



ESSENTIAL INCENTIVE STIPEND REQUEST FORM

Email completed form to rdort@nevco.org
Or send to the Child Care Coordinating Council
640 East Main St. #3 Grass Valley CA 95945
(drop box is available outside the office)

Purpose: The Child Care Coordinating Council is providing Essential Incentive Stipends to support participating child care sites in Early Quality Matters in providing onsite child care to [essential workers](#) during COVID-19.

Essential Incentive Stipends are paid directly to child care programs and are intended to support staff salaries for April, May and June 2020.

Requirement:

- Train employees on [Safety And Health Guidance COVID-19 Infection Prevention in Child Care Programs](#)
- Follow the Social and Physical Distancing Guidance and Healthy Practices for Child Care Facilities in Response to the Global Coronavirus (COVID-19): [CDSS PIN 20-06 CCP](#)
- Must currently serve children of essential workers. Parent self-certification for COVID-19 Emergency Care (Attachment A) will need to be submitted along with the Stipend Request Form.
- Complete EQM Inclusion Survey (to be released May 21st)

Stipends:

April and May:

- Essential Incentive Stipends will be issued for April and May, based on staff data reported by site director/provider that month.
- Full and part-time teaching and non-teaching staff working on-site qualifies for the following stipends in April and May:
 - \$300 per month for full - time teaching staff, including lead, assistant, and other resource teachers working directly with children in the classroom
 - \$200 per month for all full-time non-teaching staff, including administrators, directors, cooks, and janitorial staff
 - \$150 per month for teaching staff working less than 20 hours (part-time)
 - \$100 per month for non-teaching staff working less than 20 hours (part-time)
 - There is no minimum number of hours a staff person would need to work to qualify for a bonus payment. However, if the staff member works 20 hours or less, he or she would be considered a part-time and would receive half the bonus pay amount of full-time staff (\$150 per month for teachers and \$100 per month for non-teaching staff).

June:

- Site stipends will be equally distributed in June based on available funds and the number of sites with enrolled children of essential workers

Next Steps:

- Submit Essential Stipend Request Form by the 5th day of the following month along with at least one Parent self-certification for COVID-19 Emergency Care (Attachment A).
- Complete EQM Inclusion Survey released May 21st to remain eligible for Essential Incentives



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Facility Information to be completed by Site Director/FCC Provider Licensee:

Name:					
Mailing Address:					
Best Phone Number:			E-mail address (required):		
Employment Site (Name of Program):					
Facility License #:					

List Qualifying Employees:	Full Time	Part Time	Teaching Staff	Non-Teaching Staff	Amount
Total Requested					\$0.00

I certify that all information and documentation provided is true and correct. I understand that falsification of information will result in returning all monies with penalties and the exclusion from the program in future years.

Printed Name	Signature	Date
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FOR CCCC OFFICE:	
Date Received: _____	Total EI Stipend Approved: _____
Additional Notes: _____	Approved By: _____

Attachment A: PARENT SELF-CERTIFICATION OF ELIGIBILITY FOR COVID-19 EMERGENCY CHILD CARE

I, _____ (parent or guardian) of _____ (child's name) understand that this self-certification is a requirement for _____ (child care program) to receive Essential Incentive Stipends for providing COVID-19 emergency child care services

Please check the eligibility category and/or sector of employment in which you are engaged:

<input type="checkbox"/>	Health Care Services sector
<input type="checkbox"/>	Food and Agriculture sector
<input type="checkbox"/>	Workers supporting critical infrastructure
<input type="checkbox"/>	Energy sector
<input type="checkbox"/>	Transportation and Logistics
<input type="checkbox"/>	Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors
<input type="checkbox"/>	Emergency Services sector
<input type="checkbox"/>	Staff and providers of child care and education services
<input type="checkbox"/>	State and local government worker
<input type="checkbox"/>	Communications and IT sector
<input type="checkbox"/>	Any other fields listed in EO N-33-20

<input type="checkbox"/>	Parent of a child who is receiving CPS or at risk
<input type="checkbox"/>	Parent of any child eligible through the Emergency Child Care Bridge Program for Foster Children
<input type="checkbox"/>	Family experiencing housing insecurity or homelessness as defined in the McKinney-Vento Homeless Assistance Act.
<input type="checkbox"/>	Parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service
<input type="checkbox"/>	Domestic violence survivor

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Total hours of child care per week requested: _____

By my signature below, I attest that the information provided above is true and correct.

Parent or Guardian Name (printed): _____

Parent or Guardian Signature: _____

Date: _____