



Georgia Program for Infant and Toddler Care

Application for Services

Family Childcare Provider Programs

To be considered for infant toddler technical assistance services, you must complete and submit all five sections of the application.

- Section I: Family Childcare Provider Information
- Section II: Family Childcare Provider Demographics
- Section III: Family Childcare Provider Agreement
- Section IV: Family Childcare Provider Statement of Commitment
- Section V: Family Childcare Provider Profiles

NOTE: Be sure to retain a copy of your application for your records.

SUBMITTING YOUR APPLICATION

Fax or mail your completed application to 770.342.3068 or

Georgia Department of Early Care and Learning
Georgia Program for Infant and Toddler Care
Attn: Laura J. Johns, Ph.D.
2 Martin Luther King Jr. Drive, SE
Suite 670, East Tower
Atlanta, GA 30334

Section I: Family Childcare Provider Information

Program Information			
*Family Childcare Legal Name:		*Program Site Name:	
Mailing Address:		*Site Address:	
City:		*City:	
ST:		*ST:	
Zip Code:		*Zip Code:	
County:		*County:	

NOTE: Items marked with * must be completed. Items not marked with * are optional.

PROGRAM CONTACT			
OWNER:	<input type="checkbox"/>	*DIRECTOR:	<input type="checkbox"/>
*Name (Print):		*Name (Print):	

Section II: Family Childcare Provider Demographics

PROGRAM DEMOGRAPHICS

*OPERATING TIMES	M - F Y or N	Year-round Y or N	Hours: ____ a.m. to ____ p.m.	Other
------------------	-----------------	----------------------	-------------------------------	-------

Program Details

ENTIRE PROGRAM

INFANT AND TODDLER PROGRAMS

		Name Of Classroom	Age Range	# of Children
Total # of classrooms:				
Total # of children enrolled:				
Max. # of children served daily:				
Total # of children with special needs enrolled:				
Total # of teachers:				

Do you receive services from

Child & Adult Care Food Program:	Y or N		
Child Care Resource & Referral:	Y or N	If yes, which R&R	
Other Technical Assistance Partner:	Y or N	If yes, who	
Georgia CAPS:	Y or N		
Babies Can't Wait:	Y or N		

(Check all that apply) **QUALITY STANDARDS HISTORY**

Has your program previously received an assessment using an Environment Rating Scale (ERS)?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, indicate most recent ERS data:						
ITERS-R :	<input type="checkbox"/>	Date:		Score:		
FCCERS-R:	<input type="checkbox"/>	Date:		Score:		

Section III: Family Childcare Provider Agreement

To maximize the funds supporting the Georgia Infant Toddler Network, Bright from the Start will allocate resources to programs committed to benefiting from the services offered. Read and consider the statements below carefully. Your initials in the box preceding each statement indicate that you understand and are committed to meet the following requirements:

	My program staff and I will work with the Infant/Toddler Specialist to develop an action plan to implement changes to effect desired program improvements based on best practices for infant and toddler care.
	I will work with the Infant/Toddler Specialist to develop a mutually agreed upon meeting schedule.
	I will arrange for 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 as predetermined in my action plan.
	I will participate in <u>all</u> training and technical assistance activities as requested by the Infant Toddler Specialist.
	I will hold myself and staff accountable for putting into action information learned at trainings and from the Infant/Toddler Specialist during technical assistance visits.
	I understand that at least 80% of participating staff must be present at on-site training. If fewer than 80% are able to attend the training, I will notify the Infant/Toddler Specialist ahead of time, and training will be rescheduled.
	I will reschedule within two weeks any on-site training session that must be cancelled because of an unforeseen circumstance.
	I understand that if training cancellations 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 understand that 50% of my staff must participate in the Infant Toddler training conferences.
	I will provide opportunities for the Infant/Toddler Specialist to observe and work with the program staff in the infant toddler classrooms.
	I will make copies of training materials for participating staff before scheduled sessions.
	I understand that the center director must attend the Infant Toddler Director Conferences.

I have read, understand, and agree to comply with the statements above.

Program Director Signature: _____ **Date:** _____

If the center director reports to an off-site owner, manager, governing board, or other supervisor, he/she should also review the participation requirements and sign below.

Signature and Title: _____ **Date:** _____

Section IV: Family Childcare Provider Statement of Commitment

The impact of the Infant Toddler Network services in a program is directly linked to the commitment and participation of the program administrators. During your partnership with the Infant Toddler Network, it is imperative that administrative staff also be fully committed to support, guide, and engage staff in implementing recommended changes for program improvement. In the chart below list your administrative staff by name and title and indicate who will be participating in the training.

NAME	TITLE	PARTICIPATING
		Yes ____ No ____
		Yes ____ No ____
		Yes ____ No ____
		Yes ____ No ____

Working together, the program administrator and infant and toddler teachers must respond to the following questions. Use the back of the page for more space if needed.

What are the strengths of your infant/toddler program?

What are the weaknesses of your infant/toddler program?

What specific goals do you have for your program? How can the Infant Toddler Network help you achieve those goals?

What will be the most challenging part of participating in the Infant Toddler Network?

How can we best support your program?

Each individual participating in the infant toddler technical assistance and training program must review and sign the statement of commitment below. This signed commitment form and the participant profiles (see attached form) must be included for this application to be considered complete.

As a participant of the Georgia Infant Toddler Network, I commit to the following:

- I will make every effort to participate in all training and mentoring activities.
- I will sign-in at each event.
- I will utilize the infant toddler network training to provide relationship based, responsive, and intentional care and education in my classroom.

Teacher's Name	Classroom	Signature

Section V: Participant Profile

[illegible]