Workforce Pathways LA – Stipend Program
For Persons Working in Child Development Centers

FORM 2

Name of Applicant: _____ **Workforce Registry ID:** _____

Employment Verification Form – Cycle 7 for Fiscal Year 2026-2027

For programs serving low-income children in which the majority (51% or more) of the children receive a child care subsidy from CDSS/CDE-contracted agency listed below

I certify the applicant is an employee of: _____

Applicant Job Title: _____ Name of Licensed Child Development Center

I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 15 hours a week. To the best of my knowledge, the applicant meets the requirements of participation in Workforce Pathways LA Stipend Program. I understand that the stipend they receive is in addition to their annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

As of the date of application, the enrollment in the center is _____ children, of which _____ children are subsidized ***(must be 51% or more to qualify for a stipend***). I have uploaded the most current agency attendance sheet for each subsidized child from the following agencies (*check all that apply*):

- ❒ Child Care Resource Center (CCRC)
- ❒ Children's Home Society of California (CHS)
- ❒ City of Norwalk
- ❒ Connections for Children
- ❒ Crystal Stairs, Inc.
- ❒ Department of Children and Family Services (DCFS)
- ❒ Drew Child Development Corporation
- ❒ International Institute of Los Angeles
- ❒ Mexican American Opportunity Foundation (MAOF)
- ❒ Options for Learning
- ❒ Pathways LA
- ❒ Pomona USD Child Development

*Please ensure attendance sheets are in the same month and agency's name is printed (July, August, **OR** September 2026 is accepted).* ****Do not upload duplicate attendance sheets****

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Child Development Center Program Manager's Signature:	Date:
Child Development Center Program Manager's Name: ***(Please print)***	Facility License Number:
E-mail Address:	Telephone Number:

COUNTY OF LOS ANGELES
OFFICE FOR THE ADVANCEMENT OF EARLY CARE AND EDUCATION

COUNTY OF LOS ANGELES
Public Health