

# Teacher Pay Bonus Webinar: 2-Year Supplemental Grant Overview

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UNIVERSITY of  
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L A F A Y E T T E

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# New 2-Year Grant Program for Teacher Pay

- The Louisiana Department of Education has previously awarded two rounds of teacher pay grants totaling \$11m and \$18m in addition to other stabilization grants.
- Despite some improvements in the overall economy, child care workforce challenges persist.
- LDOE has partnered with the Kathleen Blanco Public Policy Center at UL Lafayette to design a supplemental grant program providing additional support for teacher pay while developing evidence base to inform long term solutions to address teacher pay and retention
- Eligibility: **Type III licensed early learning centers** can secure funds to support lead and assistant teachers working 30 hours or more per week (exception: Head Start and Early Head Start centers).



# Program Goals

- All eligible centers who apply will be guaranteed a minimum level of funding from a pool of approximately \$20m.
- Centers will be selected into one of two *supplemental teacher pay programs* until teacher pay grant funds are exhausted.
- Centers who are not selected for teacher pay increases will receive a \$1,000 stipend to answer follow-up quarterly surveys
- Supplemental teacher pay programs will provide **two years of supplemental pay** and are designed as follows:
  - Approximately half will receive a fixed \$2,080 per year
  - Approximately half will receive a 10% pay increase
  - Centers will be required to pay throughout the year with supplements given at least monthly (can be more frequently following regular payroll cycle)
  - Additional funding will be provided to centers to cover *increased* benefits costs associated with the additional pay (e.g. *increased* payroll taxes)
- We expect funding to cover approximately 3,000 teachers across the two supplemental teacher pay programs, or about half of eligible centers.



# Timeline

- Online applications open Thursday June 9th
- Due June 30th at 5 pm CST
- Centers will be informed in July whether they were selected and the type of teacher pay supplement
- Funding begins August 2022
- 2<sup>nd</sup> round of funding occurs in August 2023 for selected centers to continue supplemental pay through second year of grant



# Application

- Applications will be submitted online using a computer, tablet, or mobile phone
- Application data will be private and confidential
- Responses **will not** impact the likelihood of a center being selected for teacher pay supplements, or the type of supplement (fixed or percentage)

# Online Application

## General Information

Child Care Center Name

License Number

Center Address

City

Zip Code

Legal Business Name or DBA

## Director Information

Name

Email

Phone Number

## Director Race (select all that apply)

American Indian/ Alaska Native

Asian



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## General Information

Child Care Center Name

License Number

Center Address

City

Zip Code

Legal Business Name or DBA

## Director Information

Name

Email

Phone Number

## Director Race (select all that apply)

American Indian/ Alaska Native

Asian



# General Information

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## General Information

Child Care Center Name	<input type="text"/>
License Number	<input type="text"/>
Center Address	<input type="text"/>
City	<input type="text"/>
Zip Code	<input type="text"/>
Legal Business Name or DBA	<input type="text"/>

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## Director Information

Name	<input type="text"/>
Email	<input type="text"/>
Phone Number	<input type="text"/>

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# General Information

Director Race (select all that apply)

American Indian/ Alaska Native

Asian

Black/ African American

Native Hawaiiin or Pacific Islander

Other

Decline to state



# General Information

Director Gender

Female

Male

Other

Decline to state

# General Information

Director Ethnicity

Latino

Not Latino

Decline to state

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# General Information

Owner Information (if different from Director)

Owner Name

Owner Email

Owner Phone Number



# Operating Information



Are you currently CCAP-certified and a licensed Type III center?

Yes

No (follow-up question required)



# Operating Information

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Current center licensed capacity:

Type of care provided by program or center (select all that apply):

Weekday Care (e.g., 6 a.m. – 6 p.m.)

Non-traditional hours of care (e.g., before 6 a.m. or after 6 p.m. M – F, overnight care, weekend care, 24-hour care)

# Operating Information

Months open during the year:

9 months

10 months

11 months

12 months

Other

# Operating Information

Are you currently licensed to serve children in the following age groups? (select all that apply)

Infants (6 weeks - 12 months)

Toddlers (13 - 36 months)

How many CCAP-certified children are currently authorized at your center?



# Operating Information

Do you currently serve any children who meet the following characteristics? (select all that apply)

Children with special needs (i.e., children with IEP or IFSP)

Children who speak English as a second language





# Teacher Information

Please include information below for all teachers and assistant teachers working 30 or more hours a week in a birth through four-year-old classroom:

If you have less than 30 eligible teachers, you do not need to complete every row.

For teacher vacancies, please leave teacher name and last 4 or SSN blank, but complete remaining information based on the previous teacher in that position. If the vacancy is a new position, please indicate "new" in teacher name, leave last 4 SSN blank and provide remaining information based on your expectations for the new hire.

	First and Last Name	Average Hours Worked per Week	Hourly Rate of Pay (or equivalent)	Classroom Age Served	Provided benefits (does not include health insurance, sick/vacation pay)					Estimated Benefits Annual cost per Teacher
	Answer 1	Answer 2	Answer 3		Retirement Contributions	Payroll Taxes	Life Insurance	Disability Insurance	N/A	Answer 6
Teacher 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Teacher 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Teacher 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Teacher 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



# Teacher Information

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If your center has more than 30 full-time teachers (covering 0-4 year-olds), please check the box below and we will contact you separately:

Yes, we have more than 30 eligible teachers

No



# Existing Funding Sources



Public Funding Sources (select all that apply):

Please select from the following list any public funding sources your center receives

CCAP

LA 4

Nonpublic School Early Childhood Development (NSECD)

LA B-3

Local Sources (i.e. City Seats for Orleans Parish)

Other

# Existing Funding Sources

Estimated Funding Percentages (total must sum to 100)

CCAP	<input type="text" value="0"/>
LA 4	<input type="text" value="0"/>
Nonpublic School Early Childhood Development (NSECD)	<input type="text" value="0"/>
LA B-3	<input type="text" value="0"/>
Local Sources (i.e. City Seats for Orleans Parish)	<input type="text" value="0"/>
Other (including from parents)	<input type="text" value="0"/>
Total	<input type="text" value="0"/>



# Confirmation

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A. I confirm that the data on the application is correct.

B. I confirm that my center is licensed and CCAP-certified and serving children as of June 1, 2022.

C. I understand that completion of this application will not guarantee funding due to financing constraints for the Louisiana Department of Education. If my center is not selected, I may still be eligible for a supplemental pay program for my ongoing cooperation with future surveys.

D. If selected, I would be willing to potentially record and submit teacher consent forms from my interested and eligible staff members.

E. I understand that my answers are completely confidential and will not be used to influence the selection process.

F. I agree to complete follow-up surveys, even if my center is not selected for the supplemental pay grants.

G. This grant is intended to fund teacher support expenses (such as retention bonuses, stipends, bridge to permanent salary increases, and wage supplements). Centers must retain documentation that all funds were spent on eligible expenses (stipends, bonuses, and/or wage supplements to child care staff). All documentation must be provided to the LDOE, Kathleen Blanco Public Policy Center, and/or other entities approved by LDOE upon request for audit purposes. Centers should expect an audit after funds are spent.



# Confirmation

H. I agree to improve my teachers' salaries **at least monthly** throughout the year. This is not a one-time bonus payment for teachers. I understand that I am responsible for raising wages weekly, bi-weekly, or monthly, whichever works best for my center.

I. All teachers in birth through four-year-old classrooms (including lead and assistants working 30+ hours per week) still in employment at the center should receive a stipend, bonus, and/or wage supplement. Directors who are solely administrative staff and do not provide direct support or instruction are not eligible to receive the teacher supplemental pay grant (however directors are eligible for the supplemental pay grant funds if their center is not selected).

J. By applying, I agree to provide additional information to the Department & the Blanco Center as needed, including updates on any staffing changes that take place in the course of the grant.

K. I will use health and safety practices that prevent the spread of COVID-19 in the child care environment based on guidance from local and state health departments and the LDOE.

L. Records of expenses must be retained and accessible to LDOE staff and other authorized personnel. Personal use of these funds or use for construction are strictly prohibited. If determined that the funds were misused, the applicant, including the owner, and board of directors (if applicable), will be investigated and prosecuted to the fullest extent of the law.



# Confirmation

M. If a center voluntarily closes prior to September 1, 2022, the reason for the closure will be audited and the grant funds may be recouped. I am also aware that If the Department determines that any amounts paid to the provider exceeded the amount to which the provider was qualified during their CCAP certification, the Department shall have the right to recover or recoup those amounts from any future payments and/or prior to release of the approved grant amount.

## Provider Affirmation

The following signature affirms that I (applicant listed above) am responsible for the use of these funds and will adhere to the items noted in sections A through M.

×SIGN HERE

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clear



# Application Review Process

- Application data will be held by the Blanco Center and shared only with LDOE for purposes of administering the grant.
- The Blanco Center will assign centers to one of the grant program groups using a randomized process to achieve the overall program goals of serving approximately 3,000 teachers statewide.
- Results of that assignment will be shared with LDOE in order to establish grant awards with each center and administer the program.





# Questions and Next Steps

- If you have any further questions:
  - (225)-252-9543 or (225)-250-7635
  - [earlychildhood@la.gov](mailto:earlychildhood@la.gov)
- Timeline:
  - Applications due June 30<sup>th</sup> at 5pm
  - Award notifications July 2022
  - Year 1 funding August 2022
- **Qualtrics application link will be provided by e-mail on Thursday 6/9**

