

California Transitional Kindergarten Stipend (CTKS) Program

Administered by the
Napa County Child Care Planning Council
Napa County Office of Education

Participation Guide and Application Forms

Overview:

- Transitional Kindergarten and California State Preschool Program teachers are eligible.
- Priority: **1.** TK teachers hired after July 1, 2015 who are required to complete 24 ECE units before August 1, 2020; **2.** TK teachers hired before July 1, 2015; **3.** California State Preschool Program (CSPP) teachers.
- Teachers can be reimbursed for actual educational expenses (including registration costs, tuition and required books) incurred in pursuing units in early childhood education or child development. Teachers must attain a grade C or better.
- TK teachers can be reimbursed for attending pre-approved conferences and other professional development opportunities.
- Teachers can be reimbursed over the course of the program that expires in 2019. Reimbursements are not guaranteed. Participants should attain prior-approval before committing financially to a course of study or conference attendance for which they will seek reimbursement. Reimbursements are subject to change depending on the level of participation in the program and will only be approved while funds are available.
- The final dates for reimbursement submission are **June 15**. Late applications will not be accepted.

Introduction:

The 2014-2015 Budget Act allocated \$15 million statewide to provide educational incentives for Transitional Kindergarten (TK) teachers and teachers in the California State Preschool Programs (CSPP). Funding for the California Transitional Kindergarten Stipend (CTKS) project will be available through March, 2019 or until all available funding has been expended. This one time only funding is administered by the California Department of Education (CDE) and disseminated statewide through Local Planning Councils (LPCs). TK teachers have first priority and CSPP teachers have second priority for reimbursement of educational and professional development expenses.

The primary purpose of these funds is to help TK teachers appointed after July 1, 2015 meet the new requirements in Education Code Section 48000(f) that specify that the TK curriculum be aligned to the California Preschool Learning Foundations and Section 48000(g) which specifies professional requirements for TK teachers.

Education Code Section 48000(g)

As a condition of receipt of apportionment for pupils in a transitional kindergarten program pursuant to subdivision (g) of Section 46300, a school district or charter school shall ensure that teachers assigned to a transitional kindergarten classroom after July 1, 2015, have been issued at least one credential by the Commission on Teacher Credentialing, and shall, by August 1, 2020, have one of the following:

(1) At least 24 units in early childhood education, or childhood development, or both. After 2020 the TK teacher must have completed 24 units upon hire.

(2) 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 in paragraph (1).

(3) A child development permit issued by the Commission on Teacher Credentialing.

<http://www.cde.ca.gov/ci/gs/em/kinderfaq.asp#newtkrequire>¹

¹ SB876 states the following:

Any current credentialed teacher who is or was assigned to teach TK, or a combination class of kindergarten and TK, on or before July 1, 2015, is "grandfathered in" to teach TK without having to meet additional requirements. Any credentialed teacher assigned to teach TK, or a combination class of kindergarten and TK, after July 1, 2015, will have until August 1, 2020, to meet the above---mentioned education requirements.

Eligibility:

- TK teachers must be employed and 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 the reimbursement request.
- CSPP teachers must work directly with CSPP students, and must be employed as a CSPP teacher at the time of the reimbursement request.
- Only individual teachers are eligible for reimbursement for out of pocket expenses. Schools, districts, organizations or programs are not eligible for these funds.

Priority of Requests:

Requests from eligible participants will be considered for reimbursement in the following order of priority:

1. Actual educational expenses for credentialed TK teachers to complete at least 24 units in early childhood education or child development or both. All units must be completed with a grade C or better. Actual educational expenses include: registration costs, tuition, and required books.
2. Actual educational expenses for CSPP teachers to complete at least 24 units in early childhood education or child development or both. Actual educational expenses include: registration costs, tuition, and books.
3. Reimbursement for actual professional development expenses, including registration fees for conferences, workshops, trainings, and continuing education units. Professional development opportunities include but are not limited to: CDE approved trainings such as CPIN network meetings and regional trainings, NCOE ECE related trainings, *NAEYC* seminars and local affiliate offerings, *Early Edge* TK conferences, *California Kindergarten Association* conferences and the Stanford University *Bing Institute* programs for educators. Travel, food and hotel expenses cannot be reimbursed.

Disbursement of Funds and Payment Cycle:

The Napa County Office of Education (NCOE) is the fiscal agent for the Napa County Local Planning Council (LPC) and is, therefore, responsible for the overall administration of the county's California Transitional Kindergarten Stipend Funds.

NCOE maintains the necessary accounting records and will comply with the CDE's audit requirements and reporting. California Transitional Kindergarten Stipend Funds reimbursements are subject to IRS Tax Regulations and NCOE will provide individual recipients with a W-9 to be completed and submitted at the onset of participation.

Reimbursements will be made for actual costs of expenses, made by eligible individuals over the period of the grant. Expenses will be reimbursed in accordance with the Napa County Office of Education policies. TK and CSPP teachers seeking reimbursements must submit receipts and completion documents for courses completed with a C grade or better.

Reimbursements will be disbursed once a year a year in June

Final dates for submission of reimbursement requests are June 15. Late applications will not be accepted.

If there are not enough funds to reimburse all requests in each funding period, approved applications from TK teachers will be reimbursed on a "first-come first-served basis". Applications from CSPP teachers will be reimbursed as the second priority, as funds allow. Monies remaining at the end of the funding period will be rolled over into the next fiscal year.

Applications:

Please submit all documentation to:

Napa County Office of Education
1511 Myrtle Ave
Napa, Ca 94558 Attention: Coordinator

Questions? Contact the CTKS Coordinator: phone: 707.259.5998; fax: 707-253-6883

California Transitional Kindergarten Stipend Program

Intent to Participate

Last Name: _____ First Name: _____

Home Mailing Address (where your reimbursement will be sent):

_____ Apt#: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Work Email Address: _____ Home Email Address: _____

Employment

School District: _____ School Site: _____

School Site Address: _____

City: _____ Zip Code: _____ Phone: _____

Position: _____

Number of years with current employer: _____ Date assigned as a TK Teacher: _____

Verification of Employment

(This section to be completed by employer)

I certify that _____ is

- a) currently employed as a Transitional Kindergarten or TK/K multiage teacher in Napa County, working directly with students whose 5th birthdays are from September 2nd December 2nd of the current school year, or
- b) is a California State Preschool Program (CSPP) teacher

Principal/Supervisor's Signature: _____

Principal/Supervisor's Printed Name: _____

Position/Title: _____ Phone: _____ Date: _____

California Transitional Kindergarten Stipend Program

Professional Development Plan

Copy this page for additional courses / professional development throughout the year.

Last Name: _____ First Name: _____

Home Mailing Address (where your reimbursement will be sent):

_____ Apt#: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Work Email Address: _____ Home Email Address: _____

Early Childhood Education or Child Development Unit Bearing Coursework

College/University: _____ Dates: _____

ECE/Child Development Course Title and Number: _____ # units: _____

Cost (itemize registration fees/tuition and required books): _____

NCOE Approval: _____ Date: _____

Early Childhood Education or Child Development Professional Learning Opportunities

e.g. CPIN, NCOE workshops, Early Edge TK Conference, California Kindergarten Association PE 1 Conference, Stanford University Bing Institute.

Organization Providing PD: _____ Date: _____

Conference/Workshop Title: _____ # of hours: _____

Registration Cost: _____ NCOE Approval: _____ Date: _____

Signature: _____ Date: _____

Vendor/Organization Code **1028**
 Title of Training **CTKS**
 Date _____ (mm/dd/yyyy)

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 Assistant teacher Associate teacher
 Teacher Master teacher Site supervisor
 Program director 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 Administrative Services Early Childhood Special Education
 Multiple Subject School Nurse Services Single Subject
 Bilingual Specialist Pupil Personnel Services Specialist Instruction
 Clinical/Rehabilitative Services Reading/Language Arts
 Speech---Language Pathology Other (specify) _____

IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.

Employment Information

9. Which best describes the setting or program you primarily work in? Please check only one answer.
- 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 (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/leadteacher/associate Assistant Director Executive director
 Teacher---director Director – single site Other (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 (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.**

Age of Child	Total Number of Children
Less than one year	
1 year old	
2 years old	
3 years old	
4 years old through prekindergarten	
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 Pacific Islander
 White/Caucasian Native American/Alaska Native
 Black/African American Multi-racial
 Latino/Hispanic Other (specify) _____

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

- English
- Mandarin and/or Cantonese
- Russian
- Spanish
- Tagalog
- Vietnamese
- Hmong
- Other (specify) _____

25. Please check all the languages you speak fluently.

- English
- Mandarin and/or Cantonese
- Russian
- Spanish
- Tagalog
- Vietnamese
- Hmong
- Other (specify) _____

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: _____.

California Transitional Kindergarten Stipend Program

Request for Reimbursement

Copy this page for additional courses / professional development throughout the year.

Last Name: _____ First Name: _____

Home Mailing Address (where your reimbursement will be sent):

_____ Apt#: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Work Email Address: _____ Home Email Address: _____

Attach the following:

- Verification of the completion of unit-bearing coursework from a regionally accredited college with a grade of C or better.
 - Copy of the course syllabus (if you are requesting reimbursement for books and materials).
 - Itemized receipts for registration fees, required books and materials.
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Early Childhood Education or Child Development Unit Bearing Coursework

College/University: _____ Dates: _____

ECE/Child Development Course Title and Number: _____ # units: _____

Cost (itemize registration fees/tuition and required books): _____

NCOE Approval: _____ Date: _____

Pre-approved Early Childhood Education or Child Development Professional Development

Organization Providing PD: _____ Date: _____

Conference/Workshop Title: _____ Number of Hours: _____

Registration Cost: _____ NCOE Approval: _____ Date: _____

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

Signature: _____ Date: _____

Download and complete the Federal W9 Form to complete your application

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>