

Early Educator Wage Initiative Application-Region 8

Welcome! This is the official application for the Early Educator Wage Initiative (also called the Wage Boost), administered by the Southwest Michigan Child Care Coalition in partnership with Pulse @ the W.E. Upjohn Institute, the Gogebic-Ontonagon Intermediate School District (GOISD), and the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP).

All licensed child care programs located in Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties (Southwest Michigan) are eligible and encouraged to apply. The wage boost is designed to provide direct financial support to a pool of early childhood educators working in Southwest Michigan (MEDC's Region 8).

The application should take approximately 10-15 minutes to complete. All information you provide will be kept confidential and used solely for the purpose of determining eligibility. Please ensure your responses are accurate, as they will be verified and may affect eligibility.

The deadline to submit this application is ****5:00 PM EST, Friday, December 12, 2025****. Late applications will not be accepted.

Selection and Implementation Process:

The application will collect the data necessary for evaluation according to the established rubric. Once the application closes, The Southwest Michigan Child Care Coalition's County Leads will convene and review the applications. To ensure equitable county representation, 50% of the total stipends will be divided equally among each county. Within each county, stipends will be distributed according to program scores relative to other applicants from the same county, rather than across the entire regional pool. As programs are selected, the number of qualifying staff will be deducted from that county's stipend allocation to maintain proportional fairness. Selected programs will receive grant stipends to distribute directly to eligible staff employed within their program's license. Eligible staff are Lead Caregiver/Teacher or Assistant Teacher/Family Child Care Assistant roles. These materials were developed under a grant awarded by the Michigan Department of Lifelong Education, Advancement, and Potential using state funding.

* Indicates required question

1. Email *

Program Type and Services

This section collects information about your program and the services you provide to children and families. The information will be used to better understand the range of early learning programs participating in the pilot and to ensure equitable consideration across different care types and populations served.

2. **Type of Program (select all that apply) ***

Check all that apply.

- ☐ Center
- ☐ Family Home
- ☐ Group Home
- ☐ Head Start Program
- ☐ Great Start Readiness Program (GSRP)
- ☐ Tribal Child Care Center
- ☐ Other: _____

3. **Ages Served (select all that apply) ***

Check all that apply.

- ☐ Infants
- ☐ Toddlers
- ☐ Pre-School
- ☐ School Age

4. **Does your program accept Child Development and Care (CDC) Scholarship payments?** *

Mark only one oval.

☐ Yes

☐ No

5. **If yes, what percentage of children in your program receive the Child Development and Care (CDC) Scholarship?** *

6. **Does your program currently serve, or is equipped to serve, children with disabilities?** *

Mark only one oval.

☐ Yes

☐ No

7. **Does your program currently serve, or is equipped to serve, children with complex medical needs?** *

Mark only one oval.

☐ Yes

☐ No

Dates & Hours of Operation

This section collects information about your program's operating schedule to help us understand the availability and consistency of care offered to families.

8. **Which best describes your program's operating schedule? ***

Mark only one oval.

- ☐ Operates year-round
- ☐ Operates only during the school year
- ☐ Other: _____

9. **Please indicate program's hours of operation on Mondays? ***

10. **Please indicate program's hours of operation on Tuesdays? ***

11. Please indicate program's hours of operation on Wednesdays? *

12. Please indicate program's hours of operation on Thursdays? *

13. Please indicate program's hours of operation on Fridays? *

14. Please indicate program's hours of operation on Saturdays? *

15. **Please indicate program's hours of operation on Sundays? ***

Wage Levels

NOTE: If you are a home-based provider, please select 0 for each question and continue to the next section.

This section collects information about staff wages to help us understand compensation challenges across early learning programs. Please report current average hourly wage ranges for your teaching staff. Do not include administrative or non-classroom staff (e.g. directors, cooks, custodial, office).

If any staff are salaried, please convert their pay to an hourly rate by dividing their annual salary by 2080 hours (for full-time staff). Individual pay data is not required, just aggregated (average) program-level data will be used.

16. **What is the average hourly wage range for your Lead Caregivers/Teachers? ***

Mark only one oval.

- ☐ \$0
- ☐ <\$12
- ☐ \$12-\$16
- ☐ \$16-\$18
- ☐ >\$18

17. **What is the average hourly wage range for your Assistant Teachers/Family Child Care Assistants?** *

Mark only one oval.

- ☐ \$0
- ☐ <\$12
- ☐ \$12-\$16
- ☐ \$16-\$18
- ☐ >\$18

18. **Please indicate approximately how many Lead Caregivers/Teachers you currently employ?** *

19. **Please indicate approximately how many Assistant Teachers/Family Child Care Assistants you currently employ?** *

20. **Approximately, how many full-time staff members are included in this average?** *

Note: Full-time staff members are defined as working an average of 61 hours or more bi-weekly.

21. **Approximately, how many part-time staff members are included in this average?** *

Note: Part-time staff members are defined as working an average between 20-60 hours bi-weekly.

22. **Are you currently hiring?** *

Mark only one oval.

☐ Yes

☐ No

23. **If yes, please list the position and the number of openings? ***

Wage Levels for Home-Providers

This section is intended for **home-based providers who serve as the sole educator** in their licensed child care program. All others, please indicate zero for all questions and move on to the next section.

We understand that estimating average hourly pay can be challenging for different types of child care providers. For home-based business owners, your wage-equivalent can be determined using information from your most recent Schedule C which is part of your federal tax return.

As a home-based provider, you should have a paper or electronic copy of this return available. Please use the figures from your most recent Schedule C to complete the questions below.

This information collected here about educator wages will help us better understand compensation challenges across early learning programs.

24. **Please indicate the amount listed on Line 31 of your Schedule C ***

25. Please indicate applicant program's total number of operating hours per week *

26. How many full-time staff do you employ? *

Note: Full-time employees work more than 60 hours bi-weekly. Indicate zero if you do not employ any staff.

27. How many part-time staff do you employ? *

Note: Full-time employees work less than 60 hours bi-weekly. Indicate zero if you do not employ any staff.

Additional Information

This information will assist us in understanding more about your program and learn more about what is available across the region.

28. Does your program provide any discounts on tuition or other benefits that help staff cover the cost of child care for their own children? *

Mark only one oval.

☐ Yes

☐ No

29. What types of benefits do you offer? *

Check all that apply.

☐ MI Tri-Share

☐ Discounts

☐ Other: _____

30. Please share how the wage stipends would help your program stabilize or expand capacity. You may also use this space to share any additional information you'd like us to know about your program. *

31. Have you applied (or intend to apply) for the Wage Initiative in another Region (where you work or have another business)?

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

32. If yes and/or maybe, please indicate what Region?

Necessary Acknowledgements

33. By typing my name, I certify that the information provided above is true and accurate to the best of my knowledge and belief. I also understand that I may be asked to provide proof or validation of the information submitted and agree to do so upon request. *

34. By typing my name, I certify - if selected - that my program will create and maintain an organizational profile and membership in MiRegistry, including all required employee wage and employment documentation. I also certify that I and my program will actively participate in all required evaluation activities. *

35. By typing my name, I agree that if I am awarded this funding, I will submit the required receipts to confirm the proper pass-through of the stipend in accordance with program requirements. *

This content is neither created nor endorsed by Google.

Google Forms

