

Participant Agreement

Rhode Island Association for the Education of Young Children agrees to:

- A. Provide wage supplements to eligible early educators as part of a special initiative to reward teacher education and promote continuity of care, fostering more stable relationships and well-educated teachers for children ages birth to 5.
- B. Provide IRS-1099 MISC forms at the end of the year to recipients as mandated by current tax law.
- C. Communicate the deadline for education submission for each temporary level supplement awarded.
- D. Communicate with participants regarding the availability of funding for this program.

The Child Care WAGE\$ RI Recipient agrees to:

- A. Acknowledge that receiving the full annual supplement is contingent upon completion of two eligible six-month periods. An installment will be issued after each period, based on the education level, hourly rate, and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves their program prior to completing the entire six-month commitment period. Time out for leave or summer breaks cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available to be eligible.
- B. Educators awarded a supplement at a temporary level must advance to a higher level of education within two years of participation to maintain eligibility.
- C. Allow their employer to release employment information, including date of employment, position in center, age level of children in care, current salary or hourly rate, and the average number of hours worked each week.
- D. Allow Child Care WAGE\$ RI staff to release information about participation, including education, to director and/or owner.
- E. Acknowledge that funding for Child Care WAGE\$ is through government federal funding and because of this, information regarding recipients, supplement amount received, and place of employment are public record. This information may be shared with partner state agencies and the community.
- F. Participate in surveys or feedback opportunities about the Child Care WAGE\$ RI Program.
- G. Acknowledge that the funding for this program is provided by the RI Department of Human Services from federal funding. Payments will depend upon available funding, and the recipient's employer is not responsible for providing the supplement should funds no longer be available. These funds are time limited based on the parameters of the federal grant.
- H. Acknowledge that the Child Care WAGE\$ RI supplement is earned income, and eligibility for government programs may be affected.
- I. Report and pay any personal income taxes due to annual supplements as required by current tax law.
- J. Acknowledge Child Care WAGE\$ RI reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.
- K. Acknowledge that reimbursement to Child Care WAGE\$ RI will be required by the recipient should a salary supplement be issued incorrectly for any reason.
- L. Acknowledge that falsifying application information or documentation may result in the inability to be a participant of this program, and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

Statement of Affirmation

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participant Agreement.

I understand that I am requesting to be considered for Child Care WAGE\$ RI and acknowledge that I must continue to meet the eligibility requirements of that program to receive ongoing supplements.

To be considered for a Child Care WAGE\$ RI supplement, I understand that my contact and participation information may be released to the RI Department of Human Services or other partners. Information may also be shared with the TEACH Early Childhood® Scholarship Program as needed to support my participation. I authorize and consent to the release and sharing of such information by The Rhode Island Association for the Education of Young Children to the third parties described. I hereby release The Rhode Island Association for the Education of Young Children from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors, or omissions.