

BooSt Together for Children Early Childhood Iowa. Child Care Solutions Pilot Program Application.

Wage enhancement Program application for Boone County Child Care Center.. Please fill out and email to Anita Claman, ECI Area Director at aclaman@boonecounty.iowa.gov. Please call 515-433-4892 or 515-230-7904 with questions regarding the application process.

* Indicates required question

1. Name of Child Care Center *

2. Federal Tax ID #:

3. Authorized Representative Name & title:

4. Address of Child Care Center *

5. Email Address *

6. Phone Number

7. Website/Social Media:

8. Number of Employees

9. Number of Employees with Teaching Responsibilities *

10. Number of Full time Employees with Teaching Responsibilities (32+ hours/week)

11. Number of Part Time Employees with Teaching Responsibilities. (working <31 hours/week)

12. Number of F//T (32+hours/week)Staff Positions Vacant:

13. Number of P/T (<32 hours/Week) Staff Positions Vacant.

14. Number of Classrooms closed due to Staffing:

15. Starting Wage for F/t (32+ hours /week).

16. Starting Wage for P/T (<32 hours/week):

17. Average Wage:

18. Licensed capacity for Slots (legal Capacity):

19. Number of Slots for Full Enrollment (may be less than Licensed Capacity):

20. Number of Currently Open Slots:

21. Total Number of Slots for 0-2 Year old's:

22. Total Number of slots for 3-5 Year Old's:

23. Number of Private Pay Families on Waitlist

24. Number of CCA Families on Waitlist:

25. Total Number on Waitlist:

26. QRS/ IQ4K/ NAEYC Accreditation *

27. Ages of Children served: *

28. Number of Currently Enrolled Children on CCA

29. Number of Currently Enrolled 0-2 Years olds on CCAL

30. Number of Currently Enrolled 2-3 Year Olds on CCA:

31. Number of Currently Enrolled 3-5 Year Olds on CCA:

32. Do You accept CCA for non-employees

Check all that apply.

Yes

No

33. Do You accept CCA for all ages served: (Not any excluded ages:

34. Cap on percentage of CCA accepted:

35. Years of Service in Childcare:

36. Average Length of Employment by Staff:

37. Are CCA families required to pay beyond the HHS co-pay? If yes how much?

38. Identify Federal, State and local funding received-amount and percent of overall child care budget(excluding CCA, CACFP, Statewide Voluntary Preschool, Stabilization Grants):

39. **NON-SUPPLANTING REQUIREMENT**

Federal and state funds made available through this program may not be used to supplant federal, state and local funds that would have been available in the absence of this program's aid. In complying with this requirement, BooSt Together for Children Early Childhood Iowa Area Board will rely on written certification by State agencies and local government units to the effect that program funds have not been used in place of other federal, state and local funds.

Check all that apply.

I understand and agree to the Non-Supplanting Requirement:

40. I agree to have center staff staff participate in Circle of Security and Reflective Consultation Training. *
(16 hours of DHHS Certified Continued Education and an additional \$15.00 an hour stipend per each staff who completes training. See attached pamphlet).

Check all that apply.

Yes: Signature:_____

No: Signature:_____

41. Please acknowledge the following items by initial or checkmark:

Check all that apply.

- I am the authorized representative of the Childcare Business named above.
- I have read and reviewed the program requirements and obligations of the BooSt Together for Children ECI Child Care Solution Pilot Program
- I certify that the answers provided in this applications are true, accurate, and agree to provide any requested documentation or informatio to substantiate the answers contained in the application throughout the course of this program upon reuest. Theft, falsification of records, or other violations of law may be prosecuted as crimes and may also be pursued as civil actions for recovery of lost funds.
- I understand that BooSt Together for Children ECI is administering this program and understand that this program is voluntary and our organization will indemnify BooSt Together for Children ECI for any claims arising out of this program
- I understand that this program in voluntary andreliant on the Funds of Early Childhood Iowa under the Department of Health & Human Services. and funds of local businesses and citizenry of boone county and and as a relult may be terminated by BooSt Together for Children ECI for failure to comply with program requirements or by thiry day-notice. approved program costs may be paid by this program up to the date of termination at the sole discretion of BooSt together for Childrne ECI.
- I understand our Organization's participation in this program is voluntary and we may exit the program with written notice to our designated representative. I am obligated to pay all wage enhancements due to employees up until the date of termination.
- I understandt that tis program requires certain confidential information for program participants, employees, and other data may be required to be shared and will be protected andused only to the extent needed to determine program compliance and outcomes
- I understand that if my organization is a nonprofit or privately-owned place of public accommodation as defined by the American with Disabilities ACT (ADA), we must comply with the requirements of Title II and Title III regulations relating to accessibility.
- I certify that my organization does not allow smoking within any portion of its indoor facility used for the provision of services for children.
- I certify that my organization has and implements written policies and procedures in compliance with Iowa law for the reporting of abuse of children and dependent adults, ensuring that employees and agents comply with these policies.
- I certify that my organization does not discriminate on the basis of gender, race, creed, color, national origin, religion, age, sex, marital status, sexual orientation, gender identity, disability, or disability status.
- I understand that we are responsible for ensuring the wage enhancement is fulsy paid to employees qualified under the program and that all funds will be expended as required.
- I certify that our program accepts Childcare Assistance as described in the application form.
- I understand that each qualifying staff member is to receive a quarterly wage enhancementand this is to be paid to qualifying staff members in accordance with standard payroll practices for my organization. dollars to be paid to qualifying Staff
- Iunderstan that an additional .0765% is being paid as the program's contribution to the organization for the employer portion of the employer portion of the employee's payroll taxes and no other payments for taxes shall be paid by this program.
- I understand that this program requires regular reporting and meeting program deadlines in order to meet payment obligations and we will comply with requests of program administrators. Failure to meet the deadlines set for submission of requested information, forms, and reports will result in delayed reimbursement and may result in termination from the program.
- I understand that I will receive a Voucher form and will provide information to my designated representative in the manner stated on the Voucher form.
- I have had the opportunity to ask any questions that I have, received necessary forms, and will communicate with my designated representative regularly.

42. I agree that all information submitted within this application is true and correct to the best of my knowledge and as authorized representative of the Childcare business named in this Application; I understand that I will submit all required information to the administrators as requested. In connection with this program, my organization will not lie or make false representations to the program. My organization will not cheat or steal from the program. My organization will be solely responsible for the truthfulness of the information it submits to the program and my organization will not permit or tolerate the submission of false records. *

Signature: _____

Example: January 7, 2019

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