of course completion or 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 AB212.
 - c. The stipends are for actual educational, professional development expenses, including:
 - Tuition costs for unit-bearing coursework in early childhood education or child development (**note: general education coursework is not eligible**).

- Registration costs for early childhood education or child development trainings or workshops (*with or without Continuing Education Units (CEUs)*).
 - 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 or organizations are not eligible for these funds.
 - e. There is no maximum amount of reimbursement for any individual over the grant period (subject to change based on demand for funds).

5. Time Frames

- a. Reimbursements will be allocated throughout the funding period (July 1, 2014 – March 31, 2019) until funds are fully spent.
 - b. Reimbursements are allocated on a rolling basis.
 - c. 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, if and as, funds allow.
 - d. Any funding remaining near the end of the grant period may be distributed as stipends to credentialed TK teachers for eligible units.
 - e. All reimbursable costs must be incurred between July 1, 2014 and March 31, 2019.
-

Local Colleges that offer appropriate courses in Early Childhood Education and Child Development

Teachers must choose their own colleges and courses, complete courses with a grade C or better, and submit application materials for a reimbursement stipend.

This list is current as of June 1, 2015. This list is not exhaustive. Please subscribe to our newsletter for updated resources on courses, CEUs, and professional development opportunities: <http://eepurl.com/bKXBWT>

INSTITUTION	CAMPUS LOCATION	ONLINE OR CAMPUS	DESCRIPTION	FOR MORE INFORMATION
Brandman University	Multiple Locations	Online	Child Development Master Teacher Permit – series of fully online, instructor-led, 8-week courses.	Contact: Saralyn Smith Phone: 949-341-9866 Email: sarsmith@brandman.edu www.brandman.edu/extended-education/transitional-kindergarten
California State University East Bay	Hayward, CA and Concord, CA	Online and campus classes available	CSU East Bay offers: <ul style="list-style-type: none"> • Undergraduate Certificate in Early Childhood Development • Graduate Certificate in Added Authorization in Early Childhood Special Education • BA in Human Development, Early Childhood Development option – online or campus • MS in Education, Early Childhood Education option 	Contact: Dr. Valerie Helgren-Lempesis Phone: 510-885-3006 E-mail: valerie.helgren-lempesis@csueastbay.edu
Chabot College	Hayward, CA	Online and campus classes available	The Early Childhood Development program offers an AA degree in Early Childhood Development, an AA Degree Early Childhood Intervention and an AS-T transfer degree in Early Childhood Development as well as certificates.	Contact: Hilal Ozdemir, ECD Faculty Coordinator Email: hozdemir@chabotcollege.edu
Las Positas College	Livermore, CA	Online and campus classes available, including Saturdays	The Early Childhood Development (ECD) program offers an AA degree and AS-T degree in Early Childhood and an AA in ECD and an AA in EC Intervention. It also offers 3 certificates, including the Intervention certificate.	Contact: Ana Del Aguila Phone: 925-424-1176 www.laspositascollege.edu/ecd/
Merritt College	Oakland, CA	Campus	The Child Development program offers an AA degree and Child Development certificates.	Contact: Angela Khoo Email: akhoo@peralta.edu www.merritt.edu/wp/chdev/

Mills College	Oakland, CA	Campus	Mills offers a BA in Child Development; MA in Early Childhood; MA with a Special Education credential; MA in Early Childhood with an emphasis in Child Life; and a doctorate in Educational Leadership with an emphasis in ECE. Full-time and part-time options are available with weekday and evening classes.	Contact: Priya Shimpi or Diane Ketelle Email: pshimpi@mills.edu or dketelle@mills.edu
Ohlone College	Fremont, CA	Campus	Ohlone offers Early Childhood Studies Degrees and Certificates including an Associate Degree for Transfer (ADT), Associate in Arts (A.A.) Degree, and Certificate of Achievement.	www.ohlone.edu/instr/ecs/ All students are encouraged to meet with a counselor to review academic program requirements and discuss their long-range academic plan.
St. Mary's College Graduate School of Education	Moraga, CA	Campus (evenings and Saturdays)	The Master of Arts degree in Early Childhood Education with a specialization in Supervision and Leadership is open to students who have at least two years of teaching experience. The program consists of 30 units (some may be transferred from another institution).	Contact: Patricia Chambers Phone: (925) 631-4036 Email: pchamber@stmarys-ca.edu
UC Berkeley – Institute of Human Development	Berkeley, CA	Campus	Visit ihd.berkeley.edu/index.html to stay updated on seminars and special events. A new Early Development & Learning Science Program Training Program, featuring the Undergraduate Major, Graduate Program, and Summer Institute, will prepare professionals to integrate science, practice, and policy knowledge with problem-solving implementation skills in the real world. Launching in Fall 2017.	Contact: Margaret Bridges, Ph.D. Phone: (415) 302-9639 Email: Mbridges@berkeley.edu
University of Laverne	Laverne, CA	Online only	The Transitional Kindergarten Teaching Certificate is comprised of 6 courses (24 units) delivered fully online. The term for each course is 10 weeks.	Contact: Susan Walsh, Ed.D. Email: swalsh@laverne.edu laverne.edu/transitional-kindergarten/

TO APPLY FOR A STIPEND, RETURN ALL REQUIRED DOCUMENTATION TO:

KIM HAZARD
ALAMEDA COUNTY ECEPC
1401 LAKESIDE DR. SUITE 1116
OAKLAND, CA 94612

- **Completed application form including:**
 - Alameda County California Transitional Kindergarten Stipend (CTKS) Application Form
 - Course/Training Reimbursement Request (one for **each** semester and **each** professional development training)
- **“Confidential Profile for Direct Service Participants California Department of Education, Early Education and Support Division, Quality Improvement Training”**
 - **Please note:** For the purposes of this application, TK teachers *are* considered employed in ECE, so complete ALL questions (including #9-21) on the form.
- **Receipts for all expenses claimed**
- **Verification of successful course completion (transcript or copy of professional development certificate)**
- **EPLS Compliance Addendum**
- **Completed W9 form**

Applications are processed on a rolling basis. **Last day to apply: March 31, 2019**

Alameda County California Transitional Kindergarten Stipend (CTKS) Application Form

Please complete all sections and attach all necessary documents (see previous page)

Name of Individual Applying for Stipend					
Email					
Personal Phone Number					
Address to Send Stipend Check to					
City		State		Zip	

Employer Name					
Employer Address					
City		State		Zip	
Principal/Director Name		Work Phone Number			
<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 (CSPP)					

Course/Training Reimbursement Request

Please submit separate Course/Training forms for each semester and for each workshop or training. You must attach receipts verifying all expenses and proof of successful course/training completion (i.e. unofficial transcript, copy of certificate, etc.).

Reimbursement Request

- Unit-bearing early childhood education or child development coursework
- Workshop or other professional development training

TOTAL REQUEST: _____

Unit-bearing early childhood education or child development coursework

Title(s) / Course

Number(s) _____

College/University _____

of Units _____

Beginning and Ending Dates _____ to _____

Tuition Fees _____

Cost of Required Books _____

Workshop or other professional development training

Title _____

Name of Organization Providing Professional Development _____

of Hours _____

Beginning and Ending Dates _____ to _____

Fee for Registration _____

Fee for CEUs _____

Cost of Required Books _____

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

Signature

Date

Excluded Parties List System (EPLS) Compliance Addendum

The Excluded Parties List System (EPLS) was a database that was maintained by the General Services Administration (GSA) that identified suppliers and vendors excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. By signing below I am certifying that I am not on the Excluded Parties List System (EPLS).

Visit https://calsac.org/projects/qualitycounts_ctks for a complete eligibility memo.

<i>By signing this document I am certifying all of the information provided above is true and correct.</i>			
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.**

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. [TK Teachers ARE employed in ECE]

Employment Information

9. Which best describes the setting or program you primarily work in? Please check only one answer. [TK Teachers: Select "Other"]

- 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 _____ 3 years old _____
- 1 year old _____ 4 years old through prekindergarten _____
- 2 years old _____ 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 (including date of birth, and last five digits of your social security number) to the registry? Submission of your information to the registry will be done in a confidential and secure manner.

- Yes No

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

Thank you very much for completing the registration form!

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶	
	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	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 ▶	Date ▶

Alameda County Office Use Only

Fiscal Year (Processed) 2016-2017 2017-2018 2018-2019

Participant Documents Checklist:

- Completed application form**
- Completed Course/Training Forms**
- Receipts for all expenses claimed**
- Proof of successful course completion**
- Completed PD Profile form**
- Completed & signed W9 form**
- Signed addendum**

Total Amount Requested

Total Amount Approved

Name of CTKS Program Administrator

Signature

Date