

# South Carolina Program for Infant/Toddler Care (PITC) Network



## *Application for Services*

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### *Center-Based Only*

In order to be considered for SC PITC services, you must complete and submit all five sections of the application.

- Section I: Program Information
- Section II: Program Director Agreement
- Section III: Statement of Commitment
- Section IV: Participant Commitment & Profiles
- Section V: Most recent ABC Monitoring Report – *The information from your most recent ABC monitoring report will be used to help prioritize the services offered by SC PITC. We will work with you to help improve your ABC score.*

**Please be sure to keep a copy of your application for your records!**

### APPLICATION SUBMISSION

Once the application is complete, please fax to (803)777-0549 or mail to:

SC PITC Network  
USC CDRC  
1530 Wheat Street  
Columbia, SC 29201



# South Carolina PItC Network

## Professional Growth Incentives

*\*Make sure that all participating staff have the opportunity to review this form.*

### Environment Enhancement

Centers participating in the SC PItC Network will receive a \$500 resource grant to purchase materials for the infant/toddler classrooms. Family Child Care groups will receive \$100 per program. Materials purchased with the resource grant must be approved by the Infant/Toddler Specialist. These funds cannot be used for start-up costs, staff salary, nor any construction or improvements of buildings.

### CERTIFICATES OF PARTICIPATION



Center-based caregivers, family child care providers, and administrators serving children birth to three years old, who participate in the South Carolina PItC Network, and attend a minimum of 12 hours of training will be eligible to receive a *Certificate of Participation* at the completion of the approved plan.

### INDIVIDUAL GROWTH INCENTIVES

Participants are eligible for only one of the incentives listed below. To be eligible for either incentive individual participants must:

- be enrolled in the ABC Program
- not miss more than two of the training sessions
- remain at the program for at least six months following training
- serve infants and toddlers birth to 36 months
- work in the program for at least 20 hours a week

Participants who are hired after the start of the training may qualify for a partial incentive if they begin participating prior to the midpoint of the training schedule and do not miss more than one training session after they begin participating.

#### **Stipend Eligibility (\$175)**

Each qualifying administrator and teacher who participates in a training plan in which the majority of training hours are held during **unpaid, non-work hours** (evenings and weekends) will be eligible to receive \$175.

#### **Resource Grants** (applies to center-based infant/toddler programs only)

Programs that participate in an approved SC PItC Network service plan in which the majority of training hours are held during **paid, work hours** will be eligible for an additional resource grant. The total amount of the resource grant will be calculated at \$175 per qualifying participant.

### LICENSING TRAINING HOURS

Each training session will provide 2 hours of DSS training in various topic areas so that all topic areas are covered. Teachers who attend trainings will receive credit for their required DSS training hours. Teachers must sign the roster at each training event in order to receive credit.



# SECTION I: Program Information

## Site/Program Information:

Center Name					
Address:					
City:		State:		Zip:	
County:			FEIN#		
Main Phone:		Ext:		Fax:	

## Primary Contact Information:

Name:			Job Title:		
Direct Phone:		Ext:		Fax:	
Alternate Phone:			Email:		

## Number of Children Served:

	Under 12 months old
	12 – 24 months old
	24 -36 months old
	over 36 months old

**Number of Caregivers working with children birth to 36 months:**

**DSS Licensing Capacity:**

Are you enrolled in the ABC Child Care Program?  Yes  No

At what ABC level is your program rated? \_\_\_\_\_

How many children with ABC vouchers under 36 months old do you serve? \_\_\_\_\_

What is your current annual budget allocation for staff professional development? \$\_\_\_\_\_

Have you received any Federal, State, or County subsidy to support staff professional development? Y/N  
\$\_\_\_\_\_ *list amount*

If you answered yes to the above question, please indicate what agency provides your professional development subsidy: \_\_\_\_\_



## SECTION II: Program Director Agreement

In order to maximize the impact of the funds set aside to support the South Carolina PITC Network, these resources must be allocated to those programs that are in the best position to benefit from the services offered. Please read the statements below carefully. Your initials indicate that you understand and are making the commitment to meet the following requirements:

\_\_\_\_\_ Together with the Infant/Toddler Specialist and my program staff, I will develop an action plan to implement changes in program policies, procedures and practices to effect desired program improvements based on the SC PITC recommendations.

\_\_\_\_\_ I will work with the Infant/Toddler Specialist to develop a mutually agreed upon meeting schedule.

\_\_\_\_\_ I will arrange staff participation by providing release time away from classroom responsibilities during work hours and/or after hours in the evening or on weekends for a seven to ten month period.

\_\_\_\_\_ I will participate in all training and actively engage in technical assistance activities as requested by the ITS.

\_\_\_\_\_ I will hold myself and staff accountable for putting into action the information we gather at trainings and from the Infant/Toddler Specialist during technical assistance visits.

\_\_\_\_\_ I understand that at least 80% of participating staff must be present at training. If fewer than 80% are able to attend the training I will notify the Infant/Toddler Specialist ahead of time and the meeting will be rescheduled.

\_\_\_\_\_ I will reschedule within 2 weeks any training session that must be cancelled because of some unforeseen circumstance.

\_\_\_\_\_ I understand that if cancellations of training result in a lapse in training of more than 30 days, services may be terminated and the program may be placed on a waiting list.

\_\_\_\_\_ I will provide opportunities for the Infant/Toddler Specialist to observe and work with the program staff in the infant/toddler classroom/s.

\_\_\_\_\_ I confirm that our program is currently enrolled in the ABC Program and agree to stay an active part of ABC at least for at least a year following our SC PITC services.

\_\_\_\_\_ I will make copies of training materials for participating staff prior to scheduled session.

I have read and understand the above statements: \_\_\_\_\_  
Program Director/Primary Contact Date

If the Program Director is not the primary contact person please provide an explanation:  
\_\_\_\_\_  
\_\_\_\_\_

If the director reports to an off-site owner, manager, governing board, or other supervisor that person or group representative should also review participation requirements and sign below.

I have read and understand the above statements: \_\_\_\_\_  
Name/Title Date



### SECTION III: Statement of Commitment

The impact of the SC PITC Network services in a program is directly linked to the commitment and participation of the program administrators. During your partnership with the SC PITC Network, it is important that administrative staff fully participate in all sessions to support, guide and engage staff in implementing recommended changes for program improvement. Please list your administrative staff by name and title and indicate who will be participating in the training.

Name	Title	Participating?

*Please answer the questions below. It is suggested that the program administrator collaborate with the infant/toddler teachers to respond to the following questions. Use the back of the page for more space if needed.*

1. What are the strengths of your infant/toddler program?
  
  
  
  
  
  
  
  
  
  
2. What are the weaknesses of your infant/toddler program?
  
  
  
  
  
  
  
  
  
  
3. What are the specific goals have for your program and in what way do you anticipate the SC PITC Network can help you achieve those goals?
  
  
  
  
  
  
  
  
  
  
4. What do you think will be the most challenging part of participating in the SC PITC Network?





# South Carolina PITC Network: PARTICIPANT PROFILE

All caregivers and staff who will participate in the SC PITC Network training and technical assistance **must complete a participant profile** and submit it with the application packet.

## Organization Information

Name	
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## Participant Information

Name		Hire Date	/ /
Email		Birthday	/ /
Address		SS#	-XX -X
City		State	Zip
Phone #	<input type="checkbox"/> Home, <input type="checkbox"/> Cell, or <input type="checkbox"/> Work?	Alternate Phone #	<input type="checkbox"/> Home, <input type="checkbox"/> Cell, or <input type="checkbox"/> Work?

### What is your race?

- American Indian                       Native Hawaiian or Other Pacific Islander  
 Asian American                          White  
 Black or African American            Mixed Heritage  
 Other race (Please Specify): \_\_\_\_\_

### Do you consider yourself Hispanic or Latino? No Yes

If Yes, Please Specify your Ethnicity:

- Mexican     Puerto Rican     Honduran     Columbian     Costa Rican     Cuban

Other: \_\_\_\_\_  Don't Know

### Information about children in care

I currently care for children age birth to 3 years for 20 hours or more a week     YES     NO  
 I currently care for children:  under 12 months old     1-2 years old     2-3 years old     3+ years old  
 I currently care for children with identified disabilities/special needs     YES--How many? \_\_\_\_     NO  
 Specify the number of children of each gender in your classroom:    Female \_\_\_\_    Male \_\_\_\_  
 Specify the number of children who are:    White \_\_\_\_    Black \_\_\_\_    Other \_\_\_\_  
 How many children are in your classroom or family child care home? \_\_\_\_\_  
 What is the name of your classroom? (ex. Teddy Bears, Toddler A, etc.) \_\_\_\_\_  
 What are the home languages of the children in your care? \_\_\_\_\_

### Primary Role

- Assistant Teacher                                       Education Coordinator  
 Associate Teacher                                       Director  
 Lead Teacher     Assistant Director  
 Licensed Home Child Care                               Registered Home Child Care  
 Parent Educator  
 Other (please specify) \_\_\_\_\_

### Child Care Credential (check all that apply)

- None     Teacher certification  
 Director     Attended ECD 101  
 Infant/Toddler  
 Working toward \_\_\_\_\_ credential

### Education (mark only highest level completed)

- Elementary     BA/BS in \_\_\_\_\_  
 High School     MA/MS/M.Ed in \_\_\_\_\_  
 Some College     PhD/EdD in \_\_\_\_\_  
 AA/AS     Post Doctorate

### Primary Languages Spoken

- American Sign Lang     Japanese                       Spanish  
 Burmese                       Korean                       Tagalog  
 Cantonese                       Mandarin                       Vietnamese  
 English                       Russian                       Other: \_\_\_\_\_

### For Family Child Care Providers Only

What is your ABC rating? \_\_\_\_\_

How many children under 36 months old do you server with ABC vouchers?  
\_\_\_\_\_



## Section V: Most recent ABC Monitoring Report



Be sure to send your most recent ABC Monitoring Report with your application. If you are unable to locate the report, please sign below to indicate that you give approval for your ABC Monitor to send your ABC report to SC PITC. The information from your most recent ABC monitoring report will be used to help prioritize the services offered by SC PITC. We will work with you to help improve your ABC score.

I authorize the ABC Program to submit my latest ABC report to SC PITC with the understanding that the information included in the report will only be used to support the training and technical assistance provided by the Infant/Toddler Specialist assigned to work with me and my program.

\_\_\_\_\_

Print Name/Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# APPLICATION SUBMISSION

Please send completed application to:

SC PITC Network  
USC CDRC  
1530 Wheat Street  
Columbia, SC 29201

OR

Fax: (803) 777-0549

Questions?  
Call us at 803-777-0092