

# 2022-2023 Sacramento County Workforce Pathways Grant (WPG) Stipend Program



## Documentation Checklist - 16 Hours Child Care Provider Health & Safety

This document describes the steps to apply for and submit a documentation packet for a Sacramento County WPG Stipend for 16 Hours of Child Care Provider Health & Safety.

### Steps to WPG Stipend – Complete All Steps

- Step 1: Attend** WPG Stipend Orientation or view recorded webinar
- Step 2: Apply** on the WPG Stipend Application Portal at <https://bit.ly/WPGApp2022>
- Step 3: Meet** with advisor and create WPG Stipend Professional Growth Plan
- Step 4: Complete** 16 hours of EMSA-approved Child Care Provider Health & Safety Training
- Step 5: Submit** complete WPG Stipend Documentation Packet by due date

### WPG Stipend – 16 Hours of Child Care Provider Health & Safety\*

The WPG-eligible 16 Hours of Child Care Provider training is for newly licensed family child care providers and family, friend, and neighbor (FFN) providers. All 16 hours of training must be completed during July 1, 2022 – May 1, 2023 and include all of the following:

- 4 hours of Pediatric First Aid
- 4 hours of Pediatric CPR/AED
- 8 hours of Preventive Health and Safety Training

\*The trainings must be Emergency Medical Services Authority (EMSA)-Approved to be eligible for the WPG Stipend. Before adding to professional growth plan or taking the trainings go to [https://emsa.ca.gov/childcare\\_provider1/](https://emsa.ca.gov/childcare_provider1/) to find approved trainings.

**16 Hours of Child Care Provider Health & Safety Stipend Amount:  
\$400**

### Due Dates to Apply and Submit Documentation Packet

There are two rounds to complete WPG stipend-eligible trainings:

#### **First Round**

- Apply online: August 15, 2022 – November 30, 2022
- Complete 16 hours of approved trainings between July 1, 2022 – December 31, 2022
- Submit Documentation Packet: On or before January 10, 2023

#### **Second Round**

- Apply online: December 1, 2022 – April 1, 2023
- Complete 21 hours of trainings between July 1, 2022 – May 1, 2023
- Submit Documentation Packet: On or before June 1, 2023



## What to Include in Your WPG Stipend Documentation Packet – 16 Hours Child Care Provider Health & Safety Training (all items are required to be submitted at the same time)

- WPG Stipend Statement of Understanding (see page 3)
- WPG Stipend Professional Growth Plan signed by advisor and you (see page 4)  
**Note:** *must identify 16 hours of Child Care Provider Health & Safety, CPR, & First Aid training as goal*
- Proof of completed 16 hours of EMSA-Approved Child Care Provider Health & Safety, CPR, and First Aid training  
**Note:** *must have EMSA sticker on card and/or certificate*
- Employment Verification Letter (see page 5 for template)
- Copy of Family Child Care Home Facility License (if applicable)
- W-9 (see page 6)

## Where to Submit WPG Stipend Documentation Packet

Submit complete WPG Stipend Documentation Packets by email or mail:

**Scan and email to:** [wpgsac@scoe.net](mailto:wpgsac@scoe.net)

Applicants have used free scanner apps on their cell phones to scan paperwork. With an iPhone, the Notes app can scan and email. Go here for directions: <https://support.apple.com/en-us/HT210336>. Or go to the Android or Apple app store to download a free scanner app, such as Adobe Scan or Genius Scan.

- Or -

**Mail to:**

WPG Stipend Documentation Packet c/o  
SCOE Early Learning Department  
P.O. Box 269003  
Sacramento, CA 95826

## Frequently Asked Questions (FAQs)

Answers to frequently asked questions (FAQ) about the Sacramento County WPG Stipend Program and more info can be found at <https://bit.ly/WPGSCEL>.

Don't see the answer to your question? Email us a [wpgsac@scoe.net](mailto:wpgsac@scoe.net).

# 2022-2023 Sacramento County Workforce Pathways Grant (WPG) Stipend Program



## WPG Stipend Program Applicant 16 Hours Child Care Provider Health & Safety Training Statement of Understanding

### I declare the following to be true:

- I work for pay directly with children ages birth – 5 years (not enrolled in transitional kindergarten or kindergarten) for a minimum of 15 hours per week teaching or providing child care in Sacramento County.
- I have worked continuously with children ages birth – 5 years in Sacramento County for a minimum of one year before the date of my WPG application.
- I/my child care program have received payment for at least one child age birth-5 years through a state subsidy (e.g., Child Action child care subsidy voucher, Beanstalk family child care network, or State Preschool or General Child Care contract) between July 1, 2020 and present. Working in classrooms funded solely through parent paid tuition or Head Start/Early Head Start funds does not qualify me for the WPG Stipend.

### I understand:

- All WPG Communication will be via the email I used to apply on the WPG Application Portal.
- I am responsible for checking my email for WPG messages and responding by the due dates identified in the WPG emails.
- Submitting a WPG Stipend Application or Documentation Packet does not guarantee that I will receive a stipend.
- If I am awarded a WPG Stipend, it will be in the amount for which I am eligible as determined by the documentation I have provided.
- All stipends are considered taxable income and tax-related information will be provided to the appropriate agencies.
- Submitting an incomplete or incorrect application will result in delay or denial of stipend. If incomplete, I will have 5 business days from emailed notification to submit missing or corrected documentation.
- Should WPG funding prove to be insufficient to provide awards to all qualifying recipients as stated, WPG funds will be prioritized by location of work site. The current Sacramento County Local Planning Council Priority Zip Code list will be used to prioritize stipend distribution until funds are exhausted.

I hereby authorize the sharing of information between the Sacramento County Office of Education (SCOE - the administrator of the Workforce Pathways Grant) and Child Action, Inc. (the distributor of stipends). I give my permission for the SCOE and Child Action, Inc. to request from and/or provide to other publicly funded agencies any eligibility information needed to ensure proper use of California Department of Education funds. If the information I provided to SCOE is found to be inaccurate and/or does not meet program eligibility, I understand that I can still participate in professional development activities, but will not receive a stipend.

In signing this agreement, I declare under penalty of perjury that all information and documentation that I provide is true and correct to the best of my knowledge.

<b>Printed Name:</b>
<b>Signature</b> ( <i>electronic signatures not accepted</i> ):
<b>Date:</b>
<b>Email:</b>

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## Professional Growth Plan for Child Care Provider Health & Safety, CPR, & First Aid Training

Please fill out this form completely.

### Applicant Information

<b>First Name:</b>	<b>Last Name:</b>
<b>Workforce Registry Number:</b>	<b>Facility License Number:</b>
<b>Email Address:</b>	

Training Title	Name of Trainer	Training Date	# of hours
Child Care Provider Health & Safety (EMSA-Approved)			
CPR/AED (EMSA-Approved)			
First Aid (EMSA-Approved)			

**Total Hours:** \_\_\_\_\_

### Advisor Information

<b>Advisor's Name (please print):</b>	<b>Date Plan Created:</b>
<b>Advisor's Signature:</b>	
<b>Advisor's Employing Agency:</b>	
<b>Advisor's Email:</b>	

# 2022-2023 Sacramento County Workforce Pathways Grant (WPG) Stipend Program



## WPG Stipend Program Applicant Employment Verification

Employment verification is required for applicants.

### Instructions:

1. FCCH providers submit letters for themselves. FFN providers submit proof from Child Action, Inc.
2. **All** information in the below form must be included.
3. Signature of family child care owner or authorized center representative is required.

### Verification of Employment

\_\_\_\_\_ *Date*

ATTN: Workforce Pathways Grant (WPG) Program  
c/o SCOE Early Learning Dept.  
P.O. Box 269003 Sacramento,  
CA 95826

\_\_\_\_\_ was hired on \_\_\_\_\_ as a \_\_\_\_\_ at  
*Teacher's Name* *Date of Hire* *Position Title*  
\_\_\_\_\_. \_\_\_\_\_ directly taught  
*Name of Child Care Program* *Teacher's Name*

or provided child care for pay for \_\_\_\_\_ hours per week with children ages birth – 5 years who were not enrolled in transitional kindergarten or kindergarten from July 1, 2021 to the date of this letter.

I confirm that during July 1, 2020 – the present that the tuition for at least one child age birth – 5 years old was paid by (**check all that apply**):

- Child Action child care subsidy voucher
- Beanstalk Family Child Care Network
- State Preschool (CSPP) contract
- General Child Care (CCTR) contract

I understand that this will be verified by Child Action, Beanstalk, the California Department of Education (CDE), and/or the California Department of Social Services (CDSS).

If you have any questions or need more information, please call \_\_\_\_\_.  
*Program Phone #*

Sincerely,

\_\_\_\_\_  
*Signature (electronic signatures not accepted)*

<b>Family Child Care Owner or FFN Name:</b>
<b>Position Title:</b>
<b>Program Name (if applicable):</b>

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above Leave Blank - Do Not Fill    Leave Blank - Do Not Fill    Leave Blank - Do Not Fill    Leave Blank - Do Not Fill	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see Instructions) ▶    Leave Blank - Do Not Fill    Leave Blank - Do Not Fill	Exempt payee code (if any)    XXXX  Exemption from FATCA reporting code (if any)    XXXXX  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	Sacramento County Office of Education 10474 Mather Blvd. Mather, CA 95655
	7 List account number(s) here (optional) Leave Blank - Do Not Fill    Leave Blank - Do Not Fill    Leave Blank - Do Not Fill    Leave Blank - Do Not Fill	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>Or</b>									
<b>Employer identification number</b>									
X	X	-	X	X	X	X	X	X	X

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>* Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

\* Electronic signatures not accepted.