

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







## *Application for Services*

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*Center-Based Only*

Please submit all four parts of this application in order to receive SC PITC Network training and mentoring services.

-  Section I: Program Information
-  Section II: Program Director Agreement
-  Section III: Statement of Commitment
-  Section IV: Participant Commitment & Profiles

**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

## SECTION I: Program Information

<h3 style="margin: 0;">Application for South Carolina PITC Network Training and Technical Assistance</h3>
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**Site/Program Information:**

Center Name					
Address:					
City:		State:		Zip:	
County:			EIN#		
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? \_\_\_\_\_

## 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 PITC recommendations.

\_\_\_\_\_ I will participate in all training and technical assistance activities.

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

\_\_\_\_\_ I understand that at least three staff must be present at training. If fewer than three 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 in the infant/toddler classroom/s.

\_\_\_\_\_ I will make copies of training materials for all participants.

\_\_\_\_\_ I will complete the Post-Training Evaluation Summary Report and mail it to the PITC Outreach Coordinator within two weeks of the close of the training and technical assistance plan.

*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 challenges your infant/toddler program faces?
  
  
  
  
  
  
  
  
  
  
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 #		Alternate Phone #		
<input type="checkbox"/> Home, <input type="checkbox"/> Cell, or <input type="checkbox"/> Work?		<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 in _____      |
| <input type="checkbox"/> High School  | <input type="checkbox"/> MA/MS/M.Ed in _____ |
| <input type="checkbox"/> Some College | <input type="checkbox"/> PhD/EdD in _____    |
| <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"/> 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) _____ |   |

### 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: _____ |

### 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  
 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? \_\_\_\_\_

### 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 server with ABC vouchers? \_\_\_\_\_

# APPLICATION SUBMISSION

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OR

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