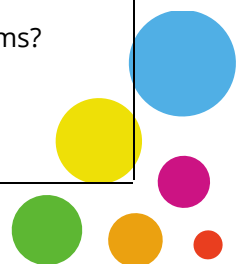# EARLY LEARNING
COALITION OF HILLSBOROUGH COUNTY

HILLSBOROUGH INFANT & TODDLER INITIATIVE
2022-2023 PROGRAM APPLICATION

INSTRUCTIONS
The Hillsborough Infant & Toddler Initiative provides resources to strengthen the quality of infant and toddler care in the Hillsborough County. Participating childcare programs will have access to teacher and program supports such as technical assistance, coaching), professional development opportunities and classroom materials. The focus of the Initiative is to encourage providers to serve more infants & toddlers while enhancing the quality of care within these programs. School Readiness Providers interested in participating must complete this application. To submit, upload the completed application to the DEL Portal in the Infant & Toddler Initiative Folder of the Document Library and then email tsalley@elchc.org to notify us of your submission. If you have questions call Theon Salley at 813-515-2340 ext. 309.
High Needs Zip Codes Receive Priority: 33527, 33603, 33604, 33605, 33607, 33610, 33612, 33613, 33617, 33619 **South County Expansion:** 33534, 33572, 33511, 33594, 33596, 33569, 33570, 33598 **All Other Zip Codes:** Programs must be a new school readiness provider or have 30% school readiness enrollment.

PROGRAM INFORMATION	
Check One of the Following: ☐ Center ☐ Regular FCCH ☐ Large FCCH	Provider ID:
Program Name:	
Program Street Address:	
Suite/Building:	City:
Program Director Primary Contact:	Phone Number:
Email Address:	Licensed Capacity:
Current Total Enrollment:	Number of SR Children Enrolled:

PROGRAM QUESTIONAIRE

1. Does your program have a current School Readiness Provider Contract?
   ☐YES ☐NO
2. Did your program qualify for the New School Readiness Provider Incentive in 2022?
   ☐YES ☐ NO
3. Do you plan on offering School Readiness for the next contract year (required)?
   ☐YES ☐ NO
4. Is your program currently licensed for infant and toddler care?
   ☐YES ☐ NO
5. Do you have vacant space to create new infant, toddler and/or 2-year-old classrooms?
   ☐YES ☐ NO
6. Is your program currently a Gold Seal program?
   ☐YES ☐ NO   If yes, by what accreditation system: _____

CLASSROOM INFORMATION FOR CENTERS

List each active and vacant classroom and provide the information requested.

Classrooms and List Age Ranges	Current Enrollment in Classroom	Licensed Capacity in Classroom	Accreditation Ratio (If applicable)	Number of teachers assigned to this classroom

FCCH SERVICES PROVIDED & ENROLLMENT

Enrollment Options	Daytime Enrollment	Evening Enrollment	Night Care Enrollment	Weekend Enrollment
List the number of children currently enrolled for each.				
How many children can you enroll if having 1 or more infants during each time frame?				
How many children can you enroll if having 1 or more one-year-olds during each time frame?				
How many children can you enroll if having 1 or more 2-year-olds during each time frame?				

Do you have a full-time assistant in your FCCH?
☐YES ☐ NO If yes, would your assistant be participating in the Initiative? ☐YES ☐ NO

Do you have a regular substitute who works more than two days per/week?
☐YES ☐ NO If yes, would your substitute be participating in the Initiative? ☐YES ☐ NO

STAFF CHART

Centers: List the information for all administrators and current infant, toddler, and two-year-old teaching staff. FCCH Providers: List the information for you and your assistant and/or substitute.

Staff Name	Age Group Assigned	Educational Level	Credential(s)

PROGRAM TOUR

As part of the application process, the ELCHC's Infant & Toddler Specialist will come to your program or schedule a virtual visit for a tour. The purpose of the tour is for the ELC to learn more about your program and get a perspective regarding the space available for infant and toddler care. Check the box next to the best days of the week for your program tour and include your preferred timeframes.

Day	Timeframe(s)
☐ Monday	
☐ Tuesday	
☐ Wednesday	
☐ Thursday	
☐ Friday	

SIGNATURE

By signing below, I certify that the information submitted in this application is true to the best of knowledge.

_____   _____
Authorized Provider Signature   Print Name

_____   _____
Title   Date