



LITTLE Family Child Care Learning Home Grant:

Application Process

IMPORTANT NOTE: This document is for preparation purposes only. Providers are strongly encouraged to review this document before you begin your online application in Survey Monkey. We advise applicants to prepare responses to all required application items in advance.

All applications must be submitted electronically using the following link.

https://decalsmapply.us/prog/2026_little_family_child_care_learning_home_grant_application/

You must register for a Survey Monkey Apply account to complete the application. If you receive the “Whoops” message, click on “Back to Georgia Department of Early Care & Learning” to register.

DECAL will not accept emailed or mailed applications. Application deadline is **Friday, August 28, 2026**.

LITTLE Family Child Care Learning Home Grant Application Items

Eligibility

1. Are you a licensed Family Child Care Learning Home?
 - a. If yes, please enter the program license number.
2. Does your Family Child Care Learning Home currently have 1, 2 or 3 Quality Rated Stars?
 - a. If yes, what is your current star rating?
 - b. What date was your star rating received?
3. Is your Family Child Care Learning Home in good standing with DECAL?

Note: Applicants must be able to answer “yes to item #1, #2, and #3 to be eligible for the LITTLE Grant. If you answered “no” to any of the above questions, you should not proceed further with the application. If you have questions, please contact PSSinfo@decals.ga.gov.

Program Information

4. Program Legal Name:
5. Doing Business As Name:
6. Program Location (street address, city, county, zip)
7. Mailing Address (if different from program located provided in item #6)

Contract Signatory Information

The Contract Signatory must be an officer or representative vested with the powers to commit the organization to a binding agreement if the grant is awarded. The contract signatory (CEO, COO, CFO, President, Sole Proprietor, School Superintendent) who has apparent authority or legal authority for the program/company/school system/etc. applying for the grant must sign the grant agreement if the grant is awarded.



1. Person authorized to sign contract:
2. Title:
3. Mailing address of contract signatory
4. Phone Number:
5. Email Address:
6. Credential:

Child Enrollment

Please tell us about the children in your care by providing the information requested below:

Child Information	Number of Children
Infants (Birth to 12 months)	
Toddlers (12 to 36 months)	
Preschoolers and Pre-K (3- to 4-year-olds)	
School-Aged Children (5-year-olds and older)	
How many children in your program receive CAPS funding?	
How many children with disabilities are currently enrolled in your program?	
How many dual language learners are currently enrolled in your program?	

Current Practices

1. Describe your program's approach to providing high quality infant and toddler care. Please provide specific examples.
2. How has Quality Rated benefited your center? Please provide specific examples.
3. What strategies do you use to promote language and literacy in your program? Please provide an example for each strategy listed.
4. What strategies do you use to build relationships with the children and families enrolled in your program? Please provide an example for each strategy listed.

Commitment/Application of Skills and Strategies

5. What are you looking to gain from the LITTLE Grant? Please provide specific examples.
6. If selected for this grant, how will you incorporate the skills and strategies you learn to benefit children in your care beyond the grant period? Please provide specific examples.



Assurances

Please indicate your agreement with each statement by checking the box next to the items below.

I agree:

- ☐ I have internet access and can attend virtual coaching visits.
- ☐ I will have at least three infants and/or toddlers enrolled in my program throughout the grant period.
- ☐ I have read the grant guidelines, viewed the LITTLE Grant Overview, and agree to fully participate in the LITTLE Grant. Specifically, I agree to: (a) attend in-person four Saturday Institute sessions that will occur over the course of the grant, (b) receive weekly/bi-weekly coaching from an Infant Toddler Specialist, and (c) participate in evaluation activities such as observations, surveys, and the use of the LENA device.
- ☐ All information provided in this application is true and accurate. I understand that falsifying information reported will result in automatic termination of the grant agreement.
- ☐ I understand that all information contained within this application, as well as documentation required as a DECAL fiscal agent, is considered public information and will be included in the program's permanent file and is subject to Open Records request(s).
- ☐ I will conduct my business with financial integrity and fiscal responsibility including, but not limited to, compliance with state and federal tax requirements, compliance with rules and regulations of the Secretary of State's office, the State Department of Audits, and other state agencies, as applicable, and appropriate settlement of employee and other financial obligations.

Signature and Today's Date