



California Transitional Kindergarten Stipend Program Los Angeles County

A project of the California Department of Education, Early Education and Support Division and administered by the Los Angeles County Office for the Advancement of Early Care and Education

APPLICATION PACKET – CA T-K A Program Year 3 2017-18 Academic Year

Participants may be employed as a transitional kindergarten (TK) teacher in a public school district, possessing a Multiple Subject Teaching Credential;

Or

Participants may be employed as a TK teacher in a charter school, possessing a Multiple Subject Teaching Credential;

You must also complete Confidential Profile for Direct Service Participants California Department of Education, Early Education and Support Division.



California Transitional Kindergarten Stipend Program Los Angeles County



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California Transitional Kindergarten Stipend Program
Office for the Advancement of Early Care and Education
Within the Service Integration Branch of the Chief Executive Office
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, California 90012

Renatta Cooper: (213) 974-9884 ▪ rcoper@ceo.lacounty.gov – Educational Requirement Questions?
Erica Weiss: (213) 893-0504 ▪ eweiss@ceo.lacounty.gov – Application Questions?

Fax: (213) 217-5106

www.childcare.lacounty.gov



Instructions California Transitional Kindergarten Stipend Program Los Angeles County

Program Overview

Senate Bill 876 was signed by Governor Brown on September 27, 2014, making \$15 million available for professional development stipends for teachers in Transitional Kindergarten (TK) AND California State Preschool Program (CSPP) classrooms. Per this bill, credentialed teachers first assigned to TK classrooms after July 1, 2015, will be required to meet one of the following criteria by August 1, 2020:

1. Have completed at least 24 units in early childhood education, child development or both.
2. Have been determined by the local education agency employing the teacher to possess the professional experience in a classroom setting with preschool age children that is comparable to 24 units of education described above.
3. Have been awarded a Child Development Teacher Permit issued by the Commission on Teacher Credentialing.

The first priority for participation in the California Transitional Kindergarten Stipend Program (CTKSP) is for new and continuing TK teachers including those teaching in charter schools who are seeking academic units in child development. CSPP teachers **with bachelor degrees** who want to become TK teachers are the second priority. This program **is scheduled to end in March 2019**. All courses including certificate programs taken for this program must be approved to be eligible for a stipend. Teachers must complete 6 academic credits (units) within a payout period to receive a stipend. All courses must be passed with a grade of C or better.

Applying to the CTKSP is a two part process:

1. Application: determines that you meet the employment eligibility criteria. You must be enrolled in the program to receive a stipend.
2. Verification: Verifies that you have met the academic criteria within an approved timeline. You must also continue to meet employment eligibility. You must submit transcripts official or unofficial for all completed course work to be submitted for stipend credit
3. You must continue to be assigned to a TK teaching assignment to participate in the program

Step 1. Determining Eligibility

You must be an employed credentialed TK teacher in a school district in Los Angeles County or a Charter School of a school district in Los Angeles County.

Step 2. Meeting the Educational Requirements

1. Complete at least 6 units of approved, eligible coursework at a community college, college or university with a grade of C or better. **All academic courses must be pre-approved by Renatta Cooper – contact her by e-mail at rcooper@ceo.lacounty.gov or by telephone at (213) 974-9884 to verify eligibility of classes prior to enrolling.**
2. Submit your transcript and any other requested documents within the timeline of a payout period.

Unit Completion and Stipend Amounts

Completion Period	Units Completed	Stipend Amounts
July 1, 2017 – *October 31, 2017	6 Units	\$3,000
	9 Units or more	\$5,000
November 1, 2017 – June 30, 2018	6 Units	\$3,000
	9 Units or more	\$5,000

*Grades due by completion date. Official or unofficial transcripts.

Step 3. Completing the Application

Section 1. Applicant Information

- Enter your full name in the appropriate box exactly as it appears on your social security card.
- Fill in every box. If the information is not applicable, leave blank.
- Enter your social security number (SSN) exactly as it appears on your card. SSN's are verified with the Internal Revenue Service so accuracy is crucial.
- Enter all telephone numbers where you can be reached from 9:00 a.m. – 5:00 p.m. Monday thru Friday.
- If you have ever participated in the Investing in Early Educators Stipend Program, also administered by the Office for the Advancement of Early Care and Education, you may be in our database. If there have been changes in your name or address, you will need to submit the following documents available by request. Call the Office for the Advancement of Early Care and Education at (213) 974-4103 and we will send them to you.
 - Name change: Submit a copy of the W-9 Form, Request for Taxpayer Identification Number and Certification.
 - Address change: Complete and submit an Address change Notification Form and W-9 Form.

Section 2. Education and Permit Levels

- Indicate the degrees you have earned and the year. Transcripts must be submitted with the application unless you have already done so.
- Indicate the credentials and permits you hold.

Section 3. Educational Goals

- Check all that apply.

Sections 4 and 5. Applicant Information

- If you are a T-K teacher for a school district or charter school, complete section 4.

Section 5. Employment Certification

- Your principal or a representative from your human resources (HR) department must complete this section indicating that you are under contract for the 2017-18 academic year. The district stamp should be affixed in the allotted space or attach a signed letter on the district's letterhead indicating that you are under contract for the upcoming academic year.

Section 6. Applicant Certification and Signature

- Please read and initial each statement.

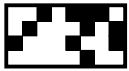
You must also complete Confidential Profile for Direct Service Participants California Department of Education, Early Education and Support Division.

Your application is incomplete without this form.

Step 4. Submitting Your Application

- **Mail in:** Return your application by certified mail or domestic return receipt to the **California Transitional Kindergarten Stipend Program** at the address listed on the application. The Office of Child Care is not responsible for documents that are sent through regular mail without a receipt to the sender.
- **Walk-in:** You may walk your application and supporting documents into the Office of Child Care located on the 5th Floor. You will receive a signed receipt from a staff member when you personally deliver your documents to the Office of Child Care.

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Name of Applicant _____

Section 6. Applicant Certification and Signature

Sign your initials to each statement and sign and date where requested.

- 1. I certify that I meet all the eligibility requirements and that all of the information and documentation provided in this application is true and correct. I understand that falsification of any information and/or documentation may require the return of all stipend monies, with penalties, to the County of Los Angeles. _____ (initial)
- 2. I understand that I will be obligated to declare any stipend award on my income tax return. _____ (initial)
- 3. My Program/District Representative has completed and signed Section 5 of this application. _____ (initial)
- 4. I understand that it is my responsibility to inform the Office for the Advancement of Early Care and Education of any changes to my address from the time of application through June 30, 2019 and to provide information and documentation as requested. _____ (initial)

(Contact the Office for the Advancement of Early Care and Education at (213) 974-4103 to request the Address Change Notification and W-9 Forms)

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

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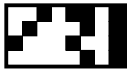
Applicant's Signature

Date

Submit Your Application to:

California Transitional Kindergarten Stipend Program
Office for the Advancement of Early Care and Education, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

You must also complete the Confidential Profile for Direct Service Participants Form (pages 5 through 8). Without this form your application is incomplete.



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When completing this form, fill in circles and boxes like this: ● ■ Not like this: ○ ⊖ ⊗ ⊠ ⊡ ⊢ ⊣

Print one character per box like this:

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DO NOT STAPLE PAGES

California Transitional Kindergarten Stipend Program

Direct Service: You work directly with children in a **child care center, school-age child care, family child care home, elementary school classroom (e.g., TK)** or as an **individual child care provider**.

Confidential Profile for Direct Service Participants Working in Transitional Kindergarten

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

This stipend is funded through the California Department of Education (CDE), Early Education and Support Division (EESD) with Child Care Development Fund Quality Improvement dollars. CDE is collecting statistical demographic information to 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.

Please enter your Teaching Credential number and answer the following questions below. This will allow the CDE to collect and update information each time you receive a state funded stipend. Individual information remains confidential and will not be reported in any way.

1. Teacher Credential Number:

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Education Information

2. 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

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

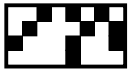
- Yes
 No
 I do not have a degree

4. 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.

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

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

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



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When completing this form, fill in circles and boxes like this: ● ■ Not like this: ○ ⊖ ⊗ ⊛ ⊜ ⊝

Print one character per box like this:

3	A	T	N	8
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DO NOT STAPLE PAGES

19. What is your current gross salary (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 \$

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or Per month \$

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or Per Year \$

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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.

20. What is your gender? Female Male

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

- Asian
- Black/African-American
- Multi-racial
- Latino/Hispanic
- Native American/Alaskan
- Other (please specify)

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- Pacific Islander
- White/Caucasian

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

- English
- Mandarin and/or Cantonese
- Other (please specify)

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- Russian
- Spanish
- Tagalog
- Vietnamese
- Hmong

23. Please check all the languages you speak fluently.

- English
- Mandarin and/or Cantonese
- Other (please specify)

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- Russian
- Spanish
- Tagalog
- Vietnamese
- Hmong

Thank you very much for completing this form!