

2024-2025 Workforce Development Stipend Application



Grant Overview:

The Workforce Development Pathways Grant is funding issued by the California Department of Education to support increased learning and healthy development of California's young children by increasing the number of qualified early learning and care professionals and increasing the educational credentials, knowledge, and competencies of existing professionals across the state. This grant has replaced AB212/CRET funding and allows more provider types to participate. Applicants will be approved based on priorities established in the grant.

Contact for grant implantation: ECE Coordinator, Kayla Diehl

(530)528-7308 or kdiehl@tehamaschools.org

Applicant Information

Name:		Workforce Registry Number: - -	
Mailing Address:		Email:	
City:	State:	Zip:	Phone Number:
Date of Birth:			

Employment Information

Employer Name:		
Site Name:		
Site Address:	City:	Zip Code:
Director's Name:		
Site Phone:	Current Position Start Date (month/year):	

Which best describes this program type:

- | | |
|---|--|
| <input type="checkbox"/> Family Friend & Neighbor (FFN) Care | <input type="checkbox"/> Family Child Care Home (FCCH) |
| <input type="checkbox"/> School Based Early Learning & Care (ELC) | <input type="checkbox"/> Licensed Center Based |
| <input type="checkbox"/> Other: _____ | |

Does the site currently serve children on subsidy: Y N

What is your position? (select one)

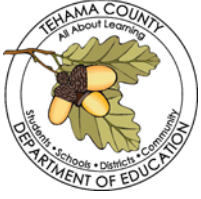
- | | | | | |
|---|---|-------------------------------------|---|--|
| <input type="checkbox"/> Assistant/Aide | <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Teacher | <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Site Supervisor |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Substitute | <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Volunteer |

Child Development Permit

What is your current Child Development Permit level? (select one)

- | | | | | |
|---|--|----------------------------------|---|--|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Teacher | <input type="checkbox"/> Master Teacher | <input type="checkbox"/> Site Supervisor |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> None | | | |

Permit Expiration Date:



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Participation options:

Each applicant may choose from the Pathways listed below (Licensing, Professional Development, Education, or Permit.) The maximum stipend that can be earned is indicated for each pathway. The stipend earned will be issued after the end of the program year and participant's Workforce Survey is completed. The stipend will be based on completion as indicated on the application. Each participant will be notified of approved participation by the ECE Coordinator.

Licensing Pathway – Stipend \$500

I would like to apply to participate in the Workforce Development Grant to:

- Obtain facility license or facility expansion from Community Care Licensing

I understand I will need to complete a professional growth plan with a Professional Growth Advisor or QCNS Coach and submit all Professional Development Certificates and/or proof of completion by 5/1/2025

Professional Development Pathway –Stipend \$700

I would like to apply to participate in the Workforce Development Grant to:

- Complete 21 hours of approved Professional Development.

I understand I will need to complete a professional growth plan with a Professional Growth Advisor or QCNS Coach and upload all Certificates to Workforce Registry for approval as proof of completion by 5/1/2025

Education Pathway– Stipend \$500 Maximum \$1,700*

I would like to apply to participate in the Workforce Development Grant and plan to complete the following:

- 6 or more units toward a degree/permit
 Community College or University College

I understand I will need to complete a professional growth plan with a Professional Growth Advisor or QCNS Coach and submit transcripts for proof of completion by 5/1/2025 *May be eligible for book reimbursement

Permit Pathway – Stipend \$300

I would like to apply to participate in the Workforce Development Grant and plan to:

- Obtain new permit Obtain an advanced permit Renew permit

I understand I will need to complete a professional growth plan with a Professional Growth Advisor or QCNS Coach and submit proof of permit application as proof of completion by 5/1/2025

Individual Declaration

I certify that the information provided in this application is true and correct. I understand that the verification of inaccurate information will result in returning all monies and exclusion from the program in future years.

Applicant Signature:

Date:

STAFF USE ONLY

Date Received: Registry ID PGP Ed Plan Transcripts Permit | Projected Stipend: