

Johnson County Childcare Coalition Wage Enhancement Program

Childcare providers are everything and essential to our community. Teachers, caregivers, a source of nutritious meals, nurturing environments, and love for our community’s most valuable resource: our kids! The Johnson County Childcare Coalition formed to respond to the pressing needs surrounding childcare in the area. From this coalition, many meaningful programs and opportunities emerged, including the Wage Enhancement Program.

The Johnson County Childcare Coalition Wage Enhancement Program is designed to address the growing challenges of childcare staffing wages without increasing the costs of tuition or passing along additional costs to families. This program, funded by the City of Iowa City, Johnson County, and investments from employers and businesses across the region, allows childcare providers to enhance their staff wages by \$2.00 per hour. The fund also pays \$0.153 per \$2.00 to cover the additional payroll taxes incurred by the employer in participating in the program. Program metrics will be measured throughout the program, and because of this, regular data will be collected by representatives while maintaining the strictest confidentiality and respecting the sensitivity of information provided.

4C’s will assist providers with application to the program with support of a grant by the Iowa Women’s Foundation. Johnson County Social Services will administer the program for providers upon qualification and enrollment and will collect necessary information for payment of wage enhancement. Fillable template forms will be provided.

To qualify, a program and staff must meet the following requirements:

Program Eligibility	Staff Eligibility
Located in Johnson County	Consistently work a minimum of 32 hours per week
Licensed and in good standing with the Iowa Department of Human Services	Work year-round (may not be temporary or seasonal)
Quality rated (QRS or IQ4K) or NAEYC accredited	Serve children ages birth to five
Hourly Wage must meet Johnson County Minimum Wage (adjusted annually by CPI, currently \$11.56)	Earn less than \$23 per hour *Wage Enhancement Program must not supplant WAGES Program.
Maintain a CCA Cap of no less than 20%	Staff funded by statewide voluntary preschool funds are ineligible
Childcare Assistance Families must pay no more than the cost of the designated copay	Hired as a classroom teacher, classroom assistant, floater, or center director who maintains classroom teaching responsibilities of 32 hours per week
Priority will be given to programs that do not receive grant funds for operations or subsidy from the County, City, or other Municipal Entity. (Subsidies for CACFP, Shared Visions, Statewide Voluntary Preschool Funds, Stabilization Grants, or PPP are not included.)	Staff agree to provide necessary documentation and application to the program in addition to the center.

Submit Completed Applications to: socialservices@johnsoncountyiowa.gov OR Johnson County Wage Enhancement Program, 855 S. Dubuque St., Ste. 202B, Iowa City, IA 52240

For Application Assistance Contact: Missie Forbes 4C’s at missie@iowa4cs.com OR 319-339-7684 (ext. 102)

For Enrollment Questions Contact: socialservices@johnsoncountyiowa.gov OR 319-356-6090

This program made possible by the collaborative efforts of these community organizations and the financial support of Johnson County, the City of Iowa City, private donors, and administration of Johnson County Social Services.



**Johnson County Childcare Coalition
Wage Enhancement Staff Application
Administered by Johnson County Social Services, Johnson County, Iowa**

Childcare Center Name:		
Staff Name:		Employee ID #
Address (Street, City, Zip):		Date:
Phone Number:	Email:	Hire Date:
Certifications and Education:		Years of Experience:
F/T(32+hours/week) or P/T (<32 hours/week):	Average Hours Worked Per Week:	Current Wage:
Do you participate in CCA? Yes No	Do you participate in TEACH? Yes No	Do you participate in WAGES? Yes No
Duties at Center:		
Notes/Other Information we should know:		

Please acknowledge the following items by initials or checkmark:

- I have read and reviewed the program requirements and obligations of the Johnson County Childcare Coalition Wage Enhancement Program.
- I certify that the answers provided in this application are true, accurate, and agree to provide any requested documentation or information to substantiate the answers contained in the application throughout the course of this program upon request.
- I understand that my employer may need to share data and documentation to substantiate my wages, duties, and responsibilities in order to qualify for this program and that this data will be protected and treated as confidential by the County staff who will see this data.
- I understand that Johnson County Social Services is administering this program and understand that this program is voluntary. I understand that this program is voluntary and reliant on the funds of donors, including the City of Iowa City and Johnson County, Iowa and as a result may be terminated by Johnson County Social Services.

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- I understand my employer’s participation in this program is voluntary and they are no under no obligation to continue this program and may terminate in accordance with their duties and responsibilities.
- I understand that my employer is fully responsible for ensuring the wage enhancement is fully paid to me if qualified under the program.
- I understand that each qualifying staff member is to receive \$2.00/hour as a wage enhancement and this is to be paid to me and other qualifying staff members in accordance with standard payroll practices of my organization.
- I understand that an additional \$0.153 is being paid per \$2.00 wage enhancement as the program’s contribution to my organization for the employer portion of the employee’s payroll taxes and no other payments for taxes shall be paid by this program.
- I have had the opportunity to ask any questions that I have.

I agree that all information submitted within this application is true and correct to the best of my knowledge. I understand that I will submit all required information to the administrators as requested.

Staff
Signature: _____ Date: _____

Director
Signature: _____ Date: _____

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