



## **LITTLE Grant for Child Care Centers**

### **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\\_grant\\_application\\_for\\_child\\_care\\_learning\\_centers](https://decalsmapply.us/prog/2026_little_grant_application_for_child_care_learning_centers)

DECAL will not accept emailed or mailed applications. Application deadline is **January 22, 2026**.

### **LITTLE Grant Application Items**

#### **Eligibility**

1. Are you a licensed child care program?
  - a. If yes, please enter the program license number.
2. Does your child care program currently have 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 child care program in good standing with DECAL?
4. Do you have at least 2 infant and/or toddler classrooms?

Note: Applicants must be able to answer “yes” to item #1, #2, #3, and #4 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](mailto:PSSinfo@decals.ga.gov).

#### **Program Information**

5. Program Legal Name:
6. Doing Business As Name:
7. Program Location (street address, city, county, zip)
8. 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?	

## Applicant Questions

Applicants should provide a professionally composed and complete answer to each question. Failure to answer all questions fully will result in an incomplete application. Incomplete applications will not be reviewed.

The application should provide an **overall** description of the center's ability to successfully implement this grant.

## Center Overview

1. How does program leadership support high quality care in your infant and toddler classrooms?
2. Describe a grant or initiative your program has participated in over the past few years (SEEDS, Quality Rated, etc.). What were the challenges and benefits of participating?



### **Fiscal Oversight**

3. Please describe how you would ensure that LITTLE funds are properly administered and used for items and services permitted under the grant. (Note: Please review the Fiscal Procedures of the Grant Guidelines prior to answering this question).

### **Staffing**

- 4a. Describe your new staff orientation and how you retain staff members.
- 4b. How do you support the transition of new staff for both children and families?
- 5. Describe how you support teachers in their daily routines as well as their professional growth and development.
- 6. The grant includes weekly/biweekly coaching from an Infant Toddler Specialist. How would you prepare the teachers in your center to be coached?

### **Scenario**

Describe the most challenging day your program has had in the past year. What made it challenging and how did your program handle the challenge?

### ***Additional Questions***

- A. How do you handle conflicts between staff members?
- B. How do you address challenging behaviors in your program?
- C. How is language and literacy reflected in your infant and toddler classrooms?
- D. Please describe the biggest challenge your infant and toddler teachers face.



## 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 sessions, meetings and trainings.
- ☐ I have at least two (2) infant and/or toddler classrooms, with enrolled children, in my program and will continue throughout the grant period.
- ☐ I have read the grant guidelines and agree to fully participate in the LITTLE Grant. Specifically, I agree to: (a) attend four in-person 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.
- ☐ I understand that this is an intensive professional development grant for my program's infant and toddler classrooms. This grant is not recommended for programs who have any educators that demonstrate an unwillingness to be coached, change practices or learn new things, poor perspective on developmentally appropriate challenging behavior, or issues maintaining basic health and safety practices in their classrooms.
- ☐ 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.
- ☐ I understand that if accepted for the LITTLE Grant, I must submit all required documentation within five days of receiving the acceptance notice.

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Signature and Today's Date