






Request for Services

**In order to be considered for SCPITC services,
you must complete and submit all sections of this request.**

-  Section I: Program Information
-  Section II: Professional Growth Incentive Acknowledgement
-  Section III: Program Director Agreement
-  Section IV: Statement of Commitment and Participant 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 SCPITC. We will work with you to help improve your ABC score.

Please be sure to keep a copy of your completed forms for your records.

Once the form is complete, please scan and email to scpitc@musc.edu

OR

Fax to (843) 876-2844

OR

Mail to:

REQUEST FOR SERVICES

SCPITC

1 Carriage Lane, Unit J

Charleston, SC 29407

Section I: Program Information

Site/Program Information:

Program Name:		Program Type:	<input type="checkbox"/> Center	<input type="checkbox"/> Family Child Care
Address:				
City:		State:		Zip: <input type="text"/>
County:		FEIN #:		
Main Phone:		Fax:		

Primary Contact Information:

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

Number of Children Served:

Under 12 months old	
12-24 months old	
24-36 months old	
Over 36 months old	

Caregiver and Classroom Information:

Number of caregivers working with children birth-36 months	
Number of classrooms for children birth-36 months	
DSS Licensing Capacity	

Please tell us how you heard about SCPITC: Materials presented at a conference CCR&R ABC Monitor
 Information presented at a local training Other: _____

What is your current ABC Quality Level? (circle one) B B+ A A+

Who is your ABC Monitor? _____

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

Have you received any Federal, State, or County subsidy to support staff professional development? Yes No

Will your program pay the staff to attend training sessions that occur after work hours? Yes No

 **Section II: Professional Growth Incentives Acknowledgement**

These incentives are available only to programs that choose to enroll in the full SCPITC Service Plan (approximately 100 hours of training and coaching):

Environment Enhancement

Centers participating in the SCPITC Service Plan will receive an \$600 resource grant to purchase materials for the infant/toddler classrooms. Family Child Care groups will receive \$250 per program. The Infant/Toddler Specialist must approve materials purchased with the resource grant. These funds cannot be used for start-up costs, staff salary, or any construction or improvements of buildings.

Certificates of Participation

Center-based caregivers, family child care providers, and administrators who participate in the SCPITC Service Plan, 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.

DSS 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 session in order to receive credit.

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

Director Signature

Date

Section III: Program Director Agreement

In order to maximize the impact of the funds set aside to support SCPITC, 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.

_____ 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 as needed for the determined service plan.

_____ I will participate in all training and actively engage in any planned technical assistance activities.

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

_____ I understand that when participating in the Service Plan, a lapse in training attendance of more than 30 days may result in termination of services and the program will be placed on a waiting list.

_____ I will provide opportunities for the Infant/Toddler Specialist to observe and work as needed based on the agreed upon service plan, 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 SCPITC services.

_____ I understand there will be no children permitted at training sessions.

_____ I will be responsible for collecting photo releases from family and staff allowing SCPITC to use photographs for training and outreach purposes. I will notify the ITS if there are any individuals who do not release permission to be photographed for these purposes.

I have read and understand the above statements.

Program Director/Primary Contact	Date
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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.

Owner, Board Chair, or Other Supervisor	Date
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Section IV: Statement of Commitment

The impact of SCPITC services in a program is directly linked to the commitment and participation of the program administrators. During your partnership with SCPITC, 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 SCPITC services.

Name	Title	Participating?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

To help us better assess the level of services that will best meet the needs of your program, please answer the questions below. Use the back of the page for more space if needed.

1. What are the strengths of your infant/toddler program?

2. What areas of your infant/toddler program need improvement?

3. What are the specific goals you have for your program and in what way do you anticipate SCPITC Infant/Toddler Specialists can help you achieve those goals?

 **Section V: Most Recent ABC Monitoring Report**

Please send your most recent ABC Monitoring Report with your Request for Services. 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 SCPITC. The information from your most recent ABC monitoring report will be used to help prioritize the services offered by SCPITC. We will work with you to help improve your ABC score.

I authorize the ABC Program to submit my latest ABC report to SCPITC 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

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Questions?

Call us at (888) 811-2018

**For more information, please visit our website: www.scpitc.org
www.scpitc.org**