




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



Application for Services

Family Child Care

Please note that **there must be a group of at least five family 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.

-  Section I: Family Child Care Program Information
-  Section II: Primary Contact Agreement
-  Section III: Participant Profiles

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

APPLICATION SUBMISSION

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:
Kerrie Welsh, Director of the SC PITC Network (803) 477-5627

Application for South Carolina PITC Network Training and Technical Assistance

Section I: Family Child Care Program Information:

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

1. Are you a **registered** or **licensed** family child care provider? _____
2. Are you enrolled in the ABC program? _____ If so, what is your ABC rating? _____
3. How many children under 36 months old do you serve with ABC vouchers? _____

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

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

- *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 child care program.*

I have read and understand the above statements:

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 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 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;

_____ Complete and collect the periodic training evaluations and mail them to the SC PITC Network Director in the envelopes provided.

_____ I understand that if cancellations result in a lapse in training of more than 30 days, SC PITC services may be terminated and the FCC group 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	
------	--

Participant Information

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

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 | |

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 Child Care | <input type="checkbox"/> Registered Home Child Care |
| <input type="checkbox"/> Parent Educator | |
| <input type="checkbox"/> Other (please specify) _____ | |

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 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
 I currently care for children with identified disabilities or special needs YES NO
 How many children in your care have identified disabilities or special needs? _____
 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 Languages Used

- | | | |
|---|-----------------------------------|---------------------------------------|
| <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: _____ |

For Family Child Care Providers Only:

Are you enrolled in the ABC program? _____

What is your ABC rating? _____

How many children under 36 months old do you serve? _____

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