



# Alameda County California Transitional Kindergarten Stipend (CTKS) Program

REIMBURSEMENT INFORMATION AND APPLICATION  
FOR *RETURNING* 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.

Teachers select their own courses\* (or other professional development), 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](mailto:kim.hazard@acgov.org). Specific information on the stipend program is in this packet.

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 5<sup>th</sup> birthday is between September 2<sup>nd</sup> and December 2<sup>nd</sup> 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. Funding will be disseminated throughout the funding period (July 1, 2014 – March 31, 2019) until funds are fully spent.
  - b. Funding is 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.
-

**Required Documentation for Returning Applicants**

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

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

<b><u>Documentation</u></b>	<b><u>Submission requirements</u></b>
Completed application form including: <ul style="list-style-type: none"><li>• Alameda County California Transitional Kindergarten Stipend (CTKS) Application Form</li><li>• Course/ Training Reimbursement Request (one for each semester and each professional development training)</li></ul>	Required for <b>each</b> submission
“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.	Submit once per fiscal year (June to July)
Receipts for all expenses claimed	Required for <b>each</b> submission
Verification of successful course completion (transcript or copy of professional development certificate)	Required for <b>each</b> submission
EPLS Compliance Addendum	Required for first application only
Completed W9 form	Required for first application only

**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			
<p>What classroom type do you work in? <i>(Select one)</i></p> <p> <input type="checkbox"/> Transitional Kindergarten or TK/K Combo             <span style="margin-left: 200px;"><input type="checkbox"/> CA State Preschool Program (CSPP)</span> </p>					

## Course/Training Reimbursement Request

Please submit separate Course/Training forms for each semester and for each workshop or training. You must present receipts verifying all expenses and proof of successful course/training completion.

Reimbursement Request	
<input type="checkbox"/>	Unit-bearing early childhood education or child development coursework
<input type="checkbox"/>	Workshop or other professional development training
<b>TOTAL REQUEST:</b> _____	
<b>Unit-bearing early childhood education or child development coursework</b>	
Title(s) / Course Number(s) _____	
College/University _____	
# of Units _____	
Beginning and Ending Dates _____ to _____	
Tuition Fees _____	
Cost of Required Books _____	
<b>Workshop or other professional development training</b>	
Title _____	
Name of Organization Providing Professional Development _____	
# of Hours _____	
Beginning and Ending Dates _____ to _____	
Fee for Registration _____	
Fee for CEUs _____	
Cost of Required Books _____	

<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!**