

O K L A H O M A

CHILD CARE WAGE SUPPLEMENT PROGRAM



PARTICIPANT APPLICATION

EFFECTIVE: JANUARY 1, 2024

APPLY ONLINE AT WWW.OKREGISTRY.ORG

PROGRAM OVERVIEW

Oklahoma Child Care Wage Supplement provides professional development and longevity salary supplements to child care program personnel, directors, and family child care home providers working with young children in quality licensed programs. The program is designed to promote professional development, education, and longevity by rewarding ongoing learning and strong, stable relationships provided to children with continuity of care through a high-quality, responsive workforce. The Oklahoma Child Care Wage Supplement program is offered statewide with funding provided by Oklahoma Department of Human Services, Division of Child Care Services.

PROGRAM GOALS

Oklahoma Child Care Wage Supplement is a collaborative effort committed to the following outcomes:

- o Enhance a high-quality workforce through professional development and education.
- o Ensure quality of care by rewarding child care program personnel, directors, and family child care home providers providing quality experiences in a consistent and stable environment.
- o Reduce turnover of child care program personnel, directors, and family child care home providers by offering wage supports for continuity of care at the same program.



HOW TO APPLY

Complete the steps below to apply for the Oklahoma Child Care Wage Supplement Program.

1. Review the **Eligibility Requirements** on **PAGE 3**. If you check all of the criteria for your current position and facility, continue to Step 2.
 2. Fill out the **Personal Information** form on **PAGE 5**.
 3. Print your name, sign, and date the **Participant Agreement** on **PAGE 6**.
 4. Complete **PAGE 7**, the **Initial Employment Verification form**.
 5. Enclose a copy of your most recent **pay stub**. If you own your facility, you will not need to provide pay documentation. If you do not receive a pay stub, please contact **stipendandwage@ou.edu** for assistance.
 6. Mail, fax, or email your **completed application** to CECPD. Contact information is located on **PAGE 8**.
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Eligibility Requirements

If you and your facility meet the following requirements, you may be eligible for a wage supplement of \$400 - \$2,200 annually.

- ➔ *The full annual supplement is contingent upon completion of two six-month commitment periods. One-half of the annual amount is issued after each period if you meet the program requirements. Leave time longer than two weeks or summer break cannot be counted toward the completion of a continuous six months of employment.*
- ➔ *You will not receive a wage supplement payment with your initial approval. You will only be eligible for your payment at the end of each commitment period.*

? CAN I PARTICIPATE?

You must be able to meet **ALL** criteria for your **POSITION** and your **FACILITY** in order to qualify.

TEACHER/ ASST. TEACHER

I work in a DHS licensed facility with a Star level of 2 or higher.

I have been employed a continual 6 months in my current child care facility prior to the date of this application.*

I work a minimum of 30 hours per week in the classroom teaching children.

I have a current Oklahoma Registry Professional Development Ladder (PDL), Level 2 or above.

DIRECTOR/ ASST. DIRECTOR

I work in a DHS licensed facility with a Star level of 2 or higher.

I have been employed a continual 6 months in my current child care facility prior to the date of this application.*

I work a minimum of 30 hours per week at the facility.

I have a current Oklahoma Director's Credential (ODC).

FAMILY CHILD CARE HOME

I work in a DHS licensed facility with a Star level of 1 or higher.

I have been employed a continual 6 months in my current child care facility prior to the date of this application.*

I work a minimum of 30 hours per week at the facility.

I have a current Oklahoma Registry Professional Development Ladder (PDL) Level 2 or above.

* Processing times may take up to 30 business days (not including weekends and holidays).

* Leave time longer than two weeks or summer break cannot be counted toward the completion of a continuous six months of employment.

TEACHER AND FAMILY CHILD CARE HOME SCALE

Teachers and Family Child Care Home providers may receive a wage supplement based on their Professional Development Ladder (PDL) level. Please see below for the amount per year.

PROFESSIONAL DEVELOPMENT LADDER LEVEL	OKLAHOMA CHILD CARE WAGE SUPPLEMENT PROGRAM AMOUNT PER YEAR*
11	\$2,200 ANNUALLY
10	\$2,000 ANNUALLY
9	\$1,600 ANNUALLY
8	\$1,400 ANNUALLY
7	\$1,200 ANNUALLY
6	\$1,000 ANNUALLY
5	\$800 ANNUALLY
4	\$600 ANNUALLY
3	\$500 ANNUALLY
2	\$400 ANNUALLY
1	LEVEL 1 IS NOT ELIGIBLE

EFFECTIVE DATE: JUNE 1, 2022

DIRECTOR AND ASSISTANT DIRECTOR SCALE

Directors and Assistant Directors may receive a wage supplement based on their Oklahoma Director's Credential (ODC) level. Please see below for the amount per year.

OKLAHOMA DIRECTOR'S CREDENTIAL LEVEL	OKLAHOMA CHILD CARE WAGE SUPPLEMENT PROGRAM AMOUNT PER YEAR*
PLATINUM	\$1,200 ANNUALLY
GOLD	\$1,000 ANNUALLY
SILVER	\$800 ANNUALLY
COPPER	\$600 ANNUALLY
BRONZE	\$400 ANNUALLY

EFFECTIVE DATE: JUNE 1, 2022

For more information, go to www.cccpd.org | To apply for either program go to www.okregistry.org

Oklahoma Child Care Wage Supplement Program and The Oklahoma Registry are programs of Oklahoma Department of Human Services, Division of Child Care Services.

*The full annual supplement is contingent upon completion of two six-month periods. One-half of the annual amount is issued after each period if the participant meets program requirements.

Personal Information

INSTRUCTIONS: Please fill out **ALL** the information below.

TELL US ABOUT YOURSELF

FULL LEGAL NAME (AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

Registry ID #: _____

First: _____ Middle: _____ Last: _____

Other names under which you have worked: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date of Birth: _____

Last 5 digits of your Social Security #: _____ Home Phone: (_____)

Email Address: _____ Mobile Phone: (_____)

TELL US ABOUT YOUR CURRENT EMPLOYER

Program/Agency Name: _____

DHS License #: K8 _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) Fax #: (_____)



Participant Agreement

INSTRUCTIONS: Please read the agreement below, print your name and sign and date the agreement on the lines provided.

This document is an agreement between the participant and the Board of Regents of the University of Oklahoma on behalf of the Center for Early Childhood Professional Development (CECPD). The participant must read the following statements and sign that he/she understands the agreement. Please note that the Center for Early Childhood Professional Development reserves the right to modify the terms of this agreement.

Participant agrees to:

- I. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the The Oklahoma Registry level and work schedule of the participant over the six-month period completed. No portion of the award will be issued if the participant leaves his/her program prior to the completion of the entire six-month period. Leave time or summer breaks cannot be counted toward the completion of a commitment period.
- II. Notify CECPD regarding any changes to the following: employment status, level of education, position in facility, salary or hourly rate and the number of hours worked each week.
- III. Acknowledge that the supplements for this program are provided through Oklahoma Department of Human Services, Division of Child Care Services and that payment will depend on available funding. The participant’s employer is not responsible for providing the supplement should funding no longer be available.
- IV. Report and pay any personal income taxes due on annual supplements as required by current tax law and to keep an updated Individual Supplier Registration form (ISR) form on file with CECPD.
- V. Acknowledge that Oklahoma Child Care Wage Supplement Program reserves the right to adjust commitment periods based on administration and/or fiscal needs.
- VI. Voluntarily participate in the Oklahoma Child Care Wage Supplement Program. I understand that this program is being administered by the University of Oklahoma Center for Early Childhood Professional Development (CECPD) on behalf of Oklahoma Department of Human Services (DHS). I grant permission for CECPD to receive my educational information including but not limited to certifications, diplomas, and training records (information), and I expressly consent to CECPD sharing my information as needed with DHS.
- VII. Agree that the information provided in this contract is accurate, and if falsified can cause removal from the Oklahoma Child Care Wage Supplement Program. In addition to being removed from the program, the participant will be required to pay back his/her entire supplement to Oklahoma Child Care Wage Supplement Program.

Center for Early Childhood Professional Development agrees to:

- I. Award annual salary supplements twice a year as long as participant continues to meet the eligibility requirements and if funding is still available.
- II. Provide IRS-1099 forms at the end of the year to participant as mandated by current tax law.

Statement of Affirmation:

I, _____, attest that the information appearing on this application and the supporting documentation is true to the best of my knowledge. I also have read and understand the above agreement.

Applicant’s Signature

Date

Initial Employment Verification

Name: _____ Reg ID: _____

- I am applying for: Oklahoma Child Care Wage Supplement Program
 Oklahoma Registry Certificate of Achievement & Stipend Program

FACILITY INFORMATION

Director's Name: _____

Facility Name: _____

OKDHS License #: K8 _____

Facility Address: _____

City: _____ Zip: _____

- Star Level: 1 Star 2 Star 3 Star
 4 Star 5 Star

Facility Operation:

- Year Round 10 Months (Public School Year)

Are you the owner? Yes No



Summer Dates

→ Fill this section out if you are a **10 Months facility**

Provide the date children are out for their most recent summer break and the date they returned or will return to school:

____/____/____ - ____/____/____.

Include dates of any summer camp you worked (must be under same ownership).

____/____/____ - ____/____/____.

POSITION INFORMATION

I am employed at my facility as a(n):

- Teacher
 Assistant Teacher
 Curriculum Coordinator

I work ____ hours per week teaching in a classroom at this facility.

- Center Director
 Assistant Director

I work ____ hours per week in this role at this facility.

- Large FCCH Provider
 FCCH Provider
 FCCH Assistant

I work ____ hours per week in this role at this facility.

Date you began working at this location: _____

Age group that you currently work with (check all that apply):

- Infants (0-12 months) Preschool 4s' and 5's (49-72 months)
 Toddlers (13-24 months) Elementary (K-3rd grade)
 Twos (25-36 months) Middle (4th-8th grade)
 Preschooler 3's (37-48 months) Secondary (High School)

Have you had any leave time longer than 2 weeks in the last 6 months? Yes No

If yes, please list dates: _____

\$ _____ What is your hourly rate of pay? How often are you paid?

- Weekly Every 2 weeks Twice per month Monthly

SIGN

I understand that I must email stipendandwage@ou.edu as soon as possible with any name/address updates. Failure to make any updates necessary before my payment is made will result in a delay of my payment. (Initial to the left)

INITIAL

The information provided on this form is true and accurate to the best of my knowledge. (Sign and date below)







Signature of Applicant (Physical Signature Required)

Date



FINAL CHECKLIST BEFORE MAILING

The Oklahoma Child Care Wage Supplement Program:

-  Review Eligibility Requirements on Page 3.
-  Fill out Personal Information form on Page 5.
-  Print your name, sign, and date the Participant Agreement on Page 6.
-  Fill out and physically sign the Initial Employment Verification form on Page 7.
-  Enclose a copy of your most recent pay stub. If you own your facility, you will not need to provide pay documentation. If you do not receive a pay stub, please contact stipendandwage@ou.edu for assistance.
-  Send your completed application to:
CECPD
1801 North Moore Avenue
Moore, OK 73160-3668
Fax: (405) 799-7634
Email: stipendandwage@ou.edu



Please allow **30 business days** for CECPD to process your application.

FOR MORE INFORMATION CONTACT:

Center for Early Childhood Professional Development

switchboard: (405) 799-6383

toll-free: 1-888-446-7608

fax: (405) 799-7634

www.cecpd.org

email: stipendandwage@ou.edu



OKLAHOMA
Human Services