

## 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 of Child Care

# APPLICATION PACKET

**You must have a bachelor degree to participate in this stipend program.**

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;

Or

Participants may be employed as a California State Preschool Program (CSPP) Teacher (full- or part-day) and possess a Child Development Permit.

**Transcripts of all college coursework must be submitted with this application.**



# California Transitional Kindergarten Stipend Program Los Angeles County



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California Transitional Kindergarten Stipend Program  
Office of Child Care  
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Los Angeles, California 90012

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# Instructions

## California Transitional Kindergarten Stipend Program

### Los Angeles County

#### Program Overview

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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 for **two years only and is scheduled to end in June 2017**. 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.
2. Verification: Verifies that you have met the academic criteria within an approved timeline. You must also continue to meet employment eligibility.

#### Step 1. Determining Eligibility

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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.

Or

You must be employed as a teacher in a CSPP classroom and hold a bachelor degree (BA or BS).

#### Step 2. Meeting the Educational Requirements

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1. Complete at least 6 semester units (9 quarter 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](mailto: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 |
|--|-----------------|-----------------|
| <b>June 1, 2015 – December 4, 2015</b> | 6 Units         | \$3,000         |
|  | 9 Units or more | \$5,000         |
| <b>January 1, 2016 – May 30, 2016</b>  | 6 Units         | \$3,000         |
|  | 9 Units or more | \$5,000         |
| <b>June 1, 2016 – December 5, 2016</b> | 6 Units         | \$3,000         |
|  | 9 Units or more | \$5,000         |
| <b>January 5, 2017 – June 1, 2017</b>  | 6 Units         | \$3,000         |
|  | 9 Units or more | \$5,000         |

## Step 3. Completing the Application

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### 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, do not leave blanks. If the information is not applicable, then write N/A.
- 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 of Child Care, 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 of Child Care 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.
- If you are a CSPP Teacher, complete section 5.

#### Section 6. Employment Certification

- **TK teachers complete A:** A representative from your human resources (HR) department must complete this section indicating that you are under contract for the 2015-16 academic year. The HR department should affix the district stamp 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.
- **CSPP teachers complete B:** Your program manager must complete this section. Please note that we are requesting the **Contract Number** for your CSPP program. The program manager should sign the back of the business card to be included with your application.

#### Section 7. Applicant and Certification

- Please read and initial each statement.

### **Step 4. Submitting Your Application**

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- **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 6<sup>th</sup> 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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# Application California Transitional Kindergarten Stipend Program Los Angeles County

| <b>Section 1. Applicant Information</b>  |  |  |                |   |
|--|--|--|----------------|---|
| Last Name on Social Security Card:   | First Name on Social Security Card:      | Middle Initial/Name on Social Security Card: |                |   |
| Is this the name on your Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Social Security Number: DO NOT LEAVE BLANK   |                |   |
| Last Name on Birth Certificate:  | First Name on Birth Certificate          | Middle Initial/Name on Birth Certificate:    |                |   |
| Home Street Address or P.O. Box:   | Apt. #:                                  | City:  | Zip Code:      | Home Telephone Number:<br>(    )<br>Work Telephone Number:<br>(    )<br>Cell Telephone Number:<br>(    )<br>E-mail Address: |
| Work Site Street Address:  | City:                                    |  | Zip Code:      |   |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male  | Place of Birth (State, Country, County): |  | Date of Birth: |   |
| Have you ever participated in the Investing in Early Educators Stipend Program? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |                |   |
| If yes, have any of the following changed since you last participated? (Check all that apply):<br><input type="checkbox"/> Name Change <input type="checkbox"/> Address Change   |  |  |                |   |
| Ethnicity (Check all that apply):<br>NOTE: This information is being collected for statistical purposes only.<br><input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic<br><input type="checkbox"/> White <input type="checkbox"/> Other |  |  |                |   |
| <b>Section 2. Applicant Education and Permit Levels</b> (NOTE: The information in this section is being collected for statistical purposes only.)  |  |  |                |   |
| Educational Level:<br><input type="checkbox"/> 4-Year College Degree (BA/BS) Year Earned _____ <input type="checkbox"/> Graduate Degree (MA/MS) Year Earned _____<br><input type="checkbox"/> Transcripts must be submitted with application   |  |  |                |   |
| Indicate the type of Teaching Credential you hold:<br><input type="checkbox"/> Multiple Subject Teaching Credential <input type="checkbox"/> Early Special Education Credential  |  |  |                |   |
| Indicate the type of Child Development Permit you hold:<br><input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director   |  |  |                |   |
| <b>Section 3: Educational Goals</b> (NOTE: The information in this section is being collected for statistical purposes only.)  |  |  |                |   |
| What are your educational goals? (Check all that apply)<br><input type="checkbox"/> To obtain a Graduate Degree (MA/MS) ➔ Major: _____<br><input type="checkbox"/> To obtain MSTC (Multiple Subject Teaching Credential)<br><input type="checkbox"/> To complete 24 credits of ECE or Child Development Coursework   |  |  |                |   |

**Section 4. Applicant Employment Information (TK teachers)**

|  |   |
|--|---|
| Applicant's Job Title:                     | Date of hire with your current employer:<br>_____/_____(Month/Year) |
| Name of School:                            | Principal's Name and Phone Number<br>Name: ( )                      |
| Administered by (Name of school district): |   |

**Section 5. Applicant Employment Information (CSPP teachers)**

|   |   |
|---|---|
| Applicant's Job Title:  | Name of Child Development Center/Work Site:   |
| Administered by (Name of agency, organization, or school district): | Child Development Program Manager's Name and Phone Number (be sure to attach the Program Manager's business card):<br>Name: ( ) |

**Section 6. Employment Certification – Please select the appropriate option.**

**A. For Transitional Kindergarten Teachers**

The applicant is under contract to the \_\_\_\_\_ School District as a TK Teacher for the 2015-2016 academic year. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

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

\_\_\_\_\_  
District Representative Signature

\_\_\_\_\_  
Date

**OR**

The applicant is under contract to the \_\_\_\_\_ charter school for the 2015-2016 academic year. This school is a charter of the \_\_\_\_\_ School District. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

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

\_\_\_\_\_  
District Representative Signature

\_\_\_\_\_  
Date

Please affix school district stamp below:





