

Knoxville Childcare Solutions Program

Childcare providers are essential to our community and play an integral role in developing the next generation of our workforce. The Knoxville Childcare Solutions Program was formed to respond to the pressing needs surrounding childcare in the area. This program aims to address challenges regarding childcare staffing, including high turnover rates and low starting wages, via wage enhancements without increasing the costs of tuition and creating more burden for parents.

This program is currently funded using State of Iowa Department of Health and Human Services funds and investments from local employers and businesses. The program deploys wage enhancement through two primary mechanisms:

1. Retention bonuses: eligible daycare employees will receive \$500 or \$1,000 retention bonuses twice annually (eligibility as defined below). Bonuses will be paid out in December and June.
2. Hiring bonuses: a \$1,000 hiring bonus will be provided to new full-time employees at time of hire that remain employed for a period of 6 months, with an additional \$1,000 bonus paid out after 1 year of employment. An employee that ends employment prior to the completion of 1 year of employment must pay back the bonus in full. Employees receiving hiring bonuses are ineligible for retention bonuses until completion of 1 year of employment.

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. The Knoxville Chamber of Commerce will administer the program for providers upon qualification and enrollment and will collect necessary information for payment of wage enhancement. To qualify, a program and staff must meet the following requirements:

Program Eligibility	Staff Eligibility
Located in Knoxville	<ul style="list-style-type: none"> - \$1,000 retention bonus: consistently work a minimum of 32 hours per week - \$500 retention bonus: consistently work a minimum of 20 hours per week - To be eligible for a retention bonus, you must have been hired prior to the previous retention bonus payout. (For example, to receive the December retention bonus, you must have been hired prior to the June retention bonus payout)
Serve children ages birth to five	
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	Earn less than \$20 per hour *Wage Enhancement Program must not supplant WAGES Program.
Priority will be given to programs that: <ul style="list-style-type: none"> - 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.) - Maintain higher CCA Caps 	\$1,000 recruitment bonus: hired in a full-time capacity (greater than or equal to 32 hours per week).
	Hired as a classroom teacher, classroom assistant, floater, or center director who maintains classroom teaching responsibilities.
	Staff agree to provide necessary documentation and application to the program in addition to the center.



Submit Completed Applications to: Director@knoxvilleiachamber.com

For Application Assistance Contact: Director@knoxvilleiachamber.com

Knoxville Childcare Solutions Program

Wage Enhancement Program Application

Administered by Knoxville Chamber of Commerce, Marion County, IA

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:
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 Knoxville Childcare Solutions 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.
- I understand that the Knoxville Chamber of Commerce is administering this program and understand that this program is voluntary, and our organization will indemnify the Program members and the city of Knoxville for any claims arising out of this program.
- I understand that this program is voluntary and reliant on the funds of donors, and as a result may be terminated by the Knoxville Chamber of Commerce 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 the Knoxville Chamber of Commerce.
- 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 our program accepts Childcare Assistance as described in the application form.
- I understand that each qualifying staff member is to receive a retention or recruitment bonus 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 7.65% will be contributed 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:

