

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



Application for Services

Family & Group Home Child Care

Please note that **there must be a group of at least five family/group home child care providers in order to receive SC PITC Network services**. Please complete and submit all these parts of this application. If needed, we will work with you to identify other family child care providers in your area who may be interested in partnering with the SC PITC Network.

* *In order to participate in DSS subsidized professional development from the SC PITC Network, you must be currently enrolled in the ABC Program and agree to remain enrolled for at least one year following SC PITC services. For more information about ABC visit their website: www.abcqualitycare.org*

- Section I: Family/Group Home Child Care Program Information
(Each program should complete Section I)
- Section II: Primary Contact Agreement
- Section III: Participant Profiles
(Every participant should complete a participant profile)
- Section IV: 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

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

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

SC PITC Network
USC CDRC
1530 Wheat Street
Columbia, SC 29205

If you have any questions please contact us at (803) 777-0092



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: Family/Group Home Child Care Program Information:

Program Name				EIN #	
Primary Contact	Last Name	First Name	Middle Initial		
Address					
City		State		Zip	
County		Email			
Main Phone	()	Cell Phone	()		

- Are you a Family Child Care Program or a Group Home Child Care?
- Is your program **registered** or **licensed**? _____
- What is your ABC rating?_____ If you have submitted your request to be enrolled in ABC but a monitor has not yet come to observe your program, please provide the scheduled date of the visit _____.
- How many children under 36 months old do you serve with ABC vouchers? _____
- Do you receive any Federal, State, or County subsidy to support professional development?
 Yes \$_____ No

Please make sure all persons working in your family/group home child care program read and sign the following statement of commitment:

As a participant of the South Carolina PITC Network, I will commit to the following:

- I confirm that I am currently enrolled in the ABC Program and agree to remain in ABC for at least a year following SC PITC services.*
- I will make every effort to attend all scheduled events.*
- I will sign-in at each event.*
- I have reviewed and understand the eligibility guidelines for professional growth incentives.*
- I will make a commitment to utilize the SC PITC Network training to implement relationship-based care in my family child care program.*
- I will provide opportunities for the PITC Infant/Toddler Specialist to visit and observe my family / group home child care program.*
- I will gather photo releases from families and staff as needed to support the use of photographs in professional development activities presented by the ITS.*

I have read and understand the above statements:

Signature Date Signature Date

Signature Date Signature Date



Section II: Primary Contact Agreement

A group of at least 5 family child care providers must come together to receive SC PITC Network services. One family child care provider in the group should serve as the primary contact person.

If you are willing to serve as the primary contact person for the group of participating family and group home providers, please read the statements below carefully and write your initials to indicate that you understand and are making the commitment to meet the following requirements:

I (print name) _____ am willing to serve as the primary contact person. As the Primary Contact Person I will commit to the following:

_____ Coordinate scheduling with the other family/group home child care providers to ensure that training takes place when providers are not responsible for children;

_____ Coordinate training meeting locations;

_____ Reschedule a cancelled training within 2 weeks if a training session must be cancelled because of some unforeseen circumstance;

_____ I understand that if cancellations result in a lapse in training of more than 30 days, SC PITC services may be terminated and participating providers may be placed on a waiting list for future services.

I have read and understand the above statements:

Primary Contact Person

Date



South Carolina PITC Network: PARTICIPANT PROFILE

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

Program Name

Name	
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Participant Information

Name		Hire Date	/	/	/
Address		Birthday	/	/	/
City		Zip		State	
E-mail		SS#	123-XX-X789		- XX -X
Phone #		Alternate Phone #			

Home , Cell, or Work? Home, Cell, or Work?

Education (highest level completed)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> BA/BS |
| <input type="checkbox"/> High School | <input type="checkbox"/> MA/MS/M.Ed |
| <input type="checkbox"/> Some College | <input type="checkbox"/> PhD/EdD |
| <input type="checkbox"/> AA/AS | <input type="checkbox"/> Post Doctorate |

Child Care Credential (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Teacher certification |
| <input type="checkbox"/> Director | <input type="checkbox"/> Attended ECD 101 |
| <input type="checkbox"/> Infant/Toddler | |
| <input type="checkbox"/> Currently working toward _____ credential | |

What is your race?

- | | |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Mixed Heritage |
| | <input type="checkbox"/> Other (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

Primary Role

- | | |
|---|---|
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Education Coordinator |
| <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Director |
| <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Assistant Director |
| <input type="checkbox"/> Licensed Home Care | <input type="checkbox"/> Registered Home Child Care |
| <input type="checkbox"/> Parent Educator | |
| <input type="checkbox"/> Other (please specify) _____ | |

Primary Languages Used in Classroom

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign Lang | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Russian | |
| | <input type="checkbox"/> Other: _____ | |

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

I currently care for children with identified disabilities or special needs YES-How many? ____ NO

Specify the number of children who are: White ____ Black ____ Other ____

Specify the number of children of each gender in your classroom: Female ____ Male ____

How many total children are enrolled 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? _____

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 IV: 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