






## ***Service Plan Application*** *Center-Based*

---

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

-  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 application for your records.**

Once the application is complete, please scan and email to [scpitc@musc.edu](mailto:scpitc@musc.edu)

OR

Fax to (843) 876-2844

OR

Mail to:

SCPITC

1 Carriage Lane, Unit J

Charleston, SC 29407

**Section I: Program Information**

**Site/Program Information:**

Center Name:			
Physical Address:			
<input type="checkbox"/> Check here if physical address is the same as mailing address			
Mailing Address:			
Main Phone:		FEIN:	

**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:  State/regional/local conference  A local training  CCR&R  
 ABC Monitor  Other: \_\_\_\_\_

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

Who is your ABC Monitor? \_\_\_\_\_

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?  Yes  No

If yes, please indicate what agency provides your professional development subsidy and the amount: \_\_\_\_\_

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):

**Classroom Materials Grant**

Centers participating in the SCPITC Service Plan will receive a \$600 grant to purchase materials for the infant/toddler classrooms. Family Child Care Homes will receive \$250 per program. The Infant/Toddler Specialist must approve materials purchased with the grant funds. These funds cannot be used for start-up costs, staff salary, consumables (e.g., paper, paint, etc.) 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.

**Individual Growth Incentives**

Participants are eligible for only one of the incentives listed below. To be eligible for either incentive, individual participants must:

- work at a program that is enrolled in ABC Quality
- not miss more than two of the monthly trainings
- remain at the program for at least six months following training
- work with children ages birth to 36 months for *at least 20 hours per week* (Participants who are hired after the start of the training may qualify for a partial incentive if they begin participating before the midpoint of the training schedule, and do not miss more than one training session.)

*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. If program staff are paid by the child care program to attend trainings after work, the staff are not eligible to receive the individual stipend.

*Resource Grants (applies to center-based programs only)*

Programs that participate in an approved SCPITC 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.

**DSS Training Hours**

Each training session will provide 2 hours of DSS training in various topic areas so that participants who attend all trainings will receive credit for their required DSS training hours. Participants 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 the SCPITC Service Plan.*

---

Director Signature

---

Date





 **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 the Infant/Toddler Specialist. 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**

**APPLICATION SUBMISSION**  
**Please send completed application to:**

**SCPITC**  
**1 Carriage Lane, Unit J**  
**Charleston, SC 29407**

**OR**  
**Email to: [scpitc@musc.edu](mailto:scpitc@musc.edu)**

**OR**  
**Fax to: (843) 876-2844**

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

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