



The Johnson County Child Care Assistance Incentive Program is designed to address the challenge presented to child care providers by the gap between what Child Care Assistance reimburses and local market rate for quality child care without increasing the costs of tuition or passing along additional costs to families. This program, funded by Johnson County, allows childcare providers to receive up to \$100 per month for each child age 0-24 months who is enrolled in Child Care Assistance. Program metrics will be measured throughout the program and regular data will be collected by representatives while maintaining the strictest confidentiality and respecting the sensitivity of information provided.

Johnson County Social Services will administer the program for providers upon qualification and enrollment and will collect necessary information for payment of incentives. Fillable template forms will be provided.

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

Program Eligibility	Slot Eligibility
Located in Johnson County	Filled by a Johnson County child age 0-24 months
Licensed or Registered and in good standing with the Iowa Department of Health and Human Services	Regular tuition paid by Child Care Assistance
Quality rated (QRS/IQ4K) or NAEYC/NAFCC accredited	Tuition not paid by any other funding source
	No more than 50% of CCA slots are occupied by children of program staff
Maintain a CCA Cap of no less than 20%	
Childcare Assistance Families must pay no more than the cost of the HHS designated copay	
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.)	

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

For Application Assistance or Enrollment Questions Contact: Laurie Nash at socialservices@johnsoncountyiowa.gov OR 319-356-6090

Johnson County Child Care Assistance Incentive 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:
Licensed Capacity for 0-5 year-old children (legal capacity):	Number of slots for Full Enrollment of 0-5 year old children (may be less than Licensed Capacity) :	Number of currently open 0-5 slots:
Total number of slots for children age 0-24 months:	Number of occupied slots for children age 0-24 months	Number of open slots for children age 0-24 months
Total number of Child Care Assistance slots for children age 0-24 months:	Number of occupied CCA slots for children 0-24 months:	Number of open CCA slots for children 0-24 months:
Number of CCA slots occupied by children of program staff:	Cap on number or percentage of CCA accepted :	Do you currently require CCA families to pay beyond the HHS co-pay? If yes how much? ?:
Number of children on wait list:	Number of 0-24 month children on wait list eligible for CCA:	Number of 0-24 month children on wait list eligible for CCA:
Registration, application, or enrollment fees:	QRS / IQ4K/ NAEYC/ NAFCC Accreditation Information:	Quality Rating or Accreditation expiration:

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 Child Care Assistance Incentive 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 Johnson County for any claims arising out of this program.
- I understand that this program is voluntary and reliant on federal funds 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.
- 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 understand that this program requires certain confidential information for program participants, children, families, 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 children in participating slots are and remain eligible for Child Care Assistance.
- I certify that our program accepts Child Care Assistance as described in the application form and in accordance with program requirements.
- 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: _____