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**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](mailto: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:
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 maintain ABC Quality Level B or higher.

**Environment Enhancement Grant**

Centers participating in the SCPITC Service Plan will receive a \$600 resource grant to purchase materials for the infant/toddler classrooms. Family Child Care programs will receive \$250 per program. The Infant/Toddler Specialist must approve materials purchased with the grant. These funds cannot be used for start-up costs, staff salary, or any construction or building improvements. Level C programs, and programs on a Corrective Action Plan are not eligible to receive the grant.

*Center-based programs that participate in an approved SCPITC service plan in which the majority of training hours are held during **paid work hours** (i.e., the teachers are paid for their time while attending the SCPITC trainings) will be eligible for an additional environment enhancement grant. The amount of the additional grant will be calculated at \$175 per qualifying participant.*

**Individual Incentive Stipend**

Each qualifying administrator and infant/toddler teacher who participate in a service plan in which the majority of training hours are unpaid, non-work hours (i.e., evenings and weekends) will be eligible to receive \$175.

In order to qualify for the stipend, individual participants must:

- Not be paid for the time spent in SCPITC trainings
- Not miss more than two of the trainings
- Remain at the program for at least six months after completion of the SCPITC service plan
- Work with infants and toddlers birth to 36 months for at least 20 hours each week

*Participants who are hired after the start of the training may qualify for a partial incentive if they begin participating before the halfway mark of the training schedule, and do not miss more than one training session after they begin participating.*

**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 (Infant/Toddler Guidelines training is 2.5 hours). 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 and initial beside each statement. 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

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



 **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.*

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**Print Name/Title**

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**Signature**

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**Date**

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

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OR

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SCPITC

1 Carriage Lane, Unit J  
Charleston, SC 29407

**Questions?**

**Call us at (888) 811-2018**

**For more information, please visit our website: [www.scpitc.org](http://www.scpitc.org)  
[www.scpitc.org](http://www.scpitc.org)**