

## 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 applying for 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 Health and 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 HHS 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](mailto: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](mailto:missie@iowa4cs.com) OR 319-339-7684 (ext. 102)

**For Enrollment Questions Contact:** [socialservices@johnsoncountyiowa.gov](mailto: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 Program Application  
Administered by Johnson County Social Services, Johnson County, Iowa**

Childcare Business Name:		
Authorized Representative Name:		Federal Tax ID #:
Address (Street, City, Zip):		Date:
Phone Number:	Email:	
Website/Social Media:		Number of Employees:
Number of Employees with Teaching Responsibilities:	Number of Full Time (32+ hours/week) Employees with Teaching Responsibilities of 32+ hours/week:	Number of Part Time Employees with Teaching Responsibilities (< 32 hours/week):
Number of F/T (32+ hours/week) Staff Positions Vacant:	Number of P/T (<32 hours/week) Staff Positions Vacant:	Number of Classrooms Closed due to Staffing:
Starting Wage for F/T (32+ hours/week):	Starting Wage for P/T (< 32 hours/week):	Average Wage:
Licensed Capacity for Slots (legal capacity):	Number of Slots for Full Enrollment (may be less than Licensed Capacity) :	Number of Currently Open Slots:
Total Number of Slots for 0-2 Year Olds:	Total Number of Slots for 2-3 Year Olds:	Total Number of Slots for 3-5 Year Olds:
Number of Private Pay Families on Waitlist:	Number of CCA Families on Waitlist:	Total Number on Waitlist:

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.



QRS / IQ4K/ NAEYC Accreditation Information:	Ages of Children Served:	Number of Currently Enrolled Children on CCA:
Number of Currently Enrolled 0-2 Year Olds On CCA:	Number of Currently Enrolled 2-3 Year Olds On CCA:	Number of Currently Enrolled 3-5 Year Olds on CCA:
Do you accept CCA for non-employees  Yes                      No	Do you accept CCA for all ages served (note any excluded ages):	Cap on percentage of CCA accepted:
Years of Service in Childcare:	Average Length of Employment by Staff:	Are CCA families required to pay beyond the HHS co-pay? If yes how much?
Identify Federal, state and local funding received-amount and percent of overall child care budget (excluding CCA, CACFP, Statewide Voluntary Preschool, Stabilization Grants):		

Please acknowledge the following items by initials or checkmark:

- I am the authorized representative of the Childcare Business named above.
- 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. Theft, falsification of records, or other violations of law may be prosecuted as crimes and may also be pursued as civil actions for recovery of lost funds. The Office of the Johnson County Attorney has the power to prosecute crimes committed in connection with this program and may bring civil actions to pursue civil remedies to protect the County's interests in connection with this program.
- I understand that Johnson County Social Services is administering this program and understand that this program is voluntary and our organization will indemnify the Coalition members and Johnson County for any claims arising out of this program.
- 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 for failure to comply with program requirements or by thirty days-notice. Approved program costs may be paid by this program up to the date of termination at the sole discretion of Johnson County Social Services.

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.



- I understand our organization's participation in this program is voluntary and we may exit the program with written notice to our designated representative. I am obligated to pay all wage enhancements due to employees up until the date of termination.
- I understand that this program requires certain confidential information for program participants, employees, and other data may be required to be shared and will be protected and used only to the extent needed to determine program compliance and outcomes.
- I understand that if my organization is a nonprofit or privately-owned place of public accommodation as defined by the Americans with Disabilities Act (ADA), we must comply with the requirements of Title II and Title III regulations relating to accessibility.
- I certify that my organization does not allow smoking within any portion of its indoor facility used for the provision of services for children.
- I certify that my organization has and implements written policies and procedures in compliance with Iowa law for the reporting of abuse of children and dependent adults, ensuring that employees and agents comply with these policies.
- I certify that my organization does not discriminate on the basis of gender, race, creed, color, national origin, religion, age, sex, marital status, sexual orientation, gender identity, disability, or disability status.
- I understand that we are responsible for ensuring the wage enhancement is fully paid to employees qualified under the program and that all funds will be expended as required.
- I certify that all wages prior to the enhancement must meet the minimum requirements of the Johnson County Official Minimum Wage as set by the Johnson County Supervisors for that fiscal year. I understand that this funding cannot be used to offset an employee's regular hourly wages.
- I certify that our program accepts Childcare Assistance as described in the application form.
- I understand that each qualifying staff member is to receive \$2.00/hour as a wage enhancement and this is to be paid to 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 understand that this program requires regular reporting and meeting program deadlines in order to meet payment obligations and we will comply with requests of program administrators. Failure to meet the deadlines set for submission of requested information, forms, and reports will result in delayed reimbursement and may result in termination from the program.
- I understand that I will receive fillable template reimbursement forms and will provide information to my designated representative in the manner set out in the samples.
- I have had the opportunity to ask any questions that I have, receive example forms as needed, and will communicate with my designated representative regularly.

I agree that all information submitted within this application is true and correct to the best of my knowledge and as authorized representative of the Childcare Business named in this application; I understand that I will submit all required information to the administrators as requested. In connection with this program, my organization will not lie or make false representations to the program. My organization will not cheat or steal from the program. My organization will be solely responsible for the truthfulness of the information it submits to the program and my organization will not permit or tolerate the submission of false records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

