

# 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
- 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 large group meetings
- 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.

*I have read and understand the eligibility requirements to receive Professional Growth Incentives from SC PITC. I confirm that this information has been shared with my staff who will participate in the SC PITC Network services.*

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date



# 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:**

## Please tell us how you heard about the SC PITC Network:

- Materials presented at a conference     
 Information presented at local training     
 Child Care Resource & Referral  
 ABC Monitor     
 Colleague at another child care program     
 Other: \_\_\_\_\_

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: \_\_\_\_\_

Will staff be PAID by your program for attending training sessions that occur after work hours? Y/N

 **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 will attend at least one Director Network Meeting in my area provided by the SC PITC Network.

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.







## 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