



Child Care and Development Fund (CCDF) Plan

for

State/Territory [South Carolina](#)

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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DRAFT FOR PUBLIC COMMENT

Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

-
- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
 - Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Timeline for implementation including projected start date and end date for each step
 - Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-cdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law.

In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance

with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency [South Carolina Department of Social Services](#)

Address of Lead Agency [P.O. Box 1520 Columbia, South Carolina 29202-1520](#)

Name and Title of the Lead Agency Official [V. Susan Alford, State Director](#)

Phone Number [803-898-1390](#)

E-Mail Address susan.alford@dss.sc.gov

Web Address for Lead Agency (if any) www.dss.sc.gov

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator [Leigh W. Bolick](#)

Title of CCDF Administrator [Director, Division of Early Care and Education](#)

Address of CCDF Administrator [P.O. Box 1520 Columbia, South Carolina 29202-1520](#)

Phone Number [803-898-7134](#)

E-Mail Address leigh.bolick@dss.sc.gov

b) Contact Information for CCDF Co-Administrator (if applicable): **NOT APPLICABLE**

Name of CCDF Co-Administrator _____

Title of CCDF Co-Administrator _____

Phone Number _____

E-Mail Address _____

Description of the role of the Co-Administrator _____

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) [803-898-2570](tel:803-898-2570)

Web Address for CCDF program (for the public) (if any) www.scchildcare.org

Web Address for CCDF program policy manual (if any) www.scchildcare.org

Web Address for CCDF program administrative rules (if any) [N/A](#)

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
 - Agency/Department/Entity [Department of Social Services –Division of Early Care and Education](#)
 - Name of Lead Contact [Leigh Bolick, CCDF Administrator](#)
- Subsidy/Financial Assistance (section 3 and section 4)
 - Agency/Department/Entity [Department of Social Services –Division of Early Care and Education](#)
 - Name of Lead Contact [Leigh Bolick, CCDF Administrator](#)
- Licensing/Monitoring (section 5):
 - Agency/Department/Entity [Department of Social Services –Division of Early Care and Education](#)
 - Name of Lead Contact [Leigh Bolick, CCDF Administrator](#)
- Child Care Workforce (section 6):
 - Agency/Department/Entity [Department of Social Services –Division of Early Care and Education](#)
 - Name of Lead Contact [Leigh Bolick, CCDF Administrator](#)
- Quality Improvement (section 7):
 - Agency/Department/Entity [Department of Social Services –Division of Early Care and Education](#)
 - Name of Lead Contact [Leigh Bolick, CCDF Administrator](#)
- Grantee Accountability/Program Integrity (section 8):
 - Agency/Department/Entity [Department of Social Services –Division of Early Care and Education](#)
 - Name of Lead Contact [Leigh Bolick, CCDF Administrator](#)

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

All program rules and policies are set or established at the State/Territory level.

Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

Eligibility rules and policies (e.g., income limits) are set by the:

State/Territory

County. If checked, describe the type of eligibility policies the county can set _____

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

Other. Describe _____

Sliding fee scale is set by the:

State/Territory

County. If checked, describe the type of sliding fee scale policies the county can set _____

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

Other. Describe _____

Payment rates are set by the:

State/Territory

County. If checked, describe the type of payment rate policies the county can set _____

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____

Other. Describe _____

Other. List and describe (e.g., quality improvement systems, payment practices) [The Lead Agency-Division of Early Care and Education \(DECE\) administers the state's quality improvement system \(ABC Quality\). ABC](#)

Quality is a broad five-tier quality structure. It includes standards based on research and practice focused on health and safety, staff education and qualifications, supportive staff-child interactions, and meaningful learning activities. The five levels include Level A+, Level A, Level B+, Level B, and Level C. Beginning with Level B, which includes a state-developed metric of required mandatory standards coupled with age appropriate classroom observations heavily weighted to staff-child interactions, quality care increases progressively to B+, A, and A+. At the highest levels (A+ and A), the Environment Rating Scales are used as the metric for classroom observation coupled with compliance with the most rigorous mandatory standards. Level C providers meet mandatory standards based on basic licensing health and safety regulations.

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- CCDF Lead Agency
- TANF agency. Describe. _____
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. _____
- Child care resource and referral agencies. Describe. _____
- Community-based organizations. Describe. _____
- Other. Describe. _____

b) Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency. Describe. **The TANF program is based at the CCDF Lead Agency.**
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. **County welfare/social services departments are included in the Economic and Human Services divisions of the Lead Agency.**

Child care resource and referral agencies. Describe. The Lead Agency fully funds SC's statewide Child Care Resource and Referral Network (CCR&R). They have a lead role in providing families access to child care referral services. Information is offered about the availability of child care across the state and key indicators of quality child care.

Community-based organizations. Describe. The Lead Agency is working in partnership with Children's Trust of South Carolina and the United Way Association of South Carolina to develop and expand activities designed to broaden consumer awareness among local communities about high quality child care. The initial focus of the campaign centered on updating and distributing information about child care health and safety regulations. The overall intent was to provide guidance and pose questions parents should consider when making child care choices. The campaign has progressively moved to developing and implementing strategies that will better inform the public about ABC Quality. This includes media and marketing efforts that include traditional and modern-day communication methods to bring attention to the levels of ABC Quality and how this information should be used guide selections about child care.

Other. Describe. _____

c) Who issues payments?

CCDF Lead Agency

TANF agency. Describe. _____

Other State/Territory agency. Describe. _____

Local government agencies such as county welfare or social services departments. Describe. _____

Child care resource and referral agencies. Describe. _____

Community-based organizations. Describe. _____

Other. Describe. _____

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government.

(658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in

the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

- 1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe [Through the Division of Early Care and Education's \(DECE\) consumer awareness campaign, staff participated in the Municipal Association of South Carolina annual conference. Staff used this opportunity to present an exhibit which facilitated opportunities to meet and talk with elected officials about ABC Quality and the need for access to high quality child care, and to distribute informational brochures about child care services in the state. The state plan was posted on the website prior to the State's Public Hearing. In addition, meetings and webinars were held to gather input from stakeholders.](#)

[REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe [The SC Early Childhood Advisory Council is coordinated by First Steps to School Readiness, a public-private partnership developed through legislation. The Lead Agency offered to do a formal presentation to the Early Childhood Advisory Council, but it was determined that the best way for comment from this group was to send the draft plan to all members for their comment. As such, the Lead Agency did send the Draft State Plan to First Steps for School Readiness with a summary for their comment.](#)

- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes, [V. Susan Alford](#)

No.

- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with [Catawba Indian Nation](#) Check N/A if no Indian Tribes and/or Tribal organizations in the State [The state plan was posted on the website on 1/21/2016, prior to the State's Public Hearing. In addition, webinars were](#)

held to gather input from stakeholders. The representative from the Catawba Indian Nation serves as the information liaison between the DECE and the Catawba Nation and was invited to participate in the partners' webinar that was held on 2/9/2016.

State/Territory agency responsible for public education. Describe The South Carolina State Department of Education (SDE) has a history of collaboration with the Lead Agency on the Early Learning Standards and other early childhood initiatives including the Child Early Reading and Development Education Program (CERDEP)/CDEP 4K programs. Representatives from the Division of Early Learning and Literacy participated in a working information and editing session with representatives from DECE on December 21, 2015. The state plan was posted on the website on 1/21/2016 prior to the State's Public Hearing. In addition, meetings and webinars were held to gather input from stakeholders including the SDE representative.

State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe

DECE has a representative on the South Carolina Interagency Coordinating Council (SCICC) for Part C (BabyNet). The SCICC is responsible for advising and assisting the Part C lead agency to develop and implement a comprehensive interagency system to provide early intervention services for all eligible infants and toddlers with developmental delays and disabilities and their families.

Part B 691: DECE has a representative on the Preschool Committee of the SC Advisory on the Education of Students with Disabilities. This committee is tasked with addressing interagency coordination of services for preschool students who meet eligibility criteria to receive services under Part B of the Individuals with Disabilities Education Act (IDEA) section 619.

The state plan was posted on the website on 1/21/2016 prior to the State's Public Hearing. In addition, meetings and webinars were held to gather input from stakeholders and a Department of Disabilities and Special Needs (DDSN) representative was invited to attend the CCDF Plan webinar and Partner meeting.

State/Territory institutions for higher education, including community colleges. Describe Through contractual agreements and partnership initiatives DECE has a long-standing and strong working relationship with representatives from the technical college system and the higher education institutions and regularly obtains input regarding initiatives and overall direction of the CCDF program. The state plan was posted on the website on 1/21/2016, prior to the State's Public Hearing. In addition, meetings and webinars were held to gather input from stakeholders including representatives from higher education.

State/Territory agency responsible for child care licensing. Describe Child Care Licensing (CCL) is based at the Lead Agency and managed by the CCDF State Administrator within

DECE. The director of CCL was actively involved in the development of the CCDF State Plan, in particular section 5. As needed, CCL staff work to coordinate responses with staff in other areas of the division to ensure responses to the State Plan were appropriate and thorough. In addition, CCL staff participated in the State Plan workgroup meeting to review/revise responses as needed.

State/Territory office/director for Head Start State collaboration. Describe The Head Start Collaboration office is based at the Lead Agency within DECE. The Head Start Collaboration director regularly participates in the division's staff meetings and provides recommendations about Head Start program/policy changes and potential opportunities for coordination and collaboration. Lead agency staff regularly participate in Head Start meetings and discussions to address issues of common concerns.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe The Head Start Collaboration director has included key DECE staff in orientation for new grantees to ensure responsiveness to grantees on start-up issues. The State Plan was posted on the website on 1/21/16, prior to the State's Public Hearing. In addition, meetings and webinars were held to gather input from stakeholders.

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The CACFP is administered by the Lead Agency and managed by the CCDF State Administrator within DECE. CACFP staff participated in the State Plan workgroup meeting and provided information to address or support questions as needed.

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The Women Infants and Children program is based at the Department of Health and Environmental Control (DHEC), South Carolina's public health agency. Representatives from the WIC program attended a partnership meeting held on 1/14/2016. The purpose of the meeting was to conduct a review of the CCDF State Plan draft and obtain input regarding the plan's development. DHEC interfaces with the Lead Agency on health-related issues including WIC, nutrition (including breast-feeding support) and childhood obesity prevention. Early childhood goals and activities are included in the DHEC statewide obesity prevention plan (SCaledown).

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe The SC Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, oversees and funds services for South Carolinians with severe, lifelong disabilities of intellectual disability, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. DDSN is an active member of the Early Childhood Comprehensive System (ECCS) and was included in the discussion of the state plan during the ECCS meeting conducted on January 14, 2016. This meeting solicited input and feedback from all members of the ECCS to address the needs of the populations of children and families served by ECCS membership organizations.

Support services provided by SCDDSN include:

- Early intervention is a family-focused in-home service for children from birth to age

6. An early interventionist helps families understand their child's development and gives specific training to address areas of delay. Service coordination is provided in accordance with an Individualized Family Service Plan (IFSP). DDSN's Early Intervention Program serves children and families, some of whom are eligible for BabyNet in their own home or in the child's natural environment.

- Genetic evaluation, treatment and counseling services are available to families in which a developmental disability has occurred and to families at risk of having a child with a disability or a special need. Emphasis is on preventing disabilities, when possible.
- Respite services provide temporary care to individuals, allowing families or caregivers to handle emergencies and personal situations or to take a break. Respite may be provided in the individual/family home, a qualified caregiver's home, a regional center or other locations.
- Financial assistance is available to help individuals/families afford the cost of care for an individual in their own home. Funds are available for transportation, specialized equipment, child care, recreation and other needs.
- Individualized summer services provide financial assistance for families so that the family member with a disability may attend activities selected by the person or the guardians. Participants attend various types of summer activities, from traditional camps to highly individualized services and activities.
- Summer camps provide supervised recreational activities for children and adults. Day camps and residential camps are available.
- Individual rehabilitation support services are interventions designed for each person to develop an enhanced capacity for independence, self-direction and participation in community activities. Supports include interventions intended to develop or restore functional abilities, personal identity, responsibility and self-direction. The services are provided in the person's own community and home.

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe Children's Trust of South Carolina (CT) is the lead agency for the Maternal, Infant and Early Childhood Home Visiting program grant. DECE has a collaborative partnership with CT. CT has agreed to host a partnership meeting on 1/15/2016 to facilitate a review of the CCDF State Plan draft and obtain input regarding the plan's development.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe The EPSDT coordinator for the state Medicaid agency was invited to attend a partnership meeting held on 1/14/2016. The purpose of the meeting was to conduct a review of the CCDF State Plan draft and obtain input regarding the plan's development. The Lead Agency interfaces with the SC Department of Health and Human Services (DHHS) on inter-agency health-related task forces and planning groups. DHHS was invited to participate in the information and feedback webinar.

McKinney-Vento State coordinators for Homeless Education. Describe DECE has been partnering with the SC Department of Education's (SDE) McKinney-Vento State Coordinator as well as with the South Carolina Coalition for the Homeless and the four

regional Coalitions for the Homeless to streamline referral processes for subsidy vouchers as well as to share information on services through DECE (such as CACFP) and elsewhere in the Department of Social Services (such as TANF).

State/Territory agency responsible for public health. Describe The relationship with DHEC is described above. DHEC was invited to participate in the information and feedback webinar.

State/Territory agency responsible for mental health. Describe A key leader from the SC Department of Mental Health (DMH) is included on the Lead Agency's BUILD Leadership Team. DMH was invited to the webinar. Staff working at DMH were invited to attend a partnership meeting held on 1/15/2016. The purpose of the meeting was to conduct a review of the CCDF State Plan draft and obtain input regarding the plan's development.

State/Territory agency responsible for child welfare. Describe Child welfare services are administered by the Lead Agency. DECE staff share information about child care policies and procedures and work with child welfare staff to get input on program operations. A copy of the State Plan draft was shared with the child welfare program director.

State/Territory liaison for military child care programs. Describe The following have been invited to participate the CCDF webinar session on 2/9/16 to provide input to the state plan: Family Care Division Branch Head, Parris Island, SC; Director of the Parris Island Child Care Program; Director of the Air Station Child Care Program and Chief, Airman and Family Services Joint Base Charleston, SC.

State/Territory agency responsible for employment services/workforce development. Describe The TANF and JUMMP representatives were invited to attend the CCDF Plan webinar on 2/9/16 and Partner meeting on 1/14/16.

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The TANF program is administered by the Lead Agency and located in the same division. DECE staff provides information/updates about the CCDF program and works with TANF staff to get their input about policy and program revisions to assure the availability of child care support for TANF recipients.

State/community agencies serving refugee or immigrant families. Describe The Refugee Resettlement Program (RRP) is established to help newly arriving populations of refugees become self-sufficient in the shortest timeframe following their arrival to the United States. All services are coordinated through the Refugee Resettlement Services Unit at the State Office, as well as through private and non-profit service agencies under contract with the state to provide specialized services to refugees. Lutheran Services Carolinas (LSC) provides refuge to people from across the world who have suffered persecution in their homelands. Working closely with Lutheran Immigration and Refugee Service and local faith organizations, LSC welcomes vulnerable refugees and helps them transition into a new life and a new culture. PASOs Early Childhood Initiative promotes Latino child well-being. It began as a response to requests

from parents in PASOs prenatal classes who wanted more information about resources for their children after they were born, and from early childhood organizations interested in better reaching and working with Latino families. With support from DHEC's ECCS program and CT, PASOs ECI provides Latino parents with tools and knowledge to support them in successfully raising their children ages 0-5. PASOs also helps organizations develop the capacity to meet the needs of Latino families. Staff from the Refugee Resettlement Program (RRP) and Lutheran Family Services (LFS) were invited to attend the CCDF Plan webinar and the Partner meeting.

Child care resource and referral agencies. Describe Through a contractual agreement with USC-College of Education for resource and referral services, ongoing feedback is provided to DECE regarding CCDF funded initiatives, opportunities for improvement, and the overall direction of the CCDF program. Statewide CCR&R Leadership were directly involved in preparing the State Plan.

Provider groups or associations. Describe DECE's director maintains regular contact with local and state child care provider associations, including the SC Association of Christian Schools and the SC Afterschool Alliance. Information is obtained from key members of these organizations regarding overall direction of the CCDF program and issues of concern. DECE partners with and supports the three major state level professional associations in early childhood (South Carolina Association for the Education of Young Children (SCAEYC), (South Carolina Association of Early Care and Education (SCAECE), and South Carolina Early Childhood Association (SCECA)) annually to provide conference scholarships for ABC Quality providers to receive professional development. Members of these groups/associations were invited to participate in a statewide webinar held on 2/9/2016. The purpose of the webinar was to review the CCDF State Plan and obtain input regarding its development.

Worker organizations. Describe See discussion of provider/professional associations above _____

Parent groups or organizations. Describe The state planning process was discussed at United Way parent meetings throughout the state. Family Connections, a member of ECCS, coordinates monthly meetings on early childhood issues and was invited to participate in a statewide webinar held on 2/9/2016. The purpose of the webinar was to review the CCDF State Plan and obtain input regarding its development.

Additionally, members of the Lead Agency presented the CCDBG reauthorization and requirements of the law to approximately 400 general members of SCAEYC in October 2015, approximately 500 general members of SCECA in January 2016, and approximately 100 general members of SCAECE in February 2016.

Other. Describe

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of public hearing 1/11/2016 **Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. Notification of the public hearing was posted on the Lead Agency's website (www.dss.sc.gov), the Division of Early Care and Education's website (www.scchildcare.org) and the ABC Quality website (www.abcquality.org).
- c) Date(s) of public hearing(s) 2/9/2016 from 2-4 PM **Reminder** - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed the hearing is located at [South Carolina Department of Social Services, 1535 Confederate Avenue, Columbia, South Carolina 29202-1520, Room 310](#). Two partnership meetings were held with public and private representatives to discuss the plan and provide updates regarding the CCDBG Act of 2014: January 14, 2016 for ECCS and January 15, 2016 for the Early Childhood Common Agenda (ECCA) Partnership at Children's Trust.
- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) The draft plan was posted on 1/21/2016, prior to the public hearing, on DECE's website at www.scchildcare.org.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? All comments were reviewed for consideration by the Lead Agency when finalizing the plan.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- Working with advisory committees. Describe Two partnership meetings were held with public and private representatives to discuss the plan and to provide updates regarding the CCDBG Act of 2014: January 14, 2016 for ECCS and January 15, 2016 for ECCA.
- Working with child care resource and referral agencies. Describe The Statewide CCR&R staff participated in a statewide webinar held on 2/9/2016. The purpose of the

webinar was to review the CCDF State Plan and obtain input regarding its development. The staff was then asked to share information about the plan with their T/TA Clients.

Providing translation in other languages. Describe _____

Making available on the Lead Agency website. List the website (www.scchildcare.org)

Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe [The Statewide CCR&R provides a link on its Facebook page and via monthly newsletters.](#)

Providing notification to stakeholders (e.g., provider groups, parent groups). Describe [A statewide webinar was held on 2/9/2016 to review the CCDF State Plan and obtain input regarding its development.](#)

Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe [DECE works extensively with private and public partners offering services to preschool children and their families. Private and public programs are recruited to participate in ABC Quality which allows them to accept vouchers for qualifying families. These programs must meet the additional criteria established by the QRIS to participate, thereby increasing access to higher quality care. In addition, DECE provides “wrap-around” vouchers for eligible families in Head Start/Early Head Start programs to ensure continuity of care throughout the school day.](#)

Currently, the Child Care Licensing (CCL) Division works with public and private providers of CDEP, SC's state funded Pre-K program, to ensure that they meet all regulatory requirements for licensure. DECE also partners with public and private CDEP providers to enroll them in the state's QRIS and align program expectations and goals with quality standards. DECE is currently co-leading the revision work with the SDE's office of early learning. Additionally, DECE has a representative on the Preschool Committee of the SC Advisory on the Education of Students with Disabilities. This committee is tasked with addressing interagency coordination of services for preschool students who meet eligibility criteria to receive services under Part B of IDEA section 619.

DECE has a set-aside for income qualifying families who have children from birth to 19 years of age with special needs. The voucher applications can be accessed via a referral from agencies providing direct services to these families. DECE maintains a close partnership with these service providers to ensure that families know about the voucher availability and application process as well as other family and provider supports the agency funds.

DECE also coordinates with the Yvonne & Schuyler Moore Child Development Research Center at the University of South Carolina-College of Education to provide support for the South Carolina Inclusion Collaborative (SCIC). SCIC provides to child care programs training and coaching that focus on promotion of social and emotional competence, prevention of challenging behaviors, interventions for persistent challenging behaviors among infants and toddlers, and methods for inclusion of children with disabilities/developmental delays in child care programs.

An information training on accessing SC Vouchers was provided by SC Voucher, ABC Quality, and TANF staff to Early Head Start-Child Care (EHS-CC) partnerships in Spartanburg, Lancaster, and Charleston. The purpose of the training was to inform staff about the different child care eligibility categories, how to understand client and provider responsibilities and how to help the parent access the TANF/SNAP program, as needed.

ABC Quality and CCL meet with EHS-CC Partnership grantees and provide on-site training on program enrollment in the QRIS, which allows children to have subsidy access. Additionally, ABC Quality, SC Voucher and CCL provide training and engage in eligibility discussions (Q&A) on program enrollment with ABC Quality, state licensing requirements, and voucher eligibility during orientation sessions in partnership with the Head Start Collaboration Office for EHS-CC Partnership grantees provided by DECE.

[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with The Catawba Indian Nation Tribal Head Start program participates in ABC Quality. DECE has a long-standing relationship with this tribal early childhood program. The Catawba Indian Nation child development center is an enrolled ABC Quality provider. Staff participate in CCDF funded training.

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe DECE has partnered with the Medical University of South Carolina to

provide support to the SC Program for Infant and Toddler Care (SCPITC). In light of very young children's special vulnerability and the importance of demonstrating that infants and toddlers with disabilities and special needs are expected to learn and be served in the typical child care settings, SCPITC receives ongoing contractual support. ABC Quality quality monitors identify child care facilities that would benefit from SCPITC, and the SCPITC staff work to ensure that the coaching and guidance offered enhances and improves the quality of care for infants and toddlers. DECE also coordinates with the University of South Carolina-College of Education to provide support for the South Carolina Inclusion Collaborative (SCIC). SCIC provides to child care programs training and coaching that focus on promotion of social and emotional competence, prevention of challenging behaviors, interventions for persistent challenging behaviors among infants and toddlers, and methods for inclusion of children with disabilities/developmental delays in child care programs.

DECE has a representative on the South Carolina Interagency Coordinating Council (SCICC) for Part C (BabyNet). The SCICC is responsible for advising and assisting the Part C lead agency to develop and implement a comprehensive interagency system to provide early intervention services for all eligible infants and toddlers with developmental delays and disabilities and their families.

DECE has a set-aside for income qualifying families who have infant and toddler children with special needs. The voucher applications can be accessed via a referral from agencies providing direct services to these families. DECE maintains a close partnership with these service providers to ensure that families know about the voucher availability and application process as well as other family and provider supports the agency funds.

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe DECE has been partnering with SDE's McKinney-Vento State Coordinator, the South Carolina Coalition for the Homeless, and the four regional Coalitions for the Homeless to develop referral processes for subsidy vouchers to increase access to high quality child care. In South Carolina, SDE administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act), which is the primary piece of federal legislation dealing with the education of children and youth experiencing homelessness. The McKinney-Vento State Coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The State Coordinator also administers subgrants to selected school districts that provide additional coordinated services. While some local school district liaisons are able to identify families with very young children, their primary focus is on the 4k through grade 12 population. DECE supports this effort by coordinating additional referral processes with the four regional Coalitions for the Homeless. These four Coalitions operate the majority of the family shelters as funded through HUD and can serve as a valuable source of referrals for families with very young children. (The South Carolina Coalition for the Homeless functions as a coordinating and service entity and is designed to assist the local coalitions. However, beginning in 2016, the board for the South Carolina Coalition for the Homeless will be expanded to include state agency representatives such as the South Carolina Department of Social Services.)

[REQUIRED] Early childhood programs serving children in foster care. Describe Foster care services are administered by the Lead Agency. CCDF funds are prioritized to provide child care for children in foster care in order to prevent further abuse or neglect and to provide a stable and consistent routine for a child in order to minimize/eliminate stressful experiences. As per

policy, children in foster care may be placed only in licensed child care programs that are enrolled in ABC Quality and the SC Voucher Program. SC Voucher staff provide parents with a list of approved programs in their community in order to facilitate their choice of a child care arrangement. As appropriate, referrals may be made to the local CCR&R or the SC Inclusion Collaborative to provide guidance/technical assistance to programs serving children in foster care or to foster parents.

State/Territory agency responsible for child care licensing. Describe CCL is based at the Lead Agency and managed by the CCDF State Administrator within DECE. CCL, ABC Quality, and CACFP staff, conduct regular reviews of policies and procedures to assure consistency and minimize/avoid provider deficiencies. Also, to the extent possible, revisions or clarifications are made that will strengthen coordination across program areas within DECE. CCL staff also serve on DECE's Action Team. The Action Team meetings serve as a forum for discussions related to non-compliance, needed internal and external coordination of services, and other concerns that effect overall issues that promote the provision of high quality child care. As appropriate, Statewide CCR&R, Head Start, and staff who manage the SC Voucher system may participate in these meetings.

State/Territory agency with Head Start State collaboration grant. Describe The Head Start Collaboration Director is based at the Lead Agency in DECE. She continues to work as partner through information sharing and providing support for statewide training initiatives. She also participates in DECE staff meetings and works to effect collaboration between Head Start and other early childhood entities.

State Advisory Council authorized by the Head Start Act. Describe [\(see section 1.3.1\)](#)

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe on-site training, eligibility conversations – ABC Quality and CCL meets with EHS-CC Partnership grantees and provide on-site training for the purpose of providing information about program enrollment in ABC Quality, which allows children to have subsidy access. Additionally, ABC Quality, SC Voucher, and CCL provide training and engage in eligibility discussions (Q&A) on program enrollment in ABC Quality, state licensing requirements, and voucher eligibility during orientation sessions for EHS-CC Partnership grantees provided by DECE.

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe DECE has been partnering with SDE's McKinney-Vento State Coordinator, the South Carolina Coalition for the Homeless, and the four regional Coalitions for the Homeless to develop referral processes for subsidy vouchers to increase access to high quality child care. In South Carolina, SDE administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act), which is the primary piece of federal legislation dealing with the education of children and youth experiencing homelessness. The McKinney-Vento State Coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The State Coordinator also administers subgrants to selected school districts that provide additional coordinated services. While some local school district liaisons are able

to identify families with very young children, their primary focus is on the 4k through grade 12 population. DECE met with the coordinator and two representative liaisons to specifically learn of the available coordinated services in the school districts and to share with the liaisons services through DECE. DECE is also coordinating referral processes with the four regional Coalitions for the Homeless. These four Coalitions operate the majority of the family shelters as funded through HUD and can serve as a valuable source of referrals for families with very young children. The South Carolina Coalition for the Homeless functions as a coordinating and service entity and is designed to assist the local coalitions. However beginning in 2016, the board for the South Carolina Coalition for the Homeless will be expanded to include state agency representatives such as the South Carolina Department of Social Services.

Child care resource and referral agencies. Describe There is ongoing coordination between DECE and the Statewide CCR&R for the provision of technical assistance and quality improvement strategies designed to enable child care providers to come into or maintain compliance with regulatory requirements or to meet ABC Quality standards. The Statewide CCR&R staff participate in the Action Team meetings with CCL, ABC Quality, and CACFP staff which helps to strengthen coordination and ensure consistent guidance is offered to child care providers. DECE works in coordination with Statewide CCR&R staff to facilitate initiatives designed to promote community awareness about indicators of high quality child care services. The Statewide CCR&R staff also participate in monthly staff meetings and annual strategic planning meetings.

State/Territory agency responsible for public education. Describe The SDE co-chaired the initial Good Start Grow Smart Early Learning Standards for 3 – 5 year-olds and is currently co-chairing the task force making revisions to the ELS, which will merge the 0-3 and 3-5 standards into one document and set up a cyclical review to synchronize that review with the K-12 standards review process. With the increase in funding for 4K at the state level, the goal is that there be one set of early learning standards for South Carolina.

Currently, CCL works with public and private providers of CDEP, SC's state funded Pre-K program, to ensure that they meet all regulatory requirements for licensure. DECE also partners with public and private CDEP providers to enroll them in the state's QRIS and align program expectations and goals with quality standards. DECE is currently co-leading the revision work with SDE's office of early learning.

State/Territory institutions for higher education, including community colleges. Describe Through contractual agreements DECE has established and maintained long-term working partnerships with 4-year and 2-year institutions of higher learning to provide support of professional development opportunities that lead to advanced college degrees. These agreements facilitate coordination and alignment with CCDF priorities and are designed to enhance the knowledge and skills in early childhood education of the child care workforce as well as those working to provide guidance and technical assistance to providers. DECE provides ongoing support for the Annual Summer Early Childhood Leadership Institute for early childhood coordinators employed by technical colleges. The Institute serves as a training opportunity

(offering training from national and state trainers) and also is a forum for exchanging information and sharing ideas for how coordination between DECE and the technical college system may be enhanced. Recognizing the need to expand the state's pool of professionally trained individuals working in and/or with early childhood programs, DECE provides support for the provision of college coursework that leads to a Master's in Education degree (M.Ed). DECE worked in coordination with the Head Start Collaboration Office and the technical college system to achieve NAEYC accreditation for the Early Childhood Education (ECE) programs. South Carolina had the first school to achieve this distinction, and currently 14 of the state's 16 technical colleges' ECE programs are nationally accredited.

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe CACFP is based at the Lead Agency and managed by the CCDF State Administrator within DECE. CACFP staff participate in the Action Team meetings and other intra-divisional meetings to help strengthen coordination and ensure consistent guidance is offered to child care providers. CACFP is exploring the utilization of the SC Voucher application as a proxy for the CACFP application (for children eligible for SNAP and TANF).

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe WIC is based at DHEC. DECE, SC Program for Infant and Toddler Care (SCPITC), and WIC program staff have worked in partnership to develop criteria to implement the SC Breastfeeding Friendly Child Care Designation initiative. The initiative promotes breastfeeding as an option for mothers to feed infants in child care facilities. Child care providers interested in participating may apply through the SCPITC program. Infant-Toddler Specialists conduct training and offer technical assistance to guide child care providers through the process of achieving the breastfeeding designation. DHEC's Division of Nutrition, Physical Activity, and Obesity has partnered with ABC Quality to develop statewide policies and standards on nutrition and physical activity through a grant from the Centers for Disease Control and Prevention. Standards for centers have been in place for three years, and family and group home standards are under development. This partnership has led to related work with NC State University's School of Landscape Architecture's initiative to Prevent Obesity by Design (POD) and an outdoor learning initiative to redesign child care outdoor environments.

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe Many school-age providers are exempt providers. This includes Boys and Girls Clubs, YMCA's, school districts, and parks and recreation programs. Currently, they can participate in ABC Quality at the B+ Level and below. DECE interacts with the SC Afterschool Alliance on a regular basis on common issues. New CCDF requirements will impact these programs and the Lead Agency will continue discussions with this sector to find strategies to enable them to continue to participate in ABC Quality. DECE is coordinating efforts with the United Way Association of South Carolina to provide support for community-based initiatives that expand the availability of child care, help to improve the quality of care for infants and toddlers, and provide activities that improve access to quality care for children with special needs.

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe Children's Trust of South Carolina (CT) serves as the lead agency of the Maternal and Childhood Home Visitation program grant. DECE is working in partnership with CT to develop, expand, and enhance the consumer awareness campaign. DECE coordinated with CT to successfully submit and receive W.K. Kellogg Foundation funding to support activities associated with the campaign and efforts to build and/or enhance other community partnerships to promote high quality child care.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe DECE's ABC Quality staff participate in health-related task forces and advisory councils that staff from the SC Department of Health and Human Services (DHHS) serve on. DHHS is the lead agency for the Medicaid Program which includes EPSDT. The EPSDT Coordinator is Erin Laughter and she has been invited to participate in the partner's meeting scheduled to be held on 1/14/2016. Increased attention to EPSDT and other screening tools are under exploration.

State/Territory agency responsible for public health. Describe Through interagency workgroups and contractual agreements DECE collaborates with DHEC to plan and integrate initiatives in CCDF-funded child care programs that promote young children's healthy growth and development (see Section 1.3 above regarding State/Territory agency responsible for WIC, nutrition...). Through a partnership with DHEC, ABC Grow Healthy standards have been incorporated in the program quality standards for all child care centers enrolled in ABC Quality. The standards focus on proper nutrition and physical activities appropriate for children in child care settings. In addition, DECE actively participates in the state's Early Childhood Comprehensive Systems (ECCS) program at DHEC through sharing/collecting information about initiatives that promote and support early care and education.

State/Territory agency responsible for mental health. Describe DECE invited DMH to be part of the SC BUILD Leadership Team which will foster collaboration between the two state agencies on key issues.

State/Territory agency responsible for child welfare. Describe Child Welfare is based at the Lead Agency. SC Voucher staff work with child welfare staff to ensure the availability of quality child care options for high risk children receiving child welfare services.

State/Territory liaison for military child care programs. Describe Representatives from each military branch have been identified as initial contacts to support our ongoing work to support licensing for off base/post facilities. See 1.3.1.

State/Territory agency responsible for employment services/workforce development. Describe The SC Department of Employment & Workforce (DEW) is a part of the job bank maintained by the TANF job developers to help match TANF clients with prospective employers based on their employability, characteristics, and employer requirements. The child care staff are located in the same agency and coordinate to ensure that child care assistance is approved quickly in order for clients to participate. There is also a Jobs Up Front Mean More Pay (JUMMP) program within the TANF program. The JUMMP staff are regionally located and assist

TANF applicants in locating employment and/or higher wages as a diversion for entering the TANF program. Child care is coordinated to allow the applicants/clients to participate in the JUMMP program.

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The TANF program is administered by the Lead Agency. SC Voucher staff coordinate work with the staff to ensure the availability of quality child care for TANF participants to support their efforts to comply with their employment and/or training requirements.

State/Territory community agencies serving refugee or immigrant families. Describe The Refugee Resettlement Program (RRP) is located at the Lead Agency and is established to help newly arriving population of refugees become self-sufficient in the shortest timeframe following their arrival in the United States. All services are coordinated through the Refugee Resettlement Services Unit at the State Office, as well as through private and non-profit service agencies under contract with the state to provide specialized services to refugees. Lutheran Family Services Carolinas (LFS) provides refuge to people from across the world who have suffered persecution in their homelands. Working closely with Lutheran Immigration and Refugee Service and local faith organizations, LFS welcomes vulnerable refugees and helps them transition into a new life and a new culture. DECE coordinates with RRP and LFS to assist TANF refugee families with child care assistance in order for them to attend work, school or training as they transition. Child care staff attend quarterly RRP meetings. Staff from the RRP and LFS were invited to attend the stakeholders' webinar and partners meeting. PASOs' Early Childhood Initiative (ECI) promotes Latino child well-being. It began as a response to requests from parents in PASOs prenatal classes who wanted more information about resources for their children after they were born, and from early childhood organizations interested in better reaching and working with Latino families. With support from DHEC's ECCS program and the Children's Trust of South Carolina, PASOs' ECI provides Latino parents with tools and knowledge to support them in successfully raising their children ages 0-5. PASOs also helps organizations develop the capacity to meet the needs of Latino families.

Provider groups or associations. Describe DECE coordinates with three major early childhood professional organizations to make CCDF-funded scholarships available to ABC Quality enrolled programs to attend state conferences for professional development opportunities. ABC Quality quality monitors regularly conduct training sessions at conferences that support a provider's ability to meet licensing requirements regarding annual training hours and to enhance their understanding of ABC Quality standards. In addition, CCDF-funded technical assistance providers regularly attend these conferences and are able to readily connect with providers to offer follow-up to incorporate knowledge gained into their daily operations. DECE also interacts with the SC Afterschool Alliance and the SC Association of Christian Schools on a regular basis.

Worker organizations. Describe [See provider groups or associations.](#)

Parent groups or organizations. Describe DECE works in collaboration with the United Way Association of South Carolina and Family Connections to inform families about quality programs.

Other. Describe [DECE maintains a relationship with the SC Association for Early Childhood Teacher Educators \(SCAECTE\) to further collaboration and understanding with higher education faculty.](#)

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

- How do you define “combine” [To join forces for a common purpose—in this case, for the purpose of addressing child care needs of children served by specific other programs that are consistent with CCDF goals.](#)
- Which funds will you combine [CCDF funding is and will be used to provide child care and related early care/education services within defined parameters in support of other programs to expand and/or enhance their programs’ services to children, such as:](#)
 1. [Head Start;](#)

-
2. TANF;
 3. child welfare programs funded by the state and other federal funding sources administered by the lead child care agency (foster care, child protective services, CACFP) ;
 4. state and private pre-k programs funded by the state Education Improvement Act (EIA) and CDEP;
 5. county First Steps to School Readiness offices' specifically-defined child care activities funded by state appropriations;
 6. local United Way programs funded by private funds that provide specifically-defined child care services;
 7. DHEC's program "South Carolina's Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health" funded by the Centers for Disease Control and Prevention and the USDA Team Nutrition grant-funded program in support of ABC Grow Healthy initiatives of the lead child care agency;
 8. institutions of higher education funded by multiple state, private and federal sources;
 9. SC's ECCS program funded by other federal sources;
 10. multiple early childhood professional associations (SCAEYC, SCECA, SCAECE); and
 11. SDE's Office of Special Education Services, the preschool committee of the SC Advisory Council on the Education of Students with Disabilities, and Family Connections of SC (for families of children with special abilities and needs) funded by federal, state, and private funds to sponsor conference scholarships for child caregivers to advance their professional development and capacity to serve children with a variety of needs.

Other promising initiatives to explore include Help Me Grow, Beginnings, and Maternal and Child Health (DHEC) which share program goals.

- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations **Goals for combining funds include extending the day and year of services available for full-day, full-year programming for working families; enhancing and aligning the quality of services; linking and coordinating services to children in child care for vulnerable populations.**
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) **CCDF will augment services provided through other programs that are funded by other sources through CCDF-funded grants, contracts and agreements for specifically-defined child care/early education activities that are consistent with CCDF goals.**

-
- How are the funds tracked and method of oversight Funds to be paid under grants, contracts and agreements for specifically-defined activities are and will be overseen/tracked/approved for reimbursement by contract managers and program staff. Expenditures will be tracked through state and lead agency's accounting system, SCEIS.

No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

DECE continues to maintain agreements with some County First Steps to School Readiness partnerships to expand the availability of child care across the state. The intake process is managed by the local partnerships and eligibility is determined by the SC Voucher Program. Eligibility criteria mirror CCDF requirements (parents must be working, in school, or training) for these child care slots. This is a form of a shared services process, building on the well-established prompt payment structure at DECE.

In addition, under a grant agreement with the United Way Association of South Carolina (UWASC), DECE provides support for community-based initiatives that expand the availability of child care, help to improve the quality of care for infants and toddlers, and support activities that improve access to quality care for children with special needs. This statewide initiative facilitates DECE's ability to offer support to public and private organizations concerned with early care and education.

DECE also provides support to Anderson Interfaith Ministries for the Women and Children Succeeding Program (WACS). WACS is a college support program for low-income parents with children. The goal is to transition families toward an independent, self-sufficient, and successful lifestyle. Under a grant agreement support is provided to assist with child care for WACS participants. All WACS participants must be enrolled in school and must also participate in community-based training/life-learning activities.

A pilot project is underway in a city where 5 programs received grants through a partnership with DHEC and DECE to provide seed funds for the programs to redesign and build a new outdoor learning environment for their centers using community resources.

DECE is partnering with a number of public-private partnership organizations seeking to increase investments in early care and education. One of these is the Institute for Child Success (ICS) based out of Greenville, SC. Among their many advocacy and research projects, they are interested in bringing the shared services concept to the state. DECE is working in partnership with ICS to ensure that these services are piloted in 2016. In addition, DECE is providing assistance to Growing Together, which is a diverse group of stakeholders seeking to strengthen strategic investments in early care and education, particularly in child care, by emphasizing its importance to optimizing the state's workforce and economic development opportunities. It is comprised of non-profits like UWASC and Children's Trust of SC, private philanthropic foundations, faith-based and business leaders, and advocacy organizations like ICS. The Growing Together board intends to fund an early childhood summit to coincide with the Week of the Young Child in April 2016.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes

providers, to increase the supply and quality of child care services in the State/Territory

- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs.

Through a contractual agreement with the University of South Carolina-Yvonne & Schuyler Moore Child Development Research Center, in the College of Education, CCR&R services are provided statewide in accordance with the child care licensing regional structure. Any services limited to community/local provision will be noted as such. This structure enhances direct service delivery and coordination with child care programs, core child care agencies, and the community in each region. CCR&R monitors and refines strategies to maintain statewide consistency and effectiveness of services provided to child care providers and families seeking child care arrangements. CCR&R provides services to 1) parents/caregivers of children; 2) DECE and its programs; 3) communities; and 4) child care providers.

Services to child care parents/caregivers of children: Helping families locate and evaluate child care is at the core of CCR&R's services to families. Each family's needs for early care and education and out-of-school time are identified, and appropriate referrals are given that include child care programs' ABC Quality level. When making child care referrals, CCR&R staff use appropriate customer service skills to provide useful and understandable oral and electronic and/or hard copy follow-up materials to families about early care and education programs (faith-based, center-based, home-based) and out-of-school time options. Families are given enough information about regulations and type of care options to make an informed choice. Creative solutions are explored in response to requests for care, which include, but are not limited to part-day, non-traditional hours, emergency, and/or temporary early care and education services available. The child care referral system is primarily accessed by calling the main office number via a toll free telephone number or through a menu option on UWASC's 2-1-1 help line. Every child care referral call is considered an opportunity for parent education on the key child care quality indicators; therefore, each caller is directed to the website to follow along with the referral specialist and learn the resources available to a parent during the referral process. Other means of providing families access to child care referrals services is through the CCR&R website (www.sc-ccrr.org) and/or email. CCR&R's quality coaches are community-based staff who provide child care referral information to child care programs to share with parents enrolled in program and attend local community events involving parents to directly provide information to

parents. Every child care referral is considered an opportunity for consumer education on the key child care quality indicators: group size, ratio, family involvement, caregiver education and turnover, health and safety indicators, and ABC Quality. The emailed or mailed referral packet contains the referral list, the nationally recognized key indicators of quality child care list, and program brochures, such as *“Look. Listen. Ask, Know before you go,”* *“ABC Quality,”* and *“Child Care Licensing.”*

CCR&R works directly with families who receive child care assistance to offer the families support in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting. At a minimum, information is given about quality indicators, average cost of care, regulatory contacts, public subsidies, and other financial assistance information. CCR&R informs families of other financial assistance programs, including private programs with sliding fee scales, Head Start, Pre-Kindergarten, earned income tax credit, and any other private or public programs in available to further assist families. CCR&R conducts outreach services to local community agencies serving low income populations to provide information on financial assistance services available for families and quality child care.

Support to DECE and its programs: CCR&R collects data and provides information on the coordination of services and supports, including services provided through the IDEA for children with disabilities. During established Technical Assistance Coordination Team (TACT), meetings community partners have the opportunity to share upcoming initiatives and recruit partnerships. CCR&R membership on the ECCS team also supports information sharing and coordination of services through monthly meetings. In addition, through collaboration with the SC Child Care Inclusion Collaborative, the Child Care Data Research Team (CCDRT) compiles and submits information to the state ICC and the SDE regarding the attendance patterns of children who qualified for the SC Special Needs Voucher, which is provided to families who have a child with an identified disability and an IFSP or IEP.

CCR&R also collects data and provides information on the supply of and demand for child care services in local areas or regions of the state and submits information to the state in collaboration with the CCDRT. In its daily operations, the CCDRT provides customized reports and other information requested by DECE to guide program and policy decisions. In addition, CCDRT provides support for state initiatives in interstate collaboration and compiles national and international research to help guide early childhood practices. CCDRT plays a lead role in the evaluation of information from the state’s early childhood technical assistance database to include preparing baseline data, analyses, and strengthening routine extractions and analytic capability from administrative files.

Services to the communities: CCR&R works to establish partnerships with public and private agencies and the early care and education and out-of-school time community. Thus, relationships and community partnerships have been successfully established to facilitate statewide awareness of CCR&R services and quality early care and education. CCR&R conducts quarterly TACT meetings with CCL Specialists, ABC Quality quality monitors, SC Center for Child Care Career Development staff, SCIC staff, First Steps

County Directors, and other regional partners that provide services to early childhood programs. Through these meetings CCR&R facilitated discussions of needs and strengths within counties and planned for coordination of technical assistance and training to avoid duplication of services. The information generated at the community coordination meetings is collected and reviewed by regional CCR&R personnel for further partnerships.

Collaboration with DECE, early care and education public and private agencies, community networks, and community partners is one of the cornerstones of CCR&R. CCR&R collaborative activities are a broad mixture of activities from participation in CCL orientation meetings to having lead responsibility in the coordination of statewide initiatives. CCR&R has also been very involved in the DECE public awareness campaign by delivering consumer education materials throughout South Carolina, targeting the child care providers, and attending community events geared toward families, libraries, county governments and local businesses.

CCR&R is involved in a variety of activities in local communities including committees, advisory boards, and other initiatives. CCR&R develops outreach strategies for parent awareness of quality child care indicators including the encouragement of grassroots parent advocacy throughout the state by providing quality child care information, promoting community-wide events such as “Week of the Young Child,” and creating awareness of ABC Quality programs. In collaboration with the Heritage Community Apartments and United Way of Greenville County, CCR&R embarked on a grassroots effort to develop a family “Born Learning Resource Center,” a community resource center located in the Heritage Community Apartments that has been identified as a targeted population due to a high percentage of low-income single parents with limited community resources.

Services to child care providers: A key partnership between DECE and community agencies is the establishment of technical assistance referral process. Community partners submit technical assistance referral requests via a website, email and/or TACT meetings. The CCR&R delivery of technical assistance reflects a relationship-based quality improvement process utilizing skills and knowledge of adult learning principles. This approach is designed to build the capacity for specific professional dispositions and is focused on goal-setting and achievement for the child care provider. The most common goals focus on increasing a program’s ABC Quality level, supporting good business practices, resolving corrective actions, or maintaining a license in compliance with regulatory standards. Increasing quality levels involves provision of long-term guidance and often requires work in multiple classrooms (center-based care) with child care providers to meet ABC Quality standards at higher levels. Resolving corrective action plans and maintaining a license in compliance with regulatory standards usually includes goals that address staff-child ratio, supervision, and health and/or safety requirements. The goals must be achieved through active and consistent work with child care program administrators and staff to resolve the corrective action plan.

CCR&R has established Family Child Care Networks (FCCN) in major hub areas throughout South Carolina based on the reported population of family child care providers and in collaboration with community partners to establish local support of

home-based child care settings.

CCR&R assisted in recruitment and provided technical assistance during the application and implementation process for early childhood programs interested in the South Carolina Farm to Preschool initiative, which was sponsored by a partnership of the ABC Quality Program and DHEC.

No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan [The link to the disaster plan is http://www.scchildcare.org/library/emergency-preparedness-resources.aspx](#). Information on the website offers guidance and templates to child care providers for the development of emergency plans to be used in their facilities. This information includes an emergency plan brochure, emergency plan guidelines, and an emergency plan template.

In addition to the State's Child Care Disaster Plan that meets the requirements for continuing CCDF assistance and child care services after a disaster, including provisions for temporary child care and temporary operating standards for child care after a disaster, the

Lead Agency developed emergency plan templates tailored to Child Care Centers, Group and Family Child Care Homes, License-Exempt Providers, and Family, Friend and Neighbor Providers. The federal requirements listed above for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions as well as the requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates.

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) South Carolina identifies populations and areas of potentially eligible families by using federal and state needs assessments. SC funds a partnership with the University of South Carolina's Childhood Development Research Center wherein experienced research staff collaborate with the Lead Agency to collect, analyze, and interpret the data in order to most clearly identify potentially eligible populations.
- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. South Carolina funds the partnership of many organizations including:
- South Carolina Child Care Resource & Referral Network
 - South Carolina State Head Start Association
 - The Children's Trust of South Carolina
 - The United Way of South Carolina
 - Reach Out & Read of the Carolinas and their partnering pediatricians' offices
 - The University of South Carolina
 - The S.C. Child Care Inclusion Collaborative
 - Beginnings S.C.
 - South Carolina Program for Infant & Toddler Care
 - First Steps to School Readiness State and Local Networks
 - SC Association for the Education of Young Children (SCAEYC)
 - SC Association of Early Care and Education (SCAECE)
 - SC Early Childhood Association (SCECA)
- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach? The Lead Agency uses media campaigns in print, on television, on radio, through the internet and other direct-to-consumer marketing methods. Specifically:
- In print: panel cards for parents/caregivers; posters and fliers in child care centers and Bojangles' restaurants; large outdoor banners for QRIS program participants; advertisements in college football programs
- On television: three public service announcements focused on the QRIS program filmed in 2014 and shown state-wide in two separate media buys during 2015; additional public service announcements filmed in 2014 and re-run in 2015 focused on summer food programs and ABC Grow Healthy. <http://abcquality.org/news-and-events/>

On radio: twenty-five 30-second radio ads focused on the QRIS program played during pre-game shows for the University of South Carolina and Clemson University football games, both home and away; announcer-read promotions for the QRIS program following pre-recorded children repeating famous football calls for each respective school. <http://www.scchildcare.org/library/dawn-staley-psas.aspx>

On Internet: launch of a parent-focused website, www.abcquality.org, dedicated to the QRIS program; a targeted online ad budget focused on the QRIS program promotion; maintenance of the main website which contains information for providers and parents on all of the Lead Agency's programs; an online newsletter emailed directly to subscribers on a monthly basis that contains health tips, Lead Agency news updates, and information on child-related product recalls.

Direct to consumer: Two staff dedicated to outreach and public education attend various community events throughout the state to interact with parents, providers, municipal officials, and other members of the general public to discuss programs offered by the Lead Agency; display on video board and announcer-read promotion during all home football games for the University of South Carolina and Clemson University; hosting unique parent-engagement events such as the University of South Carolina Women's Basketball Health & Fitness Game and tailgate booths at football games.

2.1.2 How can parents apply for services? Check all that apply.

- Electronically via online application, mobile app or email. *Via e-mail.*
- In-person interview or orientation. Describe agencies where these may occur *Department of Social Services and/or the SC Diversion Program – Jobs Upfront Mean More Pay (JUMMP) regional offices.*
- Phone
- Mail
- At the child care site
- At a child care resource and referral agency
- Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____
- Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe _____

Other strategies. Describe *Parents apply for child care depending on the available child care eligibility category:*

- *Family Independence (FI) and JUMMP – Case managers obtain the child care application from the client at the FI Family Plan appointment or JUMMP orientation meeting, whichever is appropriate and use the SCOSA imaging system to quickly send the application/documentation to the child care staff. Clients are able to quickly receive child care services in order to participate in the TANF program.*
- *Transitional Child Care – Child care staff work directly with the families to process the transitional child care application.*
- *CPS & Foster Care Child Care – Child care staff coordinate with the local DSS child protective services (CPS) and foster care workers to process child care for families with open CPS or foster*

care cases.

- Special Needs – clients get an application from their Early Interventionist, Bright Start, BabyNet, etc. worker and submit it to the special needs child care worker in DECE. Children with an IEP can get a child care application directly from child care staff.
- Criminal Domestic Violence – Child care staff coordinate with the local SCADVASA Criminal Domestic Violence shelters to assist with child care as funding is available.
- Head Start – Child care staff coordinate with Head Start programs, as funding is available, to assist with child care.
- First Steps – First Steps pays for a portion of slots to provide child care assistance to low-income families, when funding is available, through the local First Steps County Partnerships. The SC Voucher Program provides funding for 20% over allocation and processes the vouchers for the parents and providers.
- Family Literacy – Child care slots are set aside for parents who are actively seeking a high school diploma or GED. Child care coordinates with a representative from SDE to obtain the child care applications.
- Homeless Vouchers – Child care slots are set aside for parents identified by the SDE homeless coordinator or the Homeless Coalitions as being homeless and in need of vouchers. Child care coordinates with SDE and Homeless Coalition representatives to obtain the child care applications.

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,

- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

South Carolina makes information about the full diversity of child care services available to parents of eligible children, providers and the general public on its website and by interacting directly with the public through community events. Several print materials are available in Spanish and the primary website is easily translated to Spanish (Google translate evaluated by PASOs).

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) The Lead Agency administers an easy-to-understand website with language geared towards parents to advise the public of the full diversity of child care services.
- c) Describe who you partner with to make information about the full diversity of child care choices available South Carolina partners with many organizations including:
 - South Carolina Child Care Resource & Referral Network
 - South Carolina State Head Start Association
 - The Children’s Trust of South Carolina
 - The United Way of South Carolina
 - Reach Out & Read of the Carolinas and their partnering pediatrician’s offices
 - The University of South Carolina
 - The S.C. Child Care Inclusion Collaborative
 - Beginnings S.C.
 - South Carolina Program for Infant & Toddler Care
 - First Steps State and Local Network
 - SC Association for the Education of Young Children (SCAEYC)
 - SC Association of Early Care and Education (SCAECE)
 - SC Early Childhood Association (SCECA)

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public South Carolina makes information about child care quality available to parents of eligible children, providers and the general public on its website, in print via panel cards addressing the importance of high quality, and by interacting directly with the public through community events. Various other media steer parents, providers and the general public to the websites where the information is maintained, including television ads, radio ads, print media, and direct-to-consumer marketing booths. Several print materials are available in Spanish and the primary website is easily translated to Spanish. The ABC Quality Levels are presented simply by letter rating (i.e. A+, A, B+, B, and C) which are color coded (A+/A=red; B+/B=green; C=blue)
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) The Lead Agency provides written materials in English and Spanish, a website in English that is translatable to Spanish, has recorded and played on television consumer awareness ads that specifically address the importance of choosing high quality care, and directly interacts with consumers through attendance at events.

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- c) Describe who you partner with to make information about child care quality available. See list of partners above 2.1.1. The Statewide CCR&R core service delivery is to inform parents, child care providers, agencies, and community members about quality child care available in the community and its importance. CCR&R's home page website (www.sc-ccrr.org) has a direct link "search for child care – finding quality child care" to the DECE website for families.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF) South Carolina provides a link to TANF on its main website. <https://dss.sc.gov/content/customers/finance/fi.aspx>
- b) Head Start and Early Head Start Programs DECE provides a link to Head Start and Early Head Start Programs on its main website. <http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/map/sc.html>
- c) Low Income Home Energy Assistance Program (LIHEAP) DECE provides a link to LIHEAP on its main website. <http://www.benefits.gov/benefits/benefit-details/1548>
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) DSS provides a link to SNAP on its main website. <https://dss.sc.gov/content/customers/food/foodstamp/index.aspx>
- e) Women, Infants, and Children Program (WIC) DECE provides a link to WIC on its main website. <http://www.scdhec.gov/Health/WIC/mindex.htm>
- f) Child and Adult Care Food Program (CACFP) South Carolina shares information with eligible parents about CACFP through its Lead Agency's website. Information provided online explains the program, its purpose, eligibility requirements, and the logistics of the program. <http://www.scchildcare.org/departments/child-and-adult-care-food-program.aspx>
- g) Medicaid South Carolina provides a link to Medicaid on its main website. <https://www.scdhhs.gov>
- h) Children's Health Insurance Program (CHIP) South Carolina provides a link to CHIP on its main website. <http://shealthcarevoices.org/resources/chip/>
- i) Individuals with Disabilities Education Act (IDEA) South Carolina provides links to programs carried out under IDEA on the Lead Agency's website. The South Carolina Child Care Inclusion Collaborative website has information for families about IDEA programs see www.scinclusion.org.

- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) Information is provided via links from the main web page at scchildcare.org.
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) Children’s Trust (CT) is the lead agency for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. CT leads the state’s efforts in coordinating the delivery of voluntary home visiting services to improve the health, development, early learning, child abuse and neglect prevention and family support services to children and families through home visiting programs.
www.scchildren.org/about_us/programs/home_visiting/.

The Statewide CCR&R family referral system’s main focus is child care referrals to meet family needs; however, CCR&R also provides families with a variety of community resources based on the families’ indication of needing additional services. CCR&R has dedicated a portion of its website, “*For Families: Be Your Child’s Champion*,” for national and state resources. Every child care referral contact with families is considered an opportunity for parent education on local community services. In partnership with the United Way Association of South Carolina, families can access the CCR&R office through a menu option 2-1-1 help line to receive additional community resource information and/or child care referrals.

- 2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?
- a) Temporary Assistance for Needy Families (TANF) South Carolina provides a link to TANF on its main website. <https://dss.sc.gov/content/customers/finance/fi.aspx>
 - b) Head Start and Early Head Start Programs South Carolina provides a link to Head Start and Early Head Start Programs on its main website.
<http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/map/sc.html>
 - c) Low Income Home Energy Assistance Program (LIHEAP) South Carolina provides a link to LIHEAP on its main website. <http://www.benefits.gov/benefits/benefit-details/1548>
 - d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) South Carolina provides a link to SNAP on its main website.
<https://dss.sc.gov/content/customers/food/foodstamp/index.aspx>
 - e) Women, Infants, and Children Program (WIC) South Carolina provides a link to WIC on its main website. <http://www.scdhec.gov/Health/WIC/mindex.htm>
 - f) Child and Adult Care Food Program (CACFP) S.C. shares information with providers on its main website, through ABC Quality and by sending CACFP staff to attend events and inform providers of the program’s applications. Information provided online and in person is about

how to sign up for the program, what the program qualifications entail, what benefits the program provides and the logistics of the program.

<http://www.schildcare.org/departments/child-and-adult-care-food-program.aspx>

- g) Medicaid South Carolina provides a link to Medicaid on its main website.
<https://www.scdhhs.gov>
- h) Children's Health Insurance Program (CHIP) South Carolina provides a link to CHIP on its main website. <http://shealthcarevoices.org/resources/chip/>
- i) Individuals with Disabilities Education Act (IDEA) South Carolina provides links to programs carried out under IDEA to on its main website. Through a contractual agreement with the Yvonne & Schuyler Moore Child Development Research Center at USC – College of Education, the SC Child Care Inclusion Collaborative (SCIC) provides information, training, and coaching to providers related to conducting developmental screening and making referrals to BabyNet and Child Find. In addition, the SCIC provides information on its website for providers to learn more about programs serving children with disabilities.
<http://www.sc-ccrr.org>
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) Information is provided via links from the main web page at schildcare.org.
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) South Carolina provides a link to Children's Trust Home Visitation on its main website <http://dss.sc.gov/content/partners/npoo.aspx>.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.
(658E(c)(2)(E)(VI)) <http://www.schildcare.org/helpful-resources.aspx>

- a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public South Carolina provides access to research and best practices concerning children's development and social-emotional behavioral health for young children on its main website. The main website includes a library of brief topical issues written by early childhood professionals that are of interest to the public. The SCPITC website provides a feature called Ask the Expert which is parent friendly. <http://scpitc.org/ask-the-expert/>. The SC Child Care Data Research Team at the Yvonne & Schuyler Moore Child Development Research Center at USC – College of Education (CCDRT) routinely reviews evidence-based practices that support children's development and social-emotional behavioral health and develops and publishes documents that are reader friendly to a wide audience. These materials are posted in the CCDRT website cdrc.ed.sc.edu, and have been posted on the DECE website.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Web links are provided on schildcare.org to external resources, such as Head Start's webpage on early childhood mental health consultation.

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- c) Describe who you partner with to make information about research and best practices in child development available. The Statewide CCR&R provides families and child care providers with a variety of resources about research and best practices. CCR&R has dedicated a portion of its website, “For Families: Be Your Child’s Champion,” For Providers: Quality Education Starts with You,” which includes early childhood theories of child development and describes aspects of a child’s development (www.sc-ccrr.org/for-educators/childhood-best-practices/early-childhood-theories). The website also features best business practices in opening a child care program. In collaboration with the Heritage Community Apartments and United Way of Greenville County, CCR&R embarked on a grassroots effort to develop the “Born Learning Resource Center,” a community resource center located in the Heritage Community Apartments, which have been identified as a targeted population due to a high percentage of low-income single parents with limited community resources. The Born Learning Resource Center is designed as a mock early childhood setting for infants, toddlers and preschool-aged children for the community. It houses resource materials, serves as a venue for parent awareness sessions for families, serves as a model environment for early childhood setting for family child care providers, houses an early childhood resource library for early childhood programs, and is a practicum site for early childhood college students at local technical colleges. A variety of child development resources are available for families, child care providers, and community members. Parents are able to check out child development backpacks titled “Play with Me” and “School Readiness” to take home to engage in parent and child activities. The center is a site for parent awareness trainings and family child care network activities that focus on a variety of child development topic areas.

2.2.7 Describe how information on the State/Territory’s policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:
- i. Parents South Carolina provides links to research and best practices concerning children’s development and social-emotional behavioral health for young children on its main website. <http://www.scchildcare.org/helpful-resources.aspx>
 - ii. Providers South Carolina provides links to research and best practices concerning children’s development and social-emotional behavioral health for young children on its main website. South Carolina also partners with SCPITC to provide technical assistance to child care providers caring for infants and toddlers on the importance of social-emotional health and positive relationships. The SCIC provides training and coaching to child care providers related to supporting the use of evidence-based strategies for the promotion of

social and emotional competence, the prevention of challenging behaviors, and intervention for children with persistent challenging behaviors for infants, toddlers, preschoolers, and school-aged children. All SCIC professional development offerings related to social-emotional and behavioral health are based on the Center for the Social and Emotional Foundations of Early Learning Pyramid Model (i.e., an evidence-based tiered model for positive behavior intervention and supports). The SCIC has an online database of resources for child care providers and other early care and education stakeholders related to social and emotional competence and supporting children with challenging behavior accessible via their website. <http://www.scchildcare.org/helpful-resources.aspx>

- iii. **General Public** South Carolina provides links to research and best practices concerning children’s development and social-emotional behavioral health for young children on its main website. The SCIC has an online database of resources for child care providers and other early care and education stakeholders related to social and emotional competence and supporting children with challenging behavior accessible via their website. <http://www.scchildcare.org/helpful-resources.aspx>
- iv. **Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available** The SCPITC is a statewide network that supports and promotes high quality, responsive, relationship-based care of infants and toddlers as the secure foundation for their development and well-being. Through a reflective model of coaching, teachers are guided to use caregiving strategies that foster healthy social and emotional development. Considerable emphasis is placed helping teachers understand the impact of their relationships with the young children in their care. Opportunities for reflection and discussion about the teachers’ own early childhood experiences are offered. These opportunities allow them to examine their child care beliefs and habits in light of the information they’ve learned during their SCPITC trainings regarding infant/toddler development. SCPITC is also increasing its focus on teacher-wellbeing as a critical element of promoting infant mental health. Understanding that personal stress hinders a teacher’s ability to deliver high quality care, SCPITC is currently investigating models and practices that address teacher well-being to integrate into their service plan trainings and technical assistance.
The SCIC provides training and coaching to child care providers related to supporting the use of evidence-based strategies for the promotion of social and emotional competence, the prevention of challenging behaviors, and intervention for children with persistent challenging behaviors for infants, toddlers, preschoolers, and school-aged children. All SCIC professional development offerings related to social-emotional and behavioral health are based on the Center for the Social and Emotional Foundations of Early Learning Pyramid Model (i.e., an evidence-based tiered model for positive behavior intervention and supports). The SCIC has an online database of resources for child care providers and other early care and education stakeholders related to social and emotional competence and supporting children with challenging behavior accessible via their website.

In addition, CCR&R also provides basic training and coaching to child care providers related to supporting the use of evidence-based strategies for the promotion of social and emotional competence, the prevention of challenging behaviors for infants, toddlers, preschoolers, and school-aged children. CCR&R refers child care programs to SCIC and/or SCPITC for more intensive social emotional services when necessary. CCR&R quality coaches offer professional development trainings and technical assistance related to social-emotional and behavioral health that are based on the Center for the Social and Emotional Foundations of Early Learning Pyramid Model.

b) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and **provide a link** South Carolina has recently developed a state policy on this topic which addresses the state's role in supporting the social emotional development and behavioral health of young children. A key element of this policy is to support providers in eliminating or severely limiting exclusionary preschool practices. **The official policy follows and can be found on our website at _____**; Beginning October 1, 2016, CCDF providers must have policies that address positive guidance and prevention of expulsion for all ages in their care.

The South Carolina Division of Early Care and Education (DECE) and its partners recognize the importance of children's social-emotional and behavioral health. High quality early childhood environments and positive experiences nurture social-emotional and behavioral health. Exclusionary practices, such as expulsion and suspension, are negative experiences that hinder children's development and learning. Therefore, it is DECE's policy to work toward eliminating expulsion and suspension practices across early learning systems in South Carolina.

DECE will support providers, parents, and the work of our partners, including:

- *Raising awareness about expulsion, suspension, and other exclusionary disciplinary practices in early childhood settings.*
- *Developing a goal-driven process for improvement that is informed by a coordinated data system across early childhood sectors.*
- *Investing in the workforce development system by assisting providers in establishing preventative disciplinary policies that limit or eliminate the use of expulsion and suspension and promote the use of evidence-based practices.*
- *Reviewing and updating policies regarding program quality that are specifically targeted to increase overall quality of early learning services and reduce or eliminate expulsions, suspensions, and other exclusionary discipline practices.*

This policy addresses four key areas: 1) education about exclusionary discipline practices; 2) identification of the use of these practices in early childhood settings in our state; 3) creation of goals for the reduction

in the use of these practices; and 4) support of the workforce through education and training about positive discipline techniques and behavior management systems.

In addition to the state policy, DECE has established key goals for providers that are in the QRIS. The ABC Quality standards have focused on positive guidance techniques since their initial development in 1992. Quality assessors observe classroom staff in each enrolled program measuring the use of these strategies. With the development of the state policy on social-emotional development and behavioral health, providers will soon be expected to address all of the following:

- i. *Ensure that all children's social-emotional and behavioral health are fostered in an appropriate high-quality early learning program, working toward eliminating expulsion and suspension practices across early learning settings.*
- ii. *Develop and communicate appropriate policies that are implemented consistently and without bias or discrimination across the diversity of young children represented in early learning settings.*
- iii. *Use evidence-based practices to create positive climates and focus on prevention; develop clear, appropriate, and consistent expectations and consequences to address challenging behavior; and ensure fairness, equity, and continuous improvement.*
- iv. *Develop and clearly communicate preventative guidance and discipline practices*
- v. *Develop and clearly communicate expulsion, and suspension policies*
- vi. *Access technical assistance for their workforce related to preventing expulsion and suspension*

No.

- School-age children from programs receiving child care assistance?
 - Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

The draft policy for preschool children is also recommended for school age children. The draft policy and recommendations are posted on the website. (See above link.) Beginning October 1, 2016, CCDF providers must have policies that address positive guidance and prevention of expulsion for all ages in their care. See above for the specific policy requirements.

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or

other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) _____ and:

- a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

Timeline for Screening: The state follows the recommended screening schedule published by the American Academy of Pediatrics. This recommends developmental screening occur at 9, 18 and 30 months.

Procedures: Beginning March 1, 2016, all CCDF families will receive an information sheet on developmental screening upon approval for a child care voucher. This resource will include the suggested screening schedule, information about the importance of developmental screening and contact information for the agencies/providers conducting screening under the Medicaid program and IDEA – Part B 619 and Part C. In addition, this information will be posted on the website under parent resources.

Beginning October 1, 2016, all CCDF providers will be required to provide information about developmental screenings and referrals to all staff and families in their program. Staff must receive the information during a staff orientation, occurring within the first 90 days of employment. Compliance with this requirement will be measured during an annually occurring on-site review conducted by an ABC Quality assessor.

- b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

Families may access developmental screenings in a variety of ways depending upon the family situation and preference. Medicaid eligible families can access screening through their local medical provider. The IDEA-Part C provider in South Carolina is BabyNet, and families may access these services by parent or provider referral. The IDEA-Part B 619 services are provided by the SDE through the local school districts via a program called ChildFind, which is responsible for screening, identifying and serving any children with a disability ages 3 and up. Families may also choose to select a local pediatrician or CCDF child care provider who offers developmental screening as a part of their services.

For providers, the SCIC provides training and coaching to child care providers on completing development screening (i.e., ASQ-3) for the children in their care. DECE supports providers in the use of the SC ASQ Online System developed by the University of South Carolina. In addition, DECE supports providers in the use of the hard copy version of the ASQ-3. Training and coaching include how to use the ASQ, how to interpret results, how to encourage parent participation in the screening process, and

how to make referrals when appropriate. Providers are trained to screen each child (1 month-5 ½ years) in their care two times per year. In order to make this available broadly throughout the state, the SCIC provides site-based training and coaching as well as online learning modules regarding the appropriate use of the ASQ-3. SCIC is in the process of drafting an information sheet to be placed in the eligibility packets given to CCDF eligible families that will include basic information about developmental screening and contact information for providers of said screenings.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint [The SC Code Annotated Section 63-13-180 \(F\)](#) says, “the department shall establish a procedure for its representatives to follow in receiving and recording complaints. Standard forms may be produced and made available to parents and users of facilities upon request to the department. A copy of any complaint must be made available to the

involved operator immediately upon his request.” All regulatory complaints are investigated within five days of the receipt of the complaint. Complaints involving a potentially serious risk are investigated immediately. If a complaint is substantiated, or found to be true, that means the incident in question violated a law or regulation or a set of laws or regulations designed to protect the health and safety of children within the child care facility.

- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) South Carolina maintains a Child Care Licensing (CCL) database. Complaints are maintained in this database indefinitely.
- c) How does the State/Territory make substantiated parental complaints available to the public on request Substantiated complaints are made available on the Lead Agency’s website. Persons can request additional information regarding a complaint by calling the respective licensing regional office and speaking with a licensing specialist.
- d) Describe how the State/Territory defines and maintains complaints from others about providers Complaints are made to Child Care Licensing in many ways. Anyone wishing to file a complaint may anonymously call the ABC Quality Complaint Line at 1-800-763-2223 and that information is forwarded to CCL for investigation. Complaints can also be made anonymously through emails, calls, letters and fax to ABC Quality or CCL. Once received, those complaints are entered in the child care licensing system and a visit is made to investigate the complaint. If a complaint is substantiated, the facility is cited based on the law and/or regulation violated. The citation must be corrected in a set number of days based on the severity of the violation and a follow-up visit is completed to ensure compliance. If the incident is severe, other negative actions can be taken such as revocation of license or registration, injunction to close, or referrals to other agencies (law enforcement) if warranted.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations

-
- Other Coordinate with Lutheran Family Services to assist refugee families on TANF with child care
 None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages South Carolina offers secondary printed materials and in-person services in Spanish. Translation and verbal interpretation are offered as needed.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities The Lead Agency, upon request, will provide appropriate aids and services to accommodate eligible persons with disabilities needing child care services. Staff participates in annual Civil Rights training regarding applicable state and federal regulations staff must comply with to ensure that persons with disabilities have equal access to needed services.

The DSS CARES, Challenging Adults through Rehabilitation, Education and Services, is a program designed to serve FI eligible individuals who face a health related problem expected to last 90 days or more that prevents them from participating in the FI work program. The incapacity may be physical or mental and must be verified by a physician or other health professional. Individuals accepted for treatment by Vocational Rehabilitation (VR), DDSN, or DMH, are also eligible for the CARES program, provided the treatment is not related to a criminal record or drug addiction.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website [schildcare.org](http://www.schildcare.org) and describe how the consumer education website meets the requirements to: The Lead Agency provides on its website the processes for licensing and monitoring child care providers (<http://www.schildcare.org/providers/become-licensed/licensing-requirements.aspx>)

and conducting criminal background checks as required by law (<http://www.scchildcare.org/providers/become-licensed/licensing-requirements/safe-live-scan-digital-fingerprinting.aspx>). The Lead Agency also posts on its website information about the results of monitoring the licensed and registered child care providers, including training and/or regulatory deficiencies and whether the deficiencies are cured. The information is easily accessible to the public and is provided in an easy-to-read and understand format.

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe The public can search for providers on the Lead Agency's website by name, specifically, or by zip code. On the website, provider information includes name, address, license number, ABC Quality rating, if applicable, and the name and phone numbers of the Licensing Specialist and Quality Monitor, if applicable. The provider's page also shows a history of licensing violations.

There is a menu option designed specifically for providers called "Help for Providers" which gives them an overview of the website, licensing requirements, ABC Quality information, training opportunities, pre-service courses and Child and Adult Food Program information. When providers click on information regarding licensing, all of the laws and regulations are available to view, including health and safety requirements. Parents can also search the site to find the inspection summary results based on the provider's last date of inspection, the kind of inspection it was and the provider's history of violations.

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe <http://www.scchildcare.org/media/592/114500.pdf> for private and public child care centers, <http://www.scchildcare.org/media/595/114510.pdf> for licensed Group Child Care Homes, <http://www.scchildcare.org/media/598/114520.pdf> for registered child care centers operated by Churches or Religious entities, <http://www.scchildcare.org/media/613/Family-Child-Care-Home-Regulations.pdf> for Family Child Care Homes, and <http://www.scchildcare.org/media/619/Suggested-Standards.pdf> mandatory for licensed Family Child Care Homes and suggested for registered Family Child Care Homes.

The purpose of these regulations is to establish standards that protect the health, safety and well-being of children receiving care in child care facilities, through the formulation, application and enforcement of these regulations.

c. Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe
114-502 PROCEDURES
A. Licensing/approvals

-
- (1) Any person, corporation, partnership, voluntary association, or other organization, whether private or public, may secure information about the licensing/approval process by contacting staff of the State or Regional Child Care Licensing Office.
 - (2) An application for a license/approval shall be completed on appropriate Department forms and shall be signed by the director. The Department representative shall provide the applicant with the required number of forms, a copy of current child care center regulations, a copy of Section 20-7-2700 et seq., Code of Laws of South Carolina (1976), (Child Care Statute) and a copy of Sections of the Children's Code related to child abuse and neglect with an explanation of procedures and information required by the Department. The Department representative shall request in writing that health and fire officials make inspections of the facility.
 - (3) After giving the applicant at least two working days' notice, Department staff shall arrange a licensing/approval study during an on-site visit to the proposed facility for determining compliance with applicable regulations.
 - (4) Health and fire officials shall inspect the facility to determine compliance with appropriate regulations and shall put in writing on appropriate forms the results of their inspections.
 - (5) The Department shall review the completed application form, completed licensing/approval inspection report, completed health and fire inspection reports, current child abuse and criminal history background records checks, written policies and other information specified by the Department to make a determination of issuance or non-issuance of a license/approval and shall take one of the following actions:
 - (a) Issue a regular license/regular approval if all the provisions of the regulations and statute for the operation of a child care center have been met;
 - (b) Issue a provisional license/provisional approval with an accompanying correction notice if one or more violations have been cited which do not seriously threaten the health, safety or well-being of children; or
 - (c) Deny the issuance of a license/approval if one or more violations seriously threaten the health, safety, or well-being of the children.
 - (6) Failure of Department staff, except as provided by statute, to approve or deny any complete application within ninety days shall result in the granting of a provisional license/provisional approval.
 - (7) If a license/approval is issued, the Department staff shall mail the license/approval directly to the director.
 - (8) The license/approval shall state clearly the name of the director, the address and type of child care facility, the date on which the license/approval was issued and will expire, and the maximum number of children to be present in the center at any one time.
 - (9) Department staff shall notify the director as follows if a provisional license/provisional approval is issued or an application for a license/approval is denied:
 - (a) If a provisional license/provisional approval is issued, the Department shall notify the director in writing of violations to be corrected. The violations shall be cited by regulation number and shall include a form issued by the Department for the director to complete a written plan to correct each violation as approved by the Department;
 - (b) If a license/approval is denied, the Department shall give the applicant written notice by certified mail indicating the reason(s) for the denial.
 - (10) If a facility is found to be in operation after the Department has denied the application for the license/approval and the administrative appeal/review procedure

has been completed, the Department shall notify the Department's Office of General Counsel.

B. Provisions of the license/approval

(1) A regular license/regular approval issued by the Department to the child care center shall be valid for two years from date of issuance, unless revoked by the Department or voluntarily surrendered by the director; provided however, that a change in location, ownership or sponsorship of the facility shall automatically void the license/approval.

(2) A provisional license/provisional approval issued by the Department to a child care center shall be issued for a period within which the deficiencies shall be corrected, and within the conditions permitted by statute.

(3) A provisional license/provisional approval shall be amended from a provisional to a regular license/approval when all deficiencies have been verified as corrected.

(4) An application for a license/approval may be denied or the license/approval may be revoked by the Department if the owner, director, any staff member, volunteer(s) or emergency person(s) has been determined to have abused or neglected any child as defined in Section 20-7-490 (B), S.C. Code of Laws, 1976 as amended.

C. Inspection and consultation

(1) Department staff may visit and inspect a child care center at any time during the hours of operation without prior notice to verify regulatory compliance.

(2) Department staff shall provide at least two working days' notice to the director or center director prior to conducting an initial or renewal inspection.

(3) The director and staff shall cooperate with the investigation and related inspections by providing access to the physical plant, records, excluding financial records, and staff.

(4) The Department has the right to interview staff and parents relating to regulatory compliance.

(5) Upon receipt of a regulatory complaint, the Department shall conduct an unannounced inspection of the center to investigate the complaint. If the complaint is written, the Department shall provide a copy to the director upon request.

(6) The director may request consultation from the Department. Department staff shall provide technical assistance to the director as requested.

D. Reasons for license/approval denial, revocation, or non-renewal

(1) A license/approval may be denied, revoked or not renewed by the Department if the owner, director or staff member has been determined to have abused or neglected any child as defined in Section 20-7-490(B), S.C. Code of Laws, 1976 as amended.

(2) A license/approval may be denied, revoked or not renewed by the Department if cited deficiencies threaten serious harm to the health and/or safety of the children.

E. Reporting of changes affecting license/approval

(1) The director shall immediately report to the Department when an occurrence takes place that may affect the status of the license/approval including the following:

(a) Change in director, ownership, or sponsorship;

(b) Change in center location; and

(c) Major renovations or alterations to the building.

F. License/approval renewal

(1) One hundred and twenty (120) days prior to the expiration date of the current license/approval, Department staff shall notify the director in writing of the time and requirements for renewal and shall request health and fire inspections.

(2) The same Department actions cited in 114-502(A)(2) through (10), above are applicable to the renewal process, except that the Department shall initiate the license/approval renewal process one hundred and twenty (120) days in advance.

(1) Child abuse checks

(a) The director or staff shall not have been determined to have committed an act of child abuse or neglect or have been convicted of any crime listed in Chapter 3 of Title 16, Offenses Against the Person, any crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency or for the Crime of Contributing to the Delinquency of a Minor in Section 16-17-490.

(b) A check of the South Carolina Central Registry of Child Abuse and Neglect shall be requested by the director(s) on each staff person, except for volunteers in accordance with the following time lines:

(i) For the director(s) and at least two staff persons prior to the initial issuance of a regular or provisional license/approval.

(ii) For the director(s) and staff prior to employment.

(iii) For all other staff persons (including the emergency person) prior to employment.

(iv) For all persons hired by the child care facility at each license/approval renewal.

(c) No child care center shall employ or retain an individual who has been determined to have committed an act of child abuse or neglect.

(2) Background criminal history checks

(a) To be employed by or to provide teacher/caregiver services at a child care facility, a person shall first undergo a State fingerprint review from the State Law Enforcement Division (SLED).

(b) A person may be provisionally employed or may provisionally provide teacher/caregiver services after the favorable completion of the state fingerprint review. The Federal Bureau of Investigation (FBI) fingerprints shall be submitted for review within 14 business days upon receiving the SLED results. Upon the completed FBI review, the results will be forwarded to the appropriate Department for distribution.

(c) No child care facility may employ a person, engage the services of or knowingly allow a person in the child care facility during normal hours of operation who is required to register under the sex offender registry act pursuant to SC Code of Laws Section 23-3-430 or who has been convicted of:

(i) A crime listed in Code of Laws of South Carolina; Chapter 3 of Title 16, Offenses Against the Person;

(ii) A crime listed in Code of Laws of South Carolina; Chapter 15 of Title 16, Offenses Against Morality and Decency;

(iii) The crime of contributing to the delinquency of a minor, contained in Code of Laws of South Carolina; Section 16-17-490.

(d) The results of the fingerprint reviews are valid and reviews are not required to be repeated as long as the person remains employed by or continues providing teacher/caregiver services in a child care facility; however, if a person has a break in service of one year or longer, the fingerprint reviews shall be repeated.

(e) Copies of State and Federal fingerprint results shall be retained in the staff file and available for review by Department staff, upon request.

SECTION 63-13-80. Investigations and inspections.

(A) In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the department may visit a childcare center, group childcare home, or family childcare home anytime during the hours of operation without prior notice once a year for purposes of investigations and inspections. In conducting investigations and inspections, the department may call on political subdivisions and governmental agencies for appropriate assistance within their authorized fields. The inspection of the health and fire safety of childcare centers and group childcare homes must be completed upon the request of the department by the appropriate agencies (i.e., Department of Health and Environmental Control, the Office of the State Fire Marshal, or local authorities). Inspection reports completed by state agencies and local authorities must be furnished to the department and become a part of its determination of conformity for licensing and approval. After careful consideration of the reports and consultation where necessary, the department shall assume responsibility for the final determination of licensing, approving, renewing, revoking, or making provisional licenses and approvals. However, upon receipt of a regulatory complaint, the department shall conduct an unannounced inspection of the facility to investigate the complaint. If the complaint is written, the department shall provide a copy to the director upon request.

(B) Before issuing a license or approval the department shall conduct an investigation of the applicant and the proposed plan of care for children and for operating a childcare center or a group childcare home. If the results of the investigation satisfy the department that the provisions of this chapter and the applicable regulations promulgated by the department are satisfied, a license or approval must be issued.

d. Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe DECE posts information about deaths, injuries and substantiated child abuse in child care settings on its website at <http://www.scchildcare.org/library/charts-and-graphs.aspx>.

e. Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe DECE's website, [scchildcare.org](http://www.scchildcare.org), provides multiple ways to search for providers including searches by zip code, county, city, facility/provider name, facility operator, and facility/provider type. The website defines many terms including exempt care, facility/provider types, quality, severity levels of violations, and the different program areas within DECE. The results of inspections are provided on each individual provider's web page, and these violations are categorized based on risk to children. The website has a Spanish translation function, and any information on the website can be translated into other languages upon request by HABLA, which is the translation service for SCDSS. The website's

navigation is set up by topics: [Help for Parents](#), [Help for Providers](#), [Departments](#), [Helpful Resources](#), and [Library](#). All of these navigation functions are located on the homepage.

- ✓ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet Requirement(s) – Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships

between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 0 (weeks/months/years) to 13 years (through age 12).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B)), 658P(3))

Yes, and the upper age is 18 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity **Children with disabilities: children need individualized materials, equipment, or instruction. Children with developmental delays: children demonstrate delay in cognitive, communication, motor, or social development. Referral sources include SC Department of Disabilities and Special Needs (DDSN), BabyNet (IDEA, Part C), Children's Rehabilitative Services, SC School for the Deaf and Blind, and IEP's developed by the local school districts.**

No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

Yes, and the upper age is 18 (may not equal or exceed age 19)

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

- a) residing with – to live in the same household with a parent(s), legal guardian, or other person standing in loco parentis for an extended or permanent period of time during the time period for which child care services are requested.
- b) in loco parentis – in the position or place of a parent. Guardianship does not have to be formalized through the court. This is determined on a case by case basis.

3.1.3 Eligibility Criteria Based on Reason for Care

- a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).
 - working An applicant is considered employed if s/he is working at an occupation where s/he is paid a wage/salary, or has a documented commitment of employment that will begin within two weeks from the application date. An applicant participating in a work-study program will be considered employed; however, his/her income from the work-study program is not considered. Clients must be working at least 15 hours per week (travel time can be included to make up the number of work hours)
 - attending job training An applicant is considered participating in job-training if the training is to teach marketable skills in the competitive labor market, including but not limited to job skills training, work experience and other training components through the FI program. Clients must be in training at least 15 hours per week (travel time can be included to make up the number of work hours). Clients participating in the FI program may have training classes that meet less than 15 hours per week. Child care is provided to allow them to participate.
 - attending education An applicant is considered participating in an educational program if the program results in one of the following: A. High School diploma B. General Equivalency Diploma (GED) C. Associate’s degree D. Other college degree. Clients must be in training at least 15 hours per week (travel time can be included to make up the number of work hours). Clients participating in the FI program may have training classes that meet less than 15 hours per week. Child care is provided to allow them to participate.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No. If no, describe additional requirements _____

c) Does the Lead Agency provide child care to children in protective services?

Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – _____

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income – **The source and amount of current gross income earned by all adult family members through the receipt of wages, tips, salaries, and/or commissions, piece-rate payments, cash bonuses earned, and armed services pay, including uniform and living allowances.**

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here . Describe how many jurisdictions set their own income eligibility limits N/A. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	2761	2347	1471	53	1716	62
2	3610	3069	1991	55	2323	64
3	4459	3790	2511	56	2930	66
4	5309	4512	3031	57	3536	67
5	6158	5234	3551	58	4143	67

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm> .

c) SMI Source and year 2016

d) These eligibility limits in column (c) became or will become effective on 10/1/2015

e) Provide the link to the income eligibility limits

<http://www.sccildcare.org/media/26056/15-16CHILD-CARE-INCOME-STANDARDS.pdf>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out [At re-determination a client's income will be reviewed at 85% of State median income if they continue to be eligible for a particular child care category at re-determination.](#)
- Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date

(no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory’s (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory’s policy related to the fluctuation in earnings requirement.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement [Seasonal income](#),

income received on a quarterly basis, or irregular income must be averaged over a reasonable period of time such as 3 months, 6 months, 12 months, etc.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

- Applicant identity. Describe [Client statement, unless questionable](#).
- Applicant’s relationship to the child. Describe [Client statement, unless questionable](#).
- Child’s information for determining eligibility (e.g., identity, age, etc.). Describe [Client statement, unless questionable](#).
- Work. Describe [Copies of check stubs, wage statements from employers, SSA benefits, unemployment compensation, IRS tax statements if self-employed, etc.](#)
- Job training or Educational program. Describe [Copies of school registration and class schedule, CHIP system is also used to verify information for TANF clients.](#)

- Family income. Describe [Copies of check stubs, wage statements from employers, Social Security Administration benefits, unemployment compensation, and IRS tax statements if self-employed.](#)
- Household composition. Describe [Client statement, unless questionable](#)
- Applicant residence. Describe [Client statement, unless questionable](#)
- Other. Describe [Out-of-pocket medical expenses for special needs children](#)

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- Time limit for making eligibility determinations. Describe length of time [Staff are instructed to process within 1-3 days from receipt of child care application and verifications.](#)
- Track and monitor the eligibility determination process
- Other. Describe [Caseload quotas and workloads are monitored by eligibility supervisors and manager.](#)
- None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [South Carolina Department of Social Services](#)

b) Provide the following definitions established by the TANF agency.

- "appropriate child care" [Appropriate child care must be determined by parental choice to ensure that the developmental nurturing needs of the child\(ren\) are met. Child care facilities must comply with the SC Code of Laws addressing regulatory requirements and procedures. Informal arrangements are not subject to child care statutory and regulatory requirements; however, parents are required to complete a Family, Friend and Neighbor \(FFN\) Child Care Certification form ensuring that certain health and safety requirements are being met and appropriate background checks are conducted on the FFN provider and other household members.](#)
- "reasonable distance" [distance is defined by the Lead Agency as the fair and reasonable travel distance to a child care facility that will not interrupt Family Independence \(FI\) participation. Parents must be given parental choice to select the child care facility that best meets the needs of their child. The child care worker in collaboration with the FI case manager will determine reasonable distance.](#)
- "unsuitability of informal child care" [Informal child care arrangements must meet the needs and parental choice rights of the FI participant. Informal child care arrangements must comply with policies and procedures developed by the SC Voucher Child Care Program. Additionally a FFN Child Care Certification Form which addresses certain health and safety issues, must be completed by all informal providers. The FI participant completes the informal facility checklist which addresses the caregiver's ability to care for their child\(ren\). Background checks are completed on the FFN provider and family members in the home.](#)
- "affordable child care arrangements" [Affordable child care arrangements are determined by a market rate survey conducted by the Lead Agency.](#)

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

In writing

Verbally

Other. Describe _____

List the citation to this TANF policy [Section 15.2 of the Family Independence policy manual](#)

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- a. Provide definition of "Children with special needs" **Children with disabilities: The children need individualized materials, equipment, or instruction; the children are diagnosed with developmental delays; the children demonstrate a delay in cognitive, communication, motor, or social development. Referral sources include SC Department of Disabilities and Special Needs (DDSN), BabyNet (IDEA, Part C), SC School for the Deaf and Blind, Children's Rehabilitative Services, and IEP's developed by the local school districts.** and describe how services are prioritized **Special needs child care is a part of the priority of child care funding. Funding is monitored to ensure ongoing services.**
- b. Provide definition of "Families with very low incomes" **Families with income that falls below the 150th percentile of poverty level** and describe how services are prioritized **SC uses priority rules to meet the needs of TANF families, those transitioning off of TANF due to income and families at risk of becoming dependent on TANF via child care categories such as families with special needs children, families involved in Head Start, First Steps, Criminal Domestic Violence, situations and homeless families.**
- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) **SC uses priority rules to meet the needs of TANF families, those transitioning off of TANF due to income and families at risk of becoming dependent on TANF via child care categories such as families with special needs children, families involved in Head Start, First Steps, Criminal Domestic Violence, situations and homeless families.**

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges.

Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory’s procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements *DECE has been partnering with the SDE’s McKinney-Vento State Coordinator, the South Carolina Coalition for the Homeless, and the four regional Coalitions for the Homeless to identify homeless families in need of child care assistance and develop referral processes for subsidy vouchers to increase access to high quality child care. Beginning in January, 2016, a specified number of voucher slots and a policy prioritizing homeless children will be implemented.*
- b. Procedures to conduct outreach to homeless families to improve access to child care services. *In South Carolina, SDE administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act). The South Carolina Coalition for the Homeless functions as a coordinating and service entity designed to assist the local coalitions. The McKinney-Vento State Coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The State Coordinator also administers subgrants to selected school districts that provide additional coordinated services. While some local school district liaisons (especially those receiving subgrants) are able to identify families with very young children, their primary focus is on the 4k*

through grade 12 population. The State Coordinator will interface with local liaisons who currently outreach to homeless families and then coordinate with DECE on those families appearing to meet eligibility requirements for subsidies.

DECE is coordinating referral processes with the four regional Coalitions for the Homeless. These four Coalitions operate the majority of the family shelters (primarily funded through HUD) and other homeless services in local communities and have well established relationships and outreach programs. They can serve as a valuable source of referrals for families with very young children. Beginning in 2016, the board for the South Carolina Coalition for the Homeless will be expanded to include state agency representatives such as SCDSS. The expanded board will further solidify agency partnerships.

DECE recognizes the need for trainings with SDE and the Homeless Coalitions on procedures to access subsidies and other services through the Lead Agency. DECE will provide information and training to the child care providers via the scchildcare.org website, ABC Quality quality monitors, CCL specialists, and the SC Voucher child care eligibility and control center staff making them aware of the McKinney-Vento definition of homelessness. Child care providers will be made aware of available child care resources. The following McKinney-Vento definition and checklist will be used:

McKinney-Vento Act

Defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence

Includes:

Children and youth who are: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up); living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; living in emergency or transitional shelters; abandoned in hospitals; or awaiting foster care placement;

Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;

Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

Migratory children who qualify as homeless because they are living in circumstances described above.

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services. The ABC Quality assessment protocols, CCL protocols and SC Voucher protocols are updated to provide for a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are homeless or in foster care. Internal DSS reports will be reviewed for verification of client status.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory

steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State’s income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination **Child care eligibility is determined by a priority of funding and availability. Parents who are eligible for child care will remain eligible regardless of temporary changes, such as changes in employment, absence from employment due to medical leave to include maternity leave, changes in seasonal work schedule, school or training, school breaks (spring/summer break or break between consecutive semesters).**
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period

of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs [Child care may be terminated for non temporary changes, such as loss of job or cessation of education or training; however, three months of child care will be provided to give the parent time to job search, resume work, or to attend an education/training program as soon as possible. Child care may continue if activities are resumed and the client remains eligible for the child care category.](#)

No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory’s or designated local entity’s requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory’s redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job

training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment **Child care applications and wage verification are received via an imaging system from the county DSS offices for TANF (Family Independence) families. Child care eligibility staff utilize available income verification in agency database systems to include CHIP, PATS, imaging system, etc. Child care eligibility staff have access to use the Work Number system to verify wages for employers who use the system. Child care verification can be accepted by email, fax, mail, etc. to assist in getting the information quickly. Focus groups of SC Voucher clients provided positive feedback regarding the system.**

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest “Entry” Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Highest “Entry” Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	1471	74	5	1716	87	5
2	1991	74	4	2323	87	4
3	2511	74	3	2930	87	3
4	3031	74	2	3536	87	2
5	3551	74	2	4143	87	2

a) What is the effective date of the sliding fee scale(s)? 10/1/2015

b) Provide the link to the sliding fee scale <http://scchildcare.org/media/26053/16feescale.pdf>

3.4.2 How will the family’s contribution be calculated and to whom will it be applied? Check all that apply.

Fee is a dollar amount and

Fee is per child with the same fee for each child

Fee is per child and discounted fee for two or more children

Fee is per child up to a maximum per family

No additional fee charged after certain number of children

Fee is per family

Fee is a percent of income and

Fee is per child with the same percentage applied for each child

Fee is per child and discounted percentage applied for two or more children

Fee is per child up to a maximum per family

No additional percentage applied charged after certain number of children

Fee is per family

Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____

Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other. Describe other factors _____

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is **\$2,511.00**

No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

Limits the maximum co-payment per family. Describe **Family copayments are based on a sliding fee scale ranging from \$6 to \$20 per child per week depending on family size and income. These copayments are among the lowest in the region and nation.**

Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe **Family copayments represent between 2% to 5% of family income.**

Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe **South Carolina's child care system and policies allow for higher exit income guidelines at 175% of the federal poverty level**

Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe _____

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe _____

Other. **Since the majority of children receiving CCDF child care assistance are served by providers meeting quality standards that exceed regulatory requirements, existing payment**

rates and bonuses were established to progressively increase provider reimbursements based on their performance in meeting increasing quality criteria. These financial incentives based on providers' performance were designed to give families receiving child care assistance access to the highest quality of care possible for their children. Payments are made to providers for the entire week of care as long as a child attends at least one day to ensure continuity of care for children with CCDF child care subsidies. Payments to child care providers are made within 10 to 14 working days of receipt of service provision records and more quickly if the on-line service voucher log system is used.

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract

for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) [The Lead Agency sends an eligibility packet to all parents authorized to receive SC Vouchers. This packet includes informational brochures and pamphlets regarding quality child care including potential options for high quality providers with Memorandum of Agreement \(MOA\) and gives them the child care websites to reference. The website includes information on options to select a provider with an MOA or to receive a certificate.](#)

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
 - Verbal communication at the time of application
 - Community outreach, workshops or other in-person activities
 - Other. Describe [Child Care Websites \(scchildcare.org and abcquality.org\)](#)

4.1.3 Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1))) **Note:** Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

Yes. If yes, describe:

- the type(s) of child care services available through grants or contracts [The existing MOA protocol that has been operational for limited provider slot purchase for more than 10 years, is expanded to target the highest quality center providers \(Levels A+, A and B+\) for an allocation of slots per year in order to expand the accessibility of those highest quality levels for low-come eligible children. Targeted children include those in underserved areas, infants and toddlers, children with disabilities, and children needing care in non-traditional hours. In the event that any Level A+ or A center cannot participate in the federal fiscal year, Level B+ centers in the same geographic area will be eligible to participate as funds allow.](#)

- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) Centers enrolled as A+ or A with no outstanding deficiencies will be eligible to participate in this initiative.
- the process for accessing grants or contracts The initiative will be open to all A/A+ centers that meet the criteria for participation. Individual letters of agreement will be used. (This letter of agreement process has been used successfully in the past.)
- the range of providers available through grants or contracts Centers eligible to participate include non-profit, for-profit, public, urban, rural, large, and small centers.
- how rates for contracted slots are set through grants and contracts The rates for the 5 quality slots will be established using the existing process.
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality All Level A/A+ with no outstanding cited deficiencies will be eligible for an allocation of slots which can be used for any age client they choose.
- if contracts are offered statewide and/or locally All enrolled Level A/A+ centers statewide with no outstanding deficiencies will be offered slots.

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply): The Lead Agency will track the programs which choose to participate for the following types of care to see how this process is effective in increasing the supply of specific types of care.

Increase the supply of specific types of care with grants or contracts for:

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural

Other. Describe [The Lead Agency will track the programs which choose to participate for the following types of care to see how this process is effective in improving the quality of programs participating in the initiative.](#)

Improve the quality of child care programs with grants or contracts for:

Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards

Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation

Programs to serve children with disabilities or special needs

Programs to serve infants and toddlers

Programs to serve school-age children

Programs to serve children needing non-traditional hour care

Programs to serve homeless children

Programs to serve children in underserved areas

Programs that serve children with diverse linguistic or cultural backgrounds

Programs that serve specific geographic areas

Urban

Rural

Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access [All providers receiving CCDF funds must comply with the mandatory licensing standard that affords parents unlimited access to their children whenever their children are in the care of the provider. This standard is also included in the ABC Quality Standards and reviewed annually by the ABC Quality quality monitor and CCL specialists.](#)

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe An in-home child care arrangement is care that is provided in the child's own home by a relative or non-relative child care provider who is at least 21 years old and who does not live in the same household as the child.

In-home care is affected by interaction with other laws and regulations. For example, in home providers who are NOT related to the child are classified as domestic service workers under the Fair Labor Standards Act (FLSA) (29-USC Section 206 (A) and are therefore covered under minimum wage. FNI providers are also subject to tax requirements.

Based on these IRS Regulations, the use of an in-home arrangement is limited to:

(1) In-home arrangement in which the provider is not related to the child will be approved only when the client has five or more children in the home that require care or

(2) Families who need care for children with special needs or medical conditions.

Restricted based on provider meeting a minimum age requirement. Describe Provider must be 21 years or older and not live in the same household as the child.

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _____

Restricted to care by relatives. Describe The use of in-house care is limited to: If the provider is not related to the child(ren), the child care will be approved only when the client has five or more children in the house that require care.

Restricted to care for children with special needs or medical condition. Describe

Restricted to in-home providers that meet some basic health and safety requirements. Describe To be implemented in 2016: All in-home care that is provided by a non-relative must meet specified health and safety requirements to include background checks (full fingerprint checks by 2017) for all caregivers and unannounced on-site annual health and safety inspection(s). Any non-relative providing in-home care must complete the Health and Safety Pre-Service Requirement for Non-Relatives within the first 90 days.

Other. Describe _____

No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to

the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- MRS
- Alternative Methodology. Describe _____
- Both. Describe _____
- Other. Describe _____

-
- 4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology. DECE conducted market rate surveys in conjunction with the University of South Carolina-Yvonne & Schuyler Moore Child Development Research Center in the College of Education and the Statewide CCR&R in 2015. Prior to the next MRS, the lead agency will consult with the entities listed above.
- 4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. The 2015 MRS is statistically valid and reliable because it was conducted by the University of South Carolina's Institute for Public Service and Policy Research (IPSPR) as follows: The Lead Agency (SCDSS) provided IPSPR with a list of about 3,200 child care providers in the state. The list was divided into 12 strata representing the 12 child care provider types that serve children with a CCDF-funded subsidy (urban and rural centers that are licensed, registered, or exempt from regulations; urban and rural group child care homes that are licensed; and urban and rural family child care homes that are licensed or registered). Family, friend and neighbor care was excluded from the survey. For each stratum in which there were 250 or less child care providers, all providers were included in the survey; for those strata with more than 250 providers, a random sample was selected for the survey. A total of 1,588 child care providers were selected for the survey. The data collection strategy was a mixed-mode survey with a mail survey as the base with telephone follow-up to those providers who did not respond to the mail survey. 1,233 completed the survey, representing a 77.6% response rate. Weekly rates charged for full-time and half-time care for children in various age groups were compiled into percentiles based on type of care (centers, group child care homes, family child care homes), quality level of child care provider (A, B, or C), and urban or rural geographic location of the provider. The facilities were weighted according to the number of children in each age group that attended the facility so that the rates charged by facilities with larger numbers of children in a particular age group are given greater weight.
- 4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:
- a) Geographic area (e.g., statewide or local markets) The market rate survey distinguished the weekly rates charged by child care providers according to their urban or rural geographic location.

b) Type of provider The market rate survey distinguished the weekly rates charged by child care providers according to the following types: urban centers-licensed, rural centers-licensed, urban centers-registered, rural centers-registered, urban SC Voucher recipient centers-exempt from DSS regulations, rural SC Voucher recipient centers-exempt from DSS regulations, urban group homes-licensed, rural group homes-licensed, urban family homes-licensed, rural family homes-licensed, urban family homes-registered, rural family homes-registered.

c) Age of child The market rate survey distinguished the weekly rates charged by child care providers according to the age ranges of children served: birth through age 2, ages 3 through 5, and ages 6 through 12.

d) Describe any other key variations examined by the market rate survey, such as quality level. The market rate survey distinguished the weekly rates charged by child care providers according to the following quality levels: A+ (highest quality level), A, B+, B, and C (lowest quality level). The market rate survey also examined weekly rates charged for full-time care (30 or more hours per week) and half-time care (15-29 hours per week). Rate increases have been approved and will be implemented upon policy and procedure development.

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) The market rate survey was completed in 2015 and the final results were submitted by the University of South Carolina to the lead agency in December 2015.

b) Date report containing results was made widely available, no later than 30 days after the completion of the report The Lead Agency will report the results of the market rate survey in January 2016 on the Lead Agency's website.

c) How the report containing results was made widely available and provide the link where the report is posted if available The report with the market rate survey results will be posted in January 2016 on the Lead Agency's website at www.scchildcare.org

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the

State/Territory, check here . Describe how many jurisdictions set their own payment rates
N/A.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
 - Rate \$159 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th (level B)
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
 - Rate \$125 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile between 75th (level B)
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
 - Rate \$159 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th (level B)
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
 - Rate \$125 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile between 75th (level B)
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
 - Rate \$145 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th (level B)
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
 - Rate \$117 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile between 75th (level B)
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
 - Rate \$125 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 60th (level B)
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
 - Rate \$88 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile between 60th and 65th (level B)
- i) Describe the calculation/definition of full-time care 30 or more hours per week
- j) Provide the effective date of the payment rates February 1, 2016.
- k) Provide the link to the payment rates
<http://www.scchildcare.org/media/28876/2016-2017Maxrates.pdf>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates

that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- Tiered rate/rate add-on for non-traditional hours. Describe _____
- Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe [Payment rate add-on for children with special needs has historically been \\$20 more than rates for other children in that type of care when requested by providers to support their efforts to properly care for and accommodate children with special needs.](#)

- Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____

- Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe [Payment rates were established to progressively compensate providers based on their performance in meeting increasing quality criteria that exceed regulatory requirements. A tiered reimbursement payment system was implemented many years ago to incentivize the opportunity for more children with child care subsidies to have access to higher quality care. Since 1992, the Lead Agency has used voluntary standards higher than state regulatory requirements in conjunction with financial incentives to recognize and promote quality. The tiered system consists of five basic levels of reimbursement:](#)

[Level A+: Providers are measured against rigorous quality standards. Providers at this level meet better staff-to-child ratios, additional staff qualifications, receive Environmental Rating Scale \(ERS\) assessments, and are eligible for the highest child care payment rates and quality incentive bonuses.](#)

[Level A: Similar to above based on scoring criteria.](#)

[Level B+: Providers are measured against quality standards that exceed basic state regulations. Facilities at this level meet voluntary ABC Quality standards and are eligible for higher child care payment rates and a quality incentive bonus that is less than Level A.](#)

[Level B: Similar to above based on scoring criteria.](#)

[Level C: Providers meet basic licensing regulations \(health and safety\) or are exempt from regulation.](#)

- Tiered rate/rate add-on for programs serving homeless children. Describe _____

-
- Other tiered rate/rate add-on beyond the base rate. Describe _____
 - None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology. Since the largest percentage of children receiving CCDF-funded child care subsidies in South Carolina are served by providers at quality level B (46%), payment rates for providers at quality level B serving children from birth through age 5 were set at the 75th percentile of the most recent 2015 market rate survey. Payment rates for providers at quality level B serving school-aged children of ages 6 through 12 were set at the 60th percentile of the 2015 market rate survey or slightly above. In keeping with South Carolina's long-standing tiered payment system described in 4.3.2, payment rates were set progressively higher for the quality levels above Level B (levels B+, A, and A+) and lower for quality level C. Payment rates range from between the 90th and 95th percentiles for children under age 6 in urban child care centers at the highest quality level of A+ to the 45th percentile for school-aged children ages 6 through 12 in rural unlicensed/registered family child care homes at the lowest quality level C.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. DECE has identified a dual need to increase the number of children with CCDF subsidies and to raise payment rates for child care providers serving them. Using the most recent market rate survey that was completed in 2015, payment rate increases were recently approved to be effective February 1, 2016 based on the care type, quality level, age of child, and geographic location. The payment rates are differentiated to reflect incrementally higher reimbursements for providers as their quality level advances from the lowest level C to the highest level A+. Payment rates for children under age 6 served by urban child care center providers at quality Level A+ are between the 90th and 95th of the 2015 market rate survey, at the 75th percentile for quality Level B where most children with CCDF-funded subsidies are served, and under the 75th percentile for the lowest quality level C. A proposal for increasing the number of children with CCDF-funded child care subsidies for children with special needs, homeless children and other special populations was also recently approved to be effective between February and March 2015.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not

limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

Payment rates are set at the 75th percentile or higher of the most recent survey. Describe [Using the most recent market rate survey that was completed in 2015, payment rate increases were recently approved to be effective February 1, 2016 based on the care type, quality level, age of child, and geographic location. The payment rates are differentiated to reflect incrementally higher reimbursements for providers as their quality level advances from the lowest level C to the highest level A+. Payment rates for children under age 6 served by urban child care center providers at the highest quality Level A+ are between the 90th and 95th of the 2015 market rate survey, at the 75th percentile for quality Level B where most children with CCDF-funded subsidies in South Carolina are served, and under the 75th percentile for the lowest quality level C.](#)

Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.

Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____

Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____

Data on the proportion of children receiving subsidy being served by high-quality providers. Describe [See response to 4.3.3. 60.38% of SC children with CCDF subsidies in 2015 are being served by providers at the high quality levels of A+, A, B+ and B.](#)

Data on where children are being served showing access to the full range of providers. Describe [In 2015, SC children with CCDF subsidies are being served by the full range of provider types \(centers, groups, family, family/friend/neighbor care\), ranging from 0.03% in level B+ registered family child care, 0.54% in family/friend/neighbor care in the child's home, 0.48% in Level C group child care, 1.37% in A+ child care centers to 42.82% in Level B child care centers.](#)

Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe [Since the majority of children receiving CCDF child care assistance are served by providers meeting quality standards that exceed regulatory requirements, recently approved payment rates were established to progressively increase provider reimbursements based on their performance in meeting increasing quality criteria. Recently approved](#)

payment rates for the highest quality levels of A+, A, B+ and B were set at the 75th percentile or above. Only rates for the lowest quality level C were set below the 75th percentile. Setting payment rates based on a provider's performance is designed to give families receiving child care assistance access to the highest quality of care they could choose for their children. Payments for all quality levels are made to providers for the entire week of care as long as a child attends at least one day to ensure continuity of care for children with child care subsidies. Payments to child care providers are made within 10 to 14 working days of receipt of service provision logs (SVL) and more quickly (within 3-5 days) if the on-line SVL system is used.

Feedback from parents, including parent survey or parent complaints. Describe _____

Other. Describe Family co-payments are among the lowest in the region and nation, ranging from \$6 to \$20 per child per week, depending on family size and income and based on a sliding fee scale.

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access 60.38% of SC children with CCDF subsidies in 2015 were being served by providers at the higher quality levels of A+, A, B+ and B which confirms that payment rates have been adequate for the majority of children to be served at the higher quality levels and not relegated to substandard care. Recently-approved payment rates that will be effective February 1, 2016 for children served in these higher quality levels have been set at or above the 75th percentile of the most recent 2015 market rate survey.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____

-
- Unmet requirement - Identify the requirement(s) to be implemented _____

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

- 4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
- Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

- Pays prospectively prior to the delivery of services. Describe _____
- Pays within no more than 21 days of billing for services. Describe [The Lead Agency has an online payment process for the Service Voucher Log \(SVL\). With the on-line SVL process, child care payments are made within 4-5 working days after the receipt of the SVL compared to the 10-14 working days payment turn-around time for child care providers that do not submit their SVL through the on-line payment system. Providers are increasingly selecting to participate in this payment method.](#)
- Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional absences [Child care providers are paid a weekly rate based on their urban/rural and ABC Quality level.](#)
- Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____
- Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe [Children are allowed 31 absences for a 52 week eligibility period.](#)

Pays on a full-time or part-time basis (rather than smaller increments such as hourly) Providers are paid full-time if 30 or more hours of child care are needed or part-time child care for 15-29 hours.

Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) SC Voucher pays for a yearly registration fee per child. The initial registration fee is paid after the third week of paid vouchers.

Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment When a parent's eligibility for child care services ends, the child care provider and the parent receive a termination notice due to an adverse action two weeks prior to services ending. Another type of notice used is the End of Services notice which gives the provider and the parent notice 60 days prior to the end of child care services.

Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe Rights and responsibilities information is listed on the child care application and a copy is sent to the parent in their eligibility packet at the time of approval and is included on the termination notices. The information makes the parent aware of how to and where to send their request for an appeal.

Other. Describe _____

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory _____

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Policy on length of time for making payments. Describe Policy allows for 10-14 working days from the date the completed SVL is received in the SC Voucher office. With the ability for the providers to submit their payment forms on-line, the turn-a-round time for payment averages 4-5 business days, pending any tax liens, levies, etc.

Track and monitor the payment process All incoming payment documents (SVL's) are entered into the on-line SVL system. This allows finance to track all payments from the date of submission to the date of payment.

Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe The child care providers have the ability to receive, complete and submit their SVL for payment via the on-line SVL system. They are also offered to participate in direct deposit which speeds up the delivery of their payment.

Other. Describe _____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes. Describe data sources [The Child Care Research Data Team of the Yvonne & Schuyler Moore Child Development Research Center at the USC – College of Education](#) uses the CCL data, ABC Quality data, and SC Voucher data augmented by data collected through the Statewide CCR&R annual survey of child care providers. The CCL dataset includes information about all child care providers (center-based and family child care) that are licensed, registered or approved to operate in the state of South Carolina. The information used for supply analyses include the date the program was initially licensed to operate, compliance history (going back 7 years), program capacity, ages served, hours and days of operation, and program closure dates. The ABC Quality dataset includes important information pertaining to program quality among providers voluntarily participating in the state’s QRIS. In addition to current quality level, these data report changes in quality and programs entering and exiting the QRIS. The data drawn from the CCR&R annual survey provide more specific information about special services offered by child care providers, enrollment and vacancy information used to estimate real capacity (vs. licensed capacity). The SC Voucher data are used to understand how CCDF funded clients (families) are using these vouchers to access child care (duration at a particular center, ages of children attending different types of child care, and quality of provider. These different datasets are linked together to understand the patterns of child care providers opening or closing and changes in quality potentially associated with state geography, socio-economics, and community demographics (drawn from US census data) throughout South Carolina.

No. If no, how does the State/Territory determine most critical supply needs? _____

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe [Mini-grants offered as needed to support quality enhancements for programs](#)

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe Outreach and education to potential providers

d) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-

quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe _____

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) [9/30/2016](#)
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable [In order for states to meaningfully make strategic investments to increase the accessibility of high quality child care and developmental services to children and families receiving CCDF child care subsidy, they must first understand the current levels of accessibility and identify bottlenecks that are preventing access to high quality early care and education services. South Carolina, in collaboration with the Child Care Research Data Team at the Yvonne & Schuyler Moore Child Development Research Center, is actively involved in using the state's child care data to understand the extent to which high quality child care is accessible to CCDF recipients. The Lead Agency is currently engaged in the appropriate analyses that will result in a better understanding of accessibility as it might be influenced by community factors \(i.e. urbanicity, economic status\)](#)

Unmet requirement - Identify the requirement(s) to be implemented [Once the Lead Agency has begun to determine the current accessibility it will work collaboratively with community stakeholders \(including families and child care providers\) to select interventions that will meaningfully increase the supply of high quality child care.](#)

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) [DECE contracts with Dr. Herman Knopf of the University of South Carolina-Yvonne & Schuyler Moore Child Development](#)

Research Center in the College of Education. Dr. Knopf participates on a national consortium of researchers regarding this topic and out of that work will come a plan for how the state of SC can regionally address access issues. Dr. Knopf also obtained a federal grant for this work.

- Projected start date for each activity Fall 2015
- Projected end date for each activity September 2016
- Agency – Who is responsible for complete implementation of this activity _____ DECE
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
University of South Carolina-Yvonne & Schuyler Moore
Child Development Research Center in the College of
Education

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014

requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

Licensed Center is any facility that regularly receives thirteen or more children for childcare.

Approved (publicly funded) Center is a facility that was created and exists by an act of the State, or a county, city or other political subdivision, whose operation remains under the tutelage and control of a governmental agency.

Registered Faith-Based Center is a childcare center or group childcare home owned and operated by a church or a publicly recognized religious educational or religious charitable institution. These facilities may choose to not be licensed, but must be licensed in order to participate in ABC Quality and to receive CCDF funds.

Group Child Care Home is a facility within a residence occupied by the operator that regularly provides childcare for at least seven, but not more than twelve children, unattended by a parent or a legal guardian, including those children living in the home and children received for childcare who are related to the resident. However, an occupied residence in which child care is provided only for a child or children related to the resident teacher/caregiver or only for the child or children of one unrelated family or only for a combination of these children is not a group child care home.

Licensed Family Child Care Home is a facility within a residence occupied by the operator in which childcare is regularly provided for no more than six children, unattended by a parent or legal guardian, including those children living in the home and children received for child care who are related to the resident caregiver. However, an occupied residence in which child care is provided only for a child or children related to the resident caregiver or only for the child or children of one unrelated family, or only for a combination of these children, is not a family child care home.

Registered Family Child Care Home is a facility within a residence occupied by the operator in which childcare is regularly provided for no more than six children, unattended by a parent or legal guardian, including those children living in the home and children received for child care who are related to the resident caregiver. However, an occupied residence in which child care is provided only for a child or children related to the resident caregiver or only for the child or children of one unrelated family, or only for a combination of these children, is not a family childcare home.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

In SC, legislators determined the following types of providers that can receive CCDF are exempt from licensing:

Kindergartens, nursery schools or other daytime programs, with or without stated educational purposes, operating no more than four hours a day and receiving children younger than lawful school age;

School vacation or school holiday day camps for children operating in distinct sessions running less than three weeks per session, unless the day camp permits children to enroll in successive sessions so that their total attendance may exceed three consecutive weeks. (Section 114-500B(c, e) South Carolina Department of Social Services Regulations for Private and Public Child Care Centers).

These providers are allowed to participate in ABC Quality and receive CCDF funds. Provider staff members are required to meet the Preservice Health and Safety Requirements and are required to be monitored annually by ABC Quality monitors.

No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____

-
- Unmet requirement - Identify the requirement(s) to be implemented

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition [A child under 12 months of age](#)
- Ratio [One teacher to 5 infants](#)
- Group size restricted pursuant to [the square footage of each classroom pursuant to regulation number 114-507 A \(1\)](#)

2. Toddler

- State/Territory age definition [A child 12 months of age or older, but younger than 24 months of age](#)
- Ratio [One teacher to 6 toddlers](#)
- Group size restricted pursuant to [the square footage of each classroom pursuant to regulation number 114-507 A \(1\)](#)

3. Preschool

- State/Territory age definition [A child 3 or 4 years of age or older but not yet eligible for public kindergarten](#)
- Ratio [One teacher to 12 children](#)
- Group size restricted pursuant to [the square footage of each classroom pursuant to regulation number 114-507 A \(1\)](#)

4. School-Age

- State/Territory age definition [A child at least old enough to enroll in public kindergarten](#)
- Ratio [One teacher to 20 children \(5-6 year olds\) and One Teacher to 23 children \(6-12 year olds\)](#)

-
- Group size restricted pursuant to the square footage of each classroom pursuant to regulation number 114-507 A (1)
5. If any of the responses above are different for exempt child care centers, describe N/A
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups

Where there are mixed age groups in the same room, the staff:child ratio shall be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the mixed age group, the staff:child ratio for infants and toddlers shall be maintained. For mixed age groups, with one or more infants or toddlers, the ratios applicable to the youngest child in the group apply.

ABC Quality

ABC Quality allows the licensing ratios and licensing group size determination for Level C licensed centers. Starting at Level B, group size is defined at twice the established maximum ratio based on the respective age group. At Levels B and B+ the following ratios and group sizes are recommended, but licensing ratios are the minimum ratios allowed without penalty. At Levels A and A+ the ratios and group size shown as follows are mandatory.

- State/Territory age definition: A child under 12 months of age
- Ratio One teacher to 5 infants recommended
- Group size 10 recommended.

One year olds

- State/Territory age definition A child 12 months of age or older, but younger than 24 months of age
- Ratio One teacher to 5 children
- Group size 10 recommended

Two year olds

- State/Territory age definition A child 24 months of age or older, but younger than 36 months of age
- Ratio One teacher to 7 children
- Group size 14 recommended

Three year olds

- State/Territory age definition A child 3 years of age or older, but less than 4 years of age
- Ratio One teacher to 11 children recommended
- Group size 22 recommended

Four year olds

- State/Territory age definition: A child 4 years of age or older, but less than 5 years of age

- Ratio One teacher to 13 children recommended
- Group size 26 recommended

Six through nine year olds

- State/Territory age definition A child at least 6 years old but less than 10 years old
- Ratio One teacher to 18 children recommended
- Group size 36

Ten through twelve year olds

- State/Territory age definition A child at least 10 years old but less than 13 years old
 - Ratio One teacher to 20 children
 - Group size 40 children recommended

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition A child under 12 months of age
- Ratio There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old. Max1:8
- Group size Capacity set at 12

2. Toddler

- State/Territory age definition A child 12 months of age or older, but younger than 24 months of age
- Ratio There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old. Max ratio 1:8
- Group size Capacity set at 12

3. Preschool

- State/Territory age definition A child 3 or 4 years of age or older but not yet eligible for public kindergarten
- Ratio 1:8
- Group size 12

4. School-Age

- State/Territory age definition A child at least old enough to enroll in public kindergarten
- Ratio 1:8
- Group size 12

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day **Twelve children are allowed**

in the category of care; however, when the attendance reaches nine children or when four or more of the children are younger than two years old, there shall be an additional teacher/caregiver present.

6. If any of the responses above are different for exempt group child care homes, describe [REDACTED]

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios 1:6 , group size 6, the threshold for when licensing is required **When the provider cares for the second unrelated child or family of children.**, maximum number of children that are allowed in the home at any one time 6 , if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size **yes**, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day **N/A**

2. If any of the responses above are different for exempt family child care home providers, describe **N/A**

d) Any other eligible CCDF provider categories: Registered FCC

Describe the ratios 1:6 group size 6, the threshold for when licensing is required **When the provider cares for the second unrelated child or family of children**, maximum number of children that are allowed in the home at any one time 6 , if the State/Territory requires related children to be included in the child-to-provider ratio or group size **yes** , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day **N/A**.

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher [REDACTED] and assistant teacher qualifications [REDACTED]
2. Toddler lead teacher [REDACTED] and assistant teacher qualifications [REDACTED]
3. Preschool lead teacher [REDACTED] and assistant teacher qualifications [REDACTED]
4. School-Age lead teacher [REDACTED] and assistant teacher qualifications [REDACTED]

(a) Caregivers/Teachers shall meet the following qualifications:

(i) Be at least 18 years of age, and able to read and write;

(ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a

high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility.

(iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and

(iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.

(b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.

(c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

5. Director qualifications

The center Director and Co-Directors shall be at least 21 years of age and meet one of the following qualifications:

- a. A bachelor's degree or advanced degree from a state-approved college or university in early childhood education, child development, child psychology or a related field that includes at least eighteen credit hours in child development and/or early childhood education;
- b. A bachelor's degree from a state-approved college or university in any subject area, six months' experience working with children in a licensed, approved or registered child care facility;
- c. An associate's degree from a state-approved college or university in early childhood education, child development, child psychology or a related field that includes at least eighteen credit hours in child development and/or early childhood education with six months' work experience in a licensed, approved or registered child care facility;
- d. A diploma in child development/early childhood education from a state-approved institution or a child development associate (CDA) credential, and one year work experience in a licensed, approved or registered child care facility; or

-
- e. A High School Diploma or GED with 3 years' experience in a licensed, approved or registered child care facility.

ABC Quality Minimum Teacher Qualifications:

Level A: Licensed Child Care Centers

Directors – Professionals who direct educational programs and supervise staff in early childhood centers shall be at least 21 years of age, and shall meet or exceed one of the following:

- (1) bachelor's degree in child development/early childhood education from a regionally accredited college or institution and at least six months' experience working with children in a licensed/approved child care facility; OR
- (2) bachelor's degree in any subject area from a regionally accredited college or institution with at least 12 academic credit hours related to child development/early childhood education approved by SCDSS or bachelor's degree with a signed plan to complete the Director's Credential (minimum of 12 academic credit hours) within 3 years from date of hire or enrollment, whichever is later, and six months' experience working with children in a licensed/approved child care facility; OR
- (3) associate's degree with at least 27 academic credit hours in child development/early care and education/child care management from a regionally accredited college or institution with two years' experience including one year of child care center management or administrative experience and one year working with children in a licensed/approved child care facility.

All lead teachers (birth through age 5) shall be at least 18 years old and, at a minimum, have a high school diploma/GED, an SC Early Childhood Credential and 6 months' experience as a teacher in a licensed/approved child care facility.

Teachers of ages 6 and up shall be at least 18 years and, at a minimum, have a high school diploma/GED, School-Age Credential, and 6 months' experience in a licensed/approved child care facility.

Teacher assistants work as assistants to the person in charge of a group of children. They shall be at least 18 years of age and shall have a high school diploma/GED and must meet CCL requirements. Twenty-five percent (25%) of teacher assistants who work with children birth through age 5 must have an SC Early Childhood Credential.

Level B: Child Care Centers

Directors – Professionals who direct educational programs and supervise staff in early childhood centers shall be at least 21 years of age, and shall meet or exceed one of the following:

- (1) a bachelor's degree in child development or early childhood education from a regionally accredited college or institution; OR
- (2) a bachelor's degree from a regionally accredited college or institution and at least six months' verifiable experience as a caregiver in a licensed/approved child care facility; OR
- (3) an associate's degree in child development/early childhood education from a

regionally accredited college with two years' verifiable experience as a caregiver in a licensed/approved child care facility; OR

(4) a diploma in child development/early childhood education from a regionally accredited college or institution with two years' verifiable experience as a caregiver in a licensed/approved child care facility; OR

(5) a certificate in child development/early childhood education from a regionally accredited college or institution with two years' verifiable experience as a caregiver in a licensed/approved child care facility; OR

(6) a Child Development Associate Credential with two years' verifiable experience as a caregiver in a licensed/approved child care facility; OR

(7) a valid high school diploma or General Educational Development Certificate (GED), with three years' experience as a caregiver in a licensed/approved/registered child care facility and a plan to complete the Certificate in Child Development/Early Childhood Education (as in 5 above) or a SCDCS ABC Quality approved credential/certificate/ diploma/degree within three years. One of the three years of experience shall include supervision of other child care staff

Teachers (all age groups) must have a high school diploma/GED and at least 6 months' experience as a teacher in a licensed/approved child care facility and a plan to complete an SC Early Childhood Credential with one year.

Assistant teachers (all age groups) work as assistants to the person in charge of a group of children and shall be at least 18 years old with a valid high school diploma/GED and at least 6 months' experience in a licensed/approved child care center, must have 6 clock hours of training in child growth and development and early childhood education within 6 months of employment, or must continue to be under direct supervision of a teacher with at least one year of experience.

Level C: Child Care Centers

All directors, teachers and assistant teachers meet minimum child care licensing regulations.

b) Licensed Group Child Care Homes:

1. Infant lead teacher [] and assistant qualifications []
2. Toddler lead teacher [] and assistant qualifications []
3. Preschool lead teacher [] and assistant qualifications []
4. School-Age lead teacher [] and assistant qualifications []

The operator shall be at least 21 years of age and meet one of the following qualifications:

- (i) A bachelor's degree or advanced degree from a state-approved college or university in early childhood education, child development, child psychology or a related field that includes at least eighteen credit hours in child development and/or early childhood education;

-
- (ii) A bachelor's degree from a state-approved college or university in any subject area, six months' experience working with children in a licensed, approved or registered child care facility;
 - (iii) An associate's degree from a state-approved college or university in early childhood education, child development, child psychology or a related field, that includes at least eighteen credit hours in child development and/or early childhood education with six months' work experience in a licensed, approved or registered child care facility;
 - (iv) A diploma in child development/early childhood education from a state-approved institution or a child development associate (CDA) credential, and one year work experience in a licensed, approved or registered child care facility; or
 - (v) A high school diploma or General Educational Development Certificate (GED) with 3 years' experience in a licensed, approved or registered child care facility. One year shall include supervision of child care staff. However, an operator or primary caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position, must have at least a high school Certificate of Completion and at least six months' experience as a teacher/caregiver in a licensed, approved or registered child care facility.

A Teacher/Caregiver shall be at least 18 years of age, and able to read and write.

- (ii) A teacher/caregiver who began employment in a licensed or approved child care facility in South Carolina after June 30, 1994, must have at least a high school diploma or GED and at least six months' experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months' experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility.

A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care facility in South Carolina is exempt from the high school diploma, GED, and Certificate of Completion requirements of (b) above.

- (iv) A teacher/caregiver with an undergraduate degree from a state-approved college or university in early childhood, child development, or a related field may begin working with children immediately without additional supervision.

(b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.

(c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

ABC Quality Minimum Qualifications for Teachers:

Level B: Group Child Care Home

Primary operator/caregiver must be at least 21 years of age, have a high school diploma/GED or Certificate of Attendance, have at least 1 year experience in a licensed/approved day care setting AND have a signed education plan.

Assistant caregivers who work as an assistant to the person in charge of a group of children shall be at least 18 years of age and have a valid high school diploma/GED.

Level C: Group Child Care Home

All staff must be at least 18 years old and have a valid high school diploma/GED

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications The operator of a licensed family child care home shall be at least eighteen (18) years of age and must reside in the home. Someone must be on the premises at all times who can read and write.

Caregivers less than eighteen years of age shall be permitted provided the following conditions are met:

a. they are at least 14 years of age.

b. they are not the person in authority and are properly supervised.

c. the facility is in accord with South Carolina Labor Laws regarding the employment of minors in non-hazardous jobs. (Refer to regulation promulgated by the Commissioner of Labor pursuant to S.C. Code Ann. 41-13-20 (1976) and the Appendix.)

No person who has been convicted of child abuse or neglect, child molestation or sexual abuse or who is awaiting trial on such charges shall be knowingly employed in a family child care home.

The operator shall provide the department staff with three references from non-related sources to verify his/her suitability to care for children.

ABC Quality minimum qualifications for family child care homes are as follows:

Level B: Family Child Care Home

Primary operator/caregiver must be at least 21 years of age, have a high school diploma/GED or Certificate of Attendance, have at least 1 year experience in a licensed/approved day care setting AND have a signed education plan.

Assistant caregivers who work as assistant to the person in charge of a group of children shall be at least 18 years of age.

Level C: Family Child Care Home (Licensed or Registered)

All staff must be at least 18 years old and have a valid high school diploma/GED

- e) Other eligible CCDF provider qualifications
1. The operator of a registered family child care home shall be at least eighteen (18) years of age or older and must reside in the home. Someone must be on the premises at all times who can read and write.
 2. Caregivers less than eighteen years of age shall be permitted provided the following conditions are met:
 - a. they are at least 14 years of age.
 - b. they are not the person in authority and are properly supervised.
 - c. the facility is in accord with South Carolina Labor Laws regarding the employment of minors in non-hazardous jobs. (Refer to regulation promulgated by the Commissioner of Labor pursuant to S.C. Code Ann. 41-13-20 (1976) and the Appendix.)
 3. No person who has been convicted of child abuse or neglect, child molestation or sexual abuse or who is awaiting trial on such charges shall be knowingly employed in a family child care home.
 4. The operator shall provide the department staff with three references from non-related sources to verify his/her suitability to care for children.
 5. Assistant caregivers who work as an assistant to the person in charge of a group of children shall be at least 18 years of age and have a valid high school diploma/GED.

- 5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. [CCDF providers were notified August 2015 of new health and safety requirements listed above to be completed by August 1, 2016 by mail and by online posting on www.scchildcare.org . The 26 hours of training are available to all CCDF providers at no cost online. An incentive of \\$100 for completion of the training was made available to those who completed the coursework by August 2016 or until funds were exhausted. CCDF providers were notified of the requirement for CPR/First Aid in that notice. The Lead Agency is working with the Statewide CCR&R on providing low-cost training opportunities.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
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- Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
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b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements **In order to comply with the federal regulations, new staff members working in programs that receive CCDF funding must complete the 26 hour pre-service course within 3 months of their initial employment. For staff members currently employed in programs receiving CCDF funding, the 26 preservice hour coursework must be completed by August 1, 2016.**

The 26 hour preservice coursework earns CEU credits which can be used by providers to accumulate knowledge. An alternative to the 26 hour preservice coursework for CEU credit is completion of the 3 hour ECD 101

course through the technical college system in South Carolina, which is recognized as the Early Childhood Credential and is the entry course for earning an Early Childhood Certificate or Associate's Degree. This formal coursework is supported by the TEACH scholarship.

The director shall participate in at least twenty clock hours of training annually. At least five clock hours shall be related to program administration and at least five clock hours shall be in child growth and development, early childhood education and/or health and safety excluding first aid and CPR training. The remaining hours shall come from the following areas: Curriculum Activities, Nutrition, Guidance, or Professional Development and must include blood-borne pathogens training as required by OSHA.

All staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. At least five clock hours shall be in child growth and development and at least five clock hours shall be in curriculum activities for children excluding first aid and CPR training. The remaining hours shall come from the following areas: Guidance, Health, Safety, Nutrition, or Professional Development and must include blood-borne pathogens training as required by OSHA

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
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 - Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g.,

legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding). Describe [Regulation 114-508 A. Meal Requirements \(1\) \(b\) says:](#)

Meals and snacks provided shall be in compliance with the USDA CACFP Guidelines. Centers that do not provide overnight care shall serve at least one meal and at least one snack that meet USDA CACFP Guidelines. Centers providing care between the hours of 6:00 p.m. and midnight shall additionally meet USDA CACFP Guidelines in serving dinner and at least one additional snack. Meal components and serving sizes shall be in accordance with these guidelines.

Access to physical activity. Describe [Regulation 114-506 A. \(8\) says:](#) All children shall be given the opportunity for outdoor play, weather permitting.

Screen time. Describe [Regulation 114-506 A. \(7\) says:](#) Age appropriate radio and television, VCR tapes, DVDs and other media shall be previewed by the director and staff and used only as a supplement and enhancement to the daily program. No child shall be required to view these media programs.

Caring for children with special needs. Describe [Regulations 114-503 K \(5\) \(d\) and \(e\) say:](#) When children with special needs are enrolled, the director and staff members shall receive orientation and/or training in understanding the child's special needs and ways of working in group settings when children with special needs are enrolled. All staff shall receive information regarding the developmental abilities of the age group(s) with whom the teacher/caregiver will be working.

Recognition and reporting of child abuse and neglect. Describe

SC Code of Laws, Chapter 7: Child Abuse and Permanency, Article 1. General Provisions, Section 63-7-310 refers to persons who are required to report child abuse and neglect in addition to the Child Care Licensing Regulations indicate who should report. They are listed below:

SECTION 63-7-310. Persons required to report.

(A) A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical

services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20.

(B) If a person required to report pursuant to subsection (A) has received information in the person's professional capacity which gives the person reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but the reporter believes that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, the reporter must make a report to the appropriate law enforcement agency.

(C) Except as provided in subsection (A), any person who has reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse and neglect may report in accordance with this section.

(D) Reports of child abuse or neglect may be made orally by telephone or otherwise to the county department of social services or to a law enforcement agency in the county where the child resides or is found.

Regulations 114-503 (C) (1) (2) (a) (b) (c) Child Abuse for centers:

(1) The center shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510 (in 2009, the laws were rearranged and this section is now 63-7-310).

(2) The director and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

(a) Participate in informational conferences with Child Protective and Preventive Services staff;

(b) Release records as appropriate, of children and staff upon request; and

(c) Allow access to the center premises for inspection and investigation of the child abuse allegation by the department and other officials as permitted by statute.

Regulations 114-513 (C) (1) (2) (a)(b)(c) for Group Child Care Homes:

C. Child abuse

(1) The group child care home shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services (CPS) or to local law

enforcement in accordance with South Carolina Code Annotated Section 20-7-510.

(2) The operator and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

- (a) Participate in informational conferences with CPS staff;
- (b) Release records as appropriate, of children and staff upon request; and
- (c) Allow access to the group child care home for inspection and investigation of the child abuse allegation by the Department and other officials as permitted by statute.

Regulations 114-523 (C) (1) (2) (a) (b) (c) for Churches or Religious Entities:

C. Child abuse

(1) The center shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services (CPS) or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510.

(2) The director and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

- (a) Participate in informational conferences with CPS staff;
- (b) Release records as appropriate, of children and staff upon request; and
- (c) Allow access to the center premises for inspection and investigation of the child abuse allegation by the Department and other officials as permitted by statute.

Family Child Care Homes

DSS Regulation No. 114-528. H.(7) The operator shall cooperate with Department staff, law enforcement and other involved agencies during an investigation of child abuse or neglect.

Cooperation shall include but not be limited to the following:

DSS Regulation No. 114-528. H.(7)(a) Participate in an informational conference(s) with Child Protective and Preventive Services staff;

DSS Regulation No. 114-528. H.(7)(b) Release records of children and staff as requested;

DSS Regulation No. 114-528. H.(7)(c) Allow access to facility premises for inspection upon request.

Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe In June 2014, the SC General Assembly passed a law making it unlawful to administer medication to children without the expressed consent of the parent with or without a prescription.

SECTION 63-13-185. Childcare facility medication administration to children.

(A) For purposes of this section, “medication” means a drug that may be obtained with or without a prescription, excluding a topical ointment obtained without a prescription.

(B) It shall be unlawful for a director, owner, operator, caregiver, employee, or volunteer of a childcare facility to administer medication to a child under the care of the facility unless:

(1) the parent or guardian of the child has submitted to the childcare facility prior to the administration of the medication a signed and dated parental consent form that authorizes the facility to administer the medication to the child, and the authorization is for not longer than one year;

(2) the medication is administered as stated on the label directions, or as amended in writing by the child’s health care provider; and

(3) the medication is not expired.

(C) Notwithstanding subsection (B), a director, owner, operator, caretaker, employee, or volunteer of a childcare facility may administer medication to a child without a signed authorization if the parent or guardian:

(1) submits to the facility an authorization in an electronic format that is capable of being viewed and saved; or

(2) authorizes the childcare facility by telephone to administer a single dose of a medication.

(D) This section does not apply to a person who administers a medication as prescribed, directed, or intended, to a child, when that person has a good faith belief the child is suffering from a medical emergency and administering medication would prevent the death or serious injury of the child.

(E) A childcare facility shall maintain in each child’s record all written documentation and records of verbal communication that confirm parental or guardian permission to administer medication to the minor child as required pursuant to this section.

(F) A person who violates the provisions of this section is guilty of a misdemeanor and, upon conviction, may be imprisoned for up to one year or fined not more than two thousand dollars, or both.

Additionally, in June 2014, the SC General Assembly passed the law requiring inspections in Family Child Care Homes to ensure the health and safety of children.

SECTION 63-13-840. Inspections of family childcare homes.

(A) When the department visits a family childcare home for purposes of an inspection or investigation pursuant to Section 63-13-80(A), it shall conduct the review to ensure the facility complies with the following:

-
- (1) health and safety of the children;
 - (2) no evidence of child abuse; and
 - (3) enrollment within the limits set forth in this chapter.

(B) If a complaint received by the department concerning a family childcare home pursuant to Section 63-13-80 indicates that the child has been abused, the department shall carry out its responsibility as authorized under Chapter 7. If the visits and inspections verify conditions detrimental to the health and safety of the children or over enrollment, the department shall carry out its responsibility as authorized pursuant to Section 63-13-160 and Section 63-13-830(C).

Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe (1) (b), (c), (d) state:

(b) Meals and snacks provided shall be in compliance with the USDA CACFP Guidelines. Centers that do not provide overnight care shall serve at least one meal and at least one snack that meet USDA CACFP Guidelines. Centers providing care between the hours of 6:00 p.m. and midnight shall additionally meet USDA CACFP Guidelines in serving dinner and at least one additional snack. Meal components and serving sizes shall be in accordance with these guidelines.

(c) Only Grade A pasteurized fluid milk and fluid milk products may be given to any child less than 24 months old, except with a written permission from the child's health provider.

(d) Whole milk may not be served to children less than 12 months of age, except with a written permission from the child's health provider.

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. South Carolina has determined that all relatives caring for children are exempt from health and safety training requirements in accordance with the CCDF regulations. A \$100 incentive will be provided for relatives who voluntarily complete a modified version of the 26 hour Health and Safety Pre-Service Course applicable to this form of care which will be available to them without cost. All exempt relatives are required to have Central Registry and sex offender background checks.

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- Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.
 - No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation [Child care facilities are governed by the SC Child Care Licensing Law \(Sections 63-13-10 through 63-13-1240\) and the Child Care Licensing Regulations for “Private and Public Childcare regulations, Group Child Care Homes regulations, Religious Entities regulations, Family Child Care Homes regulations and Family Child Care Home Suggested Standards” that govern the health and safety requirements for licensed and registered facilities enacted in June 2005 for regulated facilities in the state of South Carolina. These laws and regulations ensure compliance to health and safety requirements for providers receiving CCDF through licensing inspections. In addition, the ABC Quality Program is responsible for increasing the availability, affordability, accessibility and quality of child care for families in the state of South Carolina. Providers that are enrolled in this voluntary program must adhere to the licensing and regulatory requirements regarding health and safety and those policies relating to child care services.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
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5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

- b) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: [The Lead Agency hires CCL licensing specialists in the positions of Human Service Specialist II within DECE in the CCL Office of SCDSS. The minimum requirement for this position is a Bachelor's degree in early childhood education, social work or a related field. The qualifications indicate the licensing specialist must have considerable knowledge of fact-gathering methods and interviewing techniques; of regulations, departmental standards and policies governing the operation and licensing of child care facilities, case management and of community resources. They must have the ability to examine and evaluate licensing applications and other forms and to make sound recommendations based upon written material](#)

and personal visits. The Lead Agency strives to hire specialists from diverse cultural and linguistic backgrounds to enable staff to communicate with providers by treating them with respect and dignity and to avoid cultural or linguistic barriers.

Lastly, all licensing specialists are trained during orientation of their employment. They are given a training plan that involves classroom instruction and on-the-job instruction and training. Training lasts for 10 weeks and is conducted by the training director and the regional supervisor where the licensing specialist is assigned. This training plan consists of understanding the law and regulations; reviewing the process for the registration of Family Child Care Homes and conducting the inspection; reviewing the process to open a new facility (any category of care); reviewing the renewal process; learning how to conduct an unannounced visit to all categories of care; learning how to conduct a complaint visit; investigating illegal operations; and understanding corrective action plans, appeals and testifying in hearings. Additionally, SC has initiated training for all licensing specialists and all licensing supervisors. In previous years, CCL has been certified by NARA. CCL has also conducted training internally based on NARA's curriculum for training staff. In November 2015, CCL held a 2-day professional development training for CCL and ABC Quality staff which included program administration, child development, health and safety and professional development and leadership training topics.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than November 19, 2016)

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 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
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c) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits [Regulations 114-502 A \(2\) for centers, 114-512 A \(3\)](#) indicate:

Department staff shall arrange a licensing/approval study during an on-site visit to the proposed facility for determining compliance with applicable regulations after giving the applicant appropriate notice. This on-site visit is conducted prior to issuing a license for new applicants and every two years thereafter to renew the license.

The policy for registered family child care homes states, “After giving the applicant prior notice (at least 2 days), the Department staff shall make an on-site visit to the proposed family child care home to determine compliance with CCDGB federal law dated November 2014 with regard to health and safety.”

Statute 63-13-80 (A), In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the department may visit a child care center, group child care home or family child care home anytime during the hours of operation without prior notice once a year for purposes of investigations and inspections. In conducting investigations and inspections, the department may call on political subdivisions and governmental agencies for appropriate assistance within their authorized fields. The inspection of the health and fire safety of childcare centers and group childcare homes must be completed upon the request of the department by the appropriate agencies (i.e., Department of Health and Environmental Control, the Office of the State Fire Marshal, or local authorities). Inspection reports completed by state agencies and local authorities

must be furnished to the department and become a part of its determination of conformity for licensing and approval. After careful consideration of the reports and consultation where necessary, the department shall assume responsibility for the final determination of licensing, approving, renewing, revoking, or making provisional licenses and approvals.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
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c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: [Listed below is the law giving the agency the authority to make visits in the registered family child care homes.](#)

Statute 63-13-80 (A), In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the department may visit a family child care home anytime during the hours of operation without prior notice once a year for purposes of investigations and inspections. In conducting investigations and inspections, the department may call on political subdivisions and governmental agencies for appropriate assistance within their authorized fields. The inspection of the health and fire safety of childcare centers and group childcare homes must be completed upon the request of the department by the appropriate agencies (i.e., Department of Health and Environmental Control, the Office of the State Fire Marshal, or local authorities). Inspection reports completed by state agencies and local authorities must be furnished to the department and become a part of its determination of conformity for licensing and approval. After careful consideration of the reports and consultation where necessary, the department shall assume responsibility for the final determination of licensing, approving, renewing, revoking, or making provisional licenses and approvals.

Annual inspections for defined license-exempt CCDF providers including after-school providers, summer camps, and family, friend, and neighbor (FFN) care will be performed by ABC Quality monitors as designated by the Lead Agency.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
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 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: **It is the Lead Agency’s practice to have appropriate ratio of licensing specialists to facilities in SC. The current number of facilities in SC as of 12/2/15 is 2731. The number of licensing specialist positions in SC is 57. The ratio is one licensing specialist to 48 facilities.**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) **SECTION 63-7-310. Persons required to report. (ALL FACILITY TYPES)**

(A) A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, school attendance officer, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, foster parent, police or law enforcement officer, juvenile justice worker, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, judge, or a volunteer non-attorney guardian ad litem serving on behalf of the South Carolina Guardian Ad Litem Program or on behalf of Richland County CASA must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20.

(B) If a person required to report pursuant to subsection (A) has received information in the person's professional capacity which gives the person reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but the reporter believes that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, the reporter must make a report to the appropriate law enforcement agency.

(C) Except as provided in subsection (A), a person, including, but not limited to, a volunteer non-attorney guardian ad litem serving on behalf of the South Carolina Guardian Ad Litem Program or on behalf of Richland County CASA, who has reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse and neglect may report, and is encouraged to report, in accordance with this section.

(D) Reports of child abuse or neglect may be made orally by telephone or otherwise to the county department of social services or to a law enforcement agency in the county where the child resides or is found.

Regulations for private and public child care centers 114-503 C (1)

The center shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510.

114-503D (2) The following incidents shall be reported to the department immediately:

(g) Reports of alleged child abuse involving the owner, director, or any staff person

Group Childcare Home:

114-513 C (1). The group childcare home shall immediately report suspected child abuse or neglect to the Department's Office of Child Protective and Preventive Services or to local law enforcement in accordance with South Carolina Code Annotated Section 63-3-310

114-513 D. (2). The following incidents shall be reported to the Department immediately:

(g) Reports of alleged child abuse involving the operator or any staff person.

Registered faith based childcare:

114-523 C. Child Abuse

114-523 C(1): The center shall immediately report suspected child abuse or neglect to the Department's Office of Child Protective and Preventive Services or to local law enforcement in accordance with South Carolina Code Annotated Section 63-3-310

114-523 D (2) The following incidents shall be reported to the Department immediately:

(d) Reports of alleged child abuse involving the director or any staff person

SECTION 63-13-840. Inspections of family childcare homes.

(A) When the department visits a family childcare home for purposes of an inspection or investigation pursuant to Section 63-13-80(A), it shall conduct the review to ensure the facility complies with the following:

(2) No evidence of child abuse.

Licensed Family Child Care Homes:

Suggested Standard: (3) Reporting neglect or abuse: The operator shall notify the appropriate Department staff or local law enforcement official when it appears that a child is being neglected or abused.

Registered and licensed family childcare homes:

114-528H. Inspections, consultation and reporting for registered and licensed family day care home.

(6)(d) Any child protective services reports involving the operator, household member (s), substitute caregiver(s), emergency person(s) or volunteer(s).

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual

cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. [All relatives providing care to children are required to have Central Registry and sex offender background checks. They are offered the opportunity to take a modified version of the 26 hour health and safety pre-service coursework. Both the parent and provider complete and sign a self-certification safety checklist prior to enrollment.](#)
- Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____
- No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have

been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency's rules _____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017)
[September 30, 2017](#)

-
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable SECTION 63-13-40. Background checks for employment.

(A) No childcare center, group childcare home, family childcare home, or church or religious childcare center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of:

 - (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;
 - (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;
 - (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;
 - (4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met:
 - (a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period;
 - (b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and
 - (c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency.A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a childcare center, group childcare home, family childcare home, or church or religious childcare center.

If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person’s employment must be terminated;

 - (5) the offenses enumerated in Section 16-1-10(D); or
 - (6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

This section does not prohibit employment or provision of caregiver services when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, an operator or the department may

consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for employment or to provide caregiver services.

(B) A person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or is a caregiver at a childcare center, group childcare home, family childcare home, or church or religious childcare center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

(C) Application forms for employment at childcare centers, group childcare homes, family childcare homes, or church or religious childcare centers must include, at the top of the form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services or is a caregiver at a facility is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

(D)(1) To be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child.

(2) However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background checks, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. A person provisionally employed must be directly supervised by a nonprovisionally employed person at all times when providing direct care to children.

(3) Provisional status will be repealed if the requests for the Central Registry check and SLED and FBI fingerprint-based background checks are not sent by facsimile, mail, or another manner approved by the department by the end of the next business day after the person was employed.

(4) If the director of a childcare facility violates the terms of provisional employment, for a first offense, the facility may not employ a person provisionally for twelve months. For a second or subsequent offense, the facility may not employ a person provisionally for twenty-four months. The penalty shall apply to any facility that may employ the director of the facility during the period of suspension. A childcare facility owner with five or more facilities that sustains violations in twenty-five percent or more of facilities

owned in the State during a period of two years may not employ a person provisionally in any facility for twenty-four months. The department shall have authority to determine that a violation has occurred and shall notify the owner and the director in writing of the violation and the penalty. The owner or director under penalty may appeal this determination through the process provided in this subarticle for appeal of the revocation or denial of a childcare license. Authority to employ persons in provisional status must remain suspended while the appeal is pending. Upon disposition of the appeal in favor of the appellant, authority to use provisional status must be restored.

(5) The results of the fingerprint-based background checks are valid and reviews are not required to be repeated as long as the person remains employed by or continues providing caregiver services in a childcare center, group childcare home, family childcare home, or church or religious childcare center; however, if a person is not employed or does not provide caregiver services for one year or longer, the fingerprint reviews must be repeated.

(6) For provisional employment under this section, the department must complete the Central Registry check within two business days of receipt of the request. For other employment under this section, the department must complete the Central Registry check within five business days of receipt of the request. If the department notifies the provider that research into other records is required, these deadlines may be extended for up to ten additional business days.

(E) Unless otherwise required by law, this section does not apply to volunteers in a childcare center, group childcare home, family childcare home, or church or religious childcare center. For purposes of this section, "volunteer" means a person who:

(1) provides services without compensation relating to the operation of a childcare center, group childcare home, family childcare home, or church or religious childcare center; and

(2) is in the presence of an operator, employee, or caregiver when providing direct care to children.

"Volunteer" includes, but is not limited to, parents, grandparents, students, and student teachers.

(F) Unless otherwise required by law, this section applies to:

(1) an employee who provides care to the child or children without the direct personal supervision of a person licensed, registered, or approved under this chapter; and

(2) any other employee at a facility licensed, registered, or approved under this chapter who has direct access to a child outside the immediate presence of a person who has undergone the fingerprint review required under this chapter.

- Unmet requirement - Identify the requirement(s) to be implemented In SC, State and FBI checks are completed on regulated facilities, including registered Family Child Care Providers,

but only once, unless they have had a break in service of a year or longer. Presently, South Carolina does not complete them at least once every 5 years. SC conducts a child abuse and neglect check on all staff in regulated facilities to include registered Family Child Care Home providers and Family, Friend and Neighbor providers; however, they are not completed in each State where the staff member has resided over the past 5 years. They are, however, completed at every renewal (every 2 years for licensed centers and group child care homes; every year for registered family child care homes). If a Family, Friend and Neighbor caregiver is terminated and re-enters, a new check of the Central Registry and sex offender list for that category of care is completed. Currently, State and FBI checks are not completed on exempt providers. With the passage of the CCDBG Reauthorization, exempt providers will be integrated into the State and FBI checks.

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Currently, the agency is exploring whether “Rap Back” is an option in South Carolina through our state’s law enforcement division which will address the needing to complete criminal background checks every 5 years. “Rap Back” is a mechanism that allows a State’s law enforcement agency to immediately inform our Office of Investigation of any new criminal history record information (CHRI) against an employee that arises after the employee’s pre-employment background check is completed. Once a State rap back system is in place, the State CJIS agency continuously checks employees’ existing fingerprint records against incoming CHRI (e.g., arrest or conviction information) to determine whether there are matches. If there is a match, updated CHRI about the employee is reported to the State agency that originally requested the background check. The grantee State agency is responsible for analyzing the CHRI and notifying the employer(s), as appropriate and in accordance with State rules and regulations. This policy will also apply to legally exempt providers (afterschool, summer camps, etc.) and will be effective September 30, 2017.
 - Projected start date for each activity January 2016

- Projected end date for each activity [September 2017](#)
- Agency – Who is responsible for complete implementation of this activity [General Counsel and the Agency’s Legislative Office](#).
- Partners – Who is the responsible agency partnering with to complete implementation of this activity [SC Law Enforcement Division](#).

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks. [Child care staff must have their criminal background checks prior to working in a child care facility. The director of the facility is responsible for ensuring that all staff members have all background checks before they are placed in the facility to work with children. For a new application for a child care license, information is sent to the applicant regarding how to get fingerprinted after CCL receives clearance from zoning and has the licensing application. Staff must generate a “Safe Form” via their application identification. The employee must then complete the “Safe Form” and register with the designated third party entity to have their prints digitally scanned. Once the prints are scanned, a letter is sent to the Director and employee indicating whether that employee is cleared to work in the facility or if they are excluded. No other information is provided to the Director to ensure confidentiality. If the staff needs to appeal the results, they may do so by notifying the Office of Investigation within the SC Department of Social Services and the State Law Enforcement Division. If the employee is physically unable to travel to the third party site to be scanned for fingerprints due to their disability, they must notify their licensing specialist who will contact the Office of Investigation and will make the appropriate arrangements to assist in getting the staff’s fingerprints completed.](#)

5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states [The Lead Agency is currently working through this process internally and with other states and is handling them on a case by case basis.](#)

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes. Describe [all of the felonies are reviewed by the Office of Investigation to determine if that employee is excluded from working in child care](#)

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

Yes. Describe [SC Code of Law Section 63-13-40](#)

<http://www.scchildcare.org/media/607/ChildrensCodeTitle63.pdf>

No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State/Territory exempt relatives from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all). _____

No, relatives are not exempt from background checks. [Currently South Carolina requires Central Registry and Sex Offender background checks.](#)

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor. Lead Agencies can report that no fees are charged if applicable. [The SC State Law Enforcement Division is responsible for setting the cost of fingerprint background checks, and a budget provision sets the fee for Abuse and Neglect fees. DECE does not set these fees. The costs are considered reasonable. These costs are passed on to the provider or employee. The link to fingerprinting page is <http://www.scchildcare.org/providers/become-licensed/licensing-requirements/safe-live-scan-digital-fingerprinting.aspx>](#)

Fingerprinting charges:

Regular (paid) employees (part-time or full-time) \$33.00 + \$10 = \$43.00

Regular unpaid employees (part-time or full-time) \$30.50 + \$10 = \$40.50

Household Members (in Registered Family Child Care Homes) \$30.50 + \$10 = \$40.50

Charitable Organization (regular employees) \$26.25 + \$10 = \$36.25

Charitable Organization (Unpaid Employees) \$25.00 + \$10 = \$35.00

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue [Information regarding the background checks for all staff members who work in regulated child care facilities are listed on DECE's website at \[www.scchildcare.org\]\(http://www.scchildcare.org\) under CCL](#)

http://www.scchildcare.org/media/20912/Statute-63-13-40_Background-Checks.pdf. It reads,

“Licensing conducts state and federal background checks on all staff members who work in regulated child care facilities. This includes checks of the Central Registry for Child Abuse and

Neglect and the SLED Sex Offender Database on staff members who work in regulated facilities and Family, Friend and Neighbor providers enrolled in the SC Voucher Program or Quality Program.” Additionally, under the library section of the scchildcare.org website, the “Safe Form” is available for providers to fill out when needed.

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data _____

No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a

knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

-
- c) Incorporate knowledge and application of the State/Territory’s early learning and developmental guidelines (where applicable), the State/Territory’s health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
 - d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
 - e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____

-
- Partners – Who is the responsible agency partnering with to complete implementation of this activity

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

State/Territory professional standards and competencies. Describe *The Foundation of Excellence: South Carolina's Core Competencies for Early Childhood Teachers/Caregivers and Program Administrators* outlines the knowledge, skills, and dispositions needed by early childhood professionals working with children from birth to school age in any early care and education setting. The Core Competencies document was introduced to South Carolina in 2010. There are five content areas: Child Development, Curriculum, Health, Safety, and Nutrition, Guidance, and Professional Development. Each content area has three levels of expertise based on training, education and experience. This core competencies document provides another important step in the development of a strong early childhood professional development system in South Carolina. The document may be downloaded from the Center for Child Care Career Development website: www.sc-cccd.net. Click on the *Links* section of the home page for the *Core Competencies* document.

Career ladder or lattice. Describe The career ladder is just one element in the plan for a comprehensive professional development system for early care and education professionals in SC, including a workforce registry, revised core competencies, new training opportunities, and many other new online resources. The career ladder will assist professionals in charting their progress in education, training, and work experience. While the ladder is an important element in supporting the early care and education workforce in SC, it will be most effective when used in conjunction with the core competencies and professional development efforts.

Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe As a means to encourage college classes and college degrees to child care staff who work with children, The Center for Child Care Career Development (CCCD) worked with technical colleges across the state to provide support in maintaining articulation agreements between technical and four year colleges. Approximately 88% of the State's technical colleges achieved the national accreditation for their early childhood departments through these combined efforts. SC currently has 12 articulation agreements with the following colleges and universities: University of South Carolina, South Carolina State University, Columbia College, Winthrop University, Newberry College, Lander University, Frances Marion University, Coastal Carolina

University, University of South Carolina Aiken, Southern Wesleyan University, University of South Carolina Beaufort, and University of South Carolina Upstate.

Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe The Center for Child Care Career Development (CCCCD) reviews and approves all training to meet SCDSS Licensing requirements. Training coordinators read each training to make sure that it meets the designated topic area and time frame and that the content reflects best practices in the field. CCCC also manages a trainer and training approval process titled Certified Training. A Certified Trainer must meet specific qualifications and, upon approval, submit training outlines that are scored using an objective scoring process. CCCC maintains a list of Certified Trainers on its website for training programs to utilize. Statewide CCR&R staff are Certified Trainers and CCCC works with them to coordinate training that is discussed during coordination team meetings. In 2015, CCCC worked collaboratively with consultant Dr. Laura Johns to develop the SC Health and Safety Preservice Certificate. This certificate can be obtained by taking a specified 26 hours of free online training through ProSolutions. The content of this training was reviewed by early childhood professionals across the state and topic areas that concur with the SCDSS CCL requirements were assigned to each course. Students who complete this certificate may use the hours to meet their annual SCDSS training hours for two years. If the student works in a child care program that receives federal funds, they are eligible for a \$100.00 bonus upon completion of the Certificate.

Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe CCCC houses a workforce training registry for child care providers in South Carolina. Child care professionals working in regulated programs are required to meet SCDSS licensing obligations, which require documented contact hours. To ensure compliance, the Child Care Training System administers a registry that documents all DSS child care training hours; registers or certifies all child care trainers and training in the state; maintains an online calendar of certified trainings; and offers an online portal that allows providers, teachers and regulatory officials to view and print training transcripts.

Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe CCCC sponsors an annual SC Early Childhood Leadership Institute. Leading early childhood personnel from across South Carolina are invited to attend and contribute to discussions that center around the professional development of the State's early childhood workforce. Early Childhood Coordinators from all sixteen colleges work collaboratively with staff at CCCC to improve early childhood coursework, professional pathways and offer academic coursework that lead to state credentials at all levels. The framework of South Carolina's early childhood education for child care professionals is a result of this Institute.

Continuing education unit trainings and credit-bearing professional development. Describe SC's 26 Hour Health and Safety Preservice Training Course offers continuing education units (CEUs), and SC is in negotiation to have those units applied to an online CDA Credential course.

State-approved trainings. Describe CCCCD manages a Trainer and Training Approval system. Trainers who meet the designated qualifications submit Certified Training Applications to CCCCD. Training Coordinators score each outline using an objective score sheet that reflects current best practices in early childhood content and adult education. Certified outlines are issued official training rosters that are current for 5 years. Certified trainers are invited to attend annual Train the Trainer Seminars to enhance their training skills. In addition, there is an elite group of Certified Trainers called Master Certified Trainers. Active Certified Trainers who continually demonstrate mastery of early childhood content, or have earned a Master's Degree in Early Childhood Education are invited to an intensive three day training on adult learning principles. If the Certified Trainer masters the Adult Education training, they are awarded the title of Master Certified Trainer (MCT).

Inclusion in state and/or regional workforce and economic development plans.

Describe _____

Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC. The Lead Agency contracted with South Carolina First Steps to School Readiness for the development and operation of CCCCD. CCCCD was designed to provide the infrastructure for the state's training registry for child care directors and caregivers, the registries for trainers and technical assistance providers, the TEACH scholarship program, the early childhood credentialing, and related professional development initiatives. The State Advisory Council (SAC) on Early Childhood Education and Care is housed at South Carolina First Steps to School Readiness. CCCCD was transferred to the Lead Agency to consolidate resources. The Lead Agency also works with the Statewide CCR&R on training plans. CCR&R uses the local Child Care Coordination team meetings to formulate training plans customized for each community's needs. First Steps to School Readiness staff are among the partners that are critical to this effort.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health <http://www.acf.hhs.gov/programs/occ/resource/im-2015-01>)

Training programs across the state utilize the SC Early Learning Guidelines (ELS) as well as the SC Infant/Toddler Guidelines (ITG) as primary content for training and technical assistance for child care programs across the state. SCPITC identifies child care programs that serve infants and toddlers and offers a concentrated curriculum using SCPITC and the ITG. In addition, certified trainers use the ELS and ITG as primary content for trainings that they offer that can be accessed by any child care provider who attend to earn their required training hours annually.

The new Health and Safety Pre-Service Training requirements have been addressed through a statewide online system managed by ProSolutions. Child care teachers are able to earn the SC Health and Safety PreService Certificate by completing 26 hours of online training. School Districts, State agencies and SC First Steps recognize the importance of social-emotional development to the overall success of each child as they prepare and enter school. Training programs utilize training grants to train certified trainers in social/emotional content such as CSEFEL and positive guidance content such as conscious discipline.

Current ABC Quality Standards at Levels A/A+ require training on ELS. The 26 Hour Health and Safety Pre-Service requirement is being incorporated into ABC Quality's mandatory standards for all types of providers in the QRIS effective October 1, 2016.

- 6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable) Training and professional development requirements are accessible to providers statewide including Catawba Indian Nation

Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians SC's professional development system is inclusive to all. Everyone has the same opportunities. The SC Early Care & Education Credentialing System documents completion of specific early childhood coursework. It encourages early childhood teachers to be prepared to provide nurturing, stimulating, and high quality infant/toddler/preschool and school-age programs. In order to promote career development for those who educate and care for the children in our state, CCCCD offers three levels of credentials, with the SC Early Childhood Credential serving as the foundation for the additional levels of credentials.

Level 1 The SC Early Childhood Credential
The South Carolina School-Age Credential

Level 2 Infant/Toddler Credential
Preschool Credential
Director Credential
Special Needs Credential
Family Child Care Credential

Level 3 Infant/Toddler Credential
Preschool Credential

Director Credential
Special Needs Credential
Family Child Care Credential

The classes required for these credentials are offered at the sixteen technical/community colleges across the state.

6.1.6 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees. Describe The state's Early Care and Education Professional Development System is managed by CCCCD. CCCCD is fully funded by the Lead Agency. The professional development system includes the SC Early Care & Education Credentialing system and the Teacher Education and Compensation Helps (T.E.A.C.H) scholarship program. Through the scholarship program, funding is provided for persons working in state regulated child care programs to take academic courses in early care and education offered at the sixteen technical and community colleges in the state. The South Carolina Early Care and Education Credentialing system provides a foundation in early childhood coursework and a verification process for child care employers. Coursework required to earn credentials is offered through 16 technical and community colleges located throughout South Carolina. Students who work in a regulated child care program may also be eligible for T.E.A.C.H. scholarships and Smart Money bonuses.

Financial incentives linked to education attainment and retention. Describe To open the door to a college education, T.E.A.C.H. provides scholarships for lead and assistant teachers, directors, owners, and family/group providers who are working to complete college-level coursework in early childhood education. All of South Carolina's technical/community colleges, as well as designated four year institutions, work in partnership with T.E.A.C.H. to improve early childhood education, increase pay and reduce turnover rates among child care providers, and improve the quality of child care overall. By providing resources, recognition and guidance to individuals and programs that serve young children in South Carolina, CCCCD's professional development programs play a key role in raising the standards of all early childhood programs; encouraging steady gains in education, compensation, commitment and career advancement for child care professionals; and unlocking the greatest potential of SC's children and their families.

- Registered apprenticeship programs. Describe _____
- Outreach to high school (including career and technical) students. Describe _____
- Policies for paid sick leave. Describe _____
- Policies for paid annual leave. Describe _____
- Policies for health care benefits. Describe _____
- Policies for retirement benefits. Describe _____
- Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____
- Other. Describe _____

6.1.7 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language [DECE recruits providers through PASOs and family child care networks](#)

6.1.8 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically

diverse workforce

- Other _____
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages [Spanish](#)

6.1.9 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

- Yes. The State certifies that no later than September 30, 2016 it will develop policies to identify, enroll and serve homeless families with children in need of child care assistance. These policies will be aligned with and based on eligibility procedures and practices developed at SDE and other local education agencies such as Head Start. Currently, DECE has been partnering with the SDE's McKinney-Vento State Coordinator, the South Carolina Coalition for the Homeless, and the four regional Coalitions for the Homeless to develop referral processes for child care subsidy vouchers to increase access to high quality child care.

DECE will also develop specialized training modules that understand the complex issues and needs surrounding homelessness for child care providers serving homeless children. In building these modules, the state will explore collaborations with valuable state resources such as SDE, Homeless Coalitions, University of South Carolina faculty members teaching courses related to homelessness, Center of Excellence to prepare teachers of children in poverty at Francis Marion University School of Education and CCR&R who provide the majority of the child care training in the state. These trainings will be certified by CCCCD, which establishes child care training standards in the state, and count towards provider's mandatory annual training requirements.

-
- No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

- 6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory. [In order to evaluate South Carolina’s progress in improving the quality of child care programs, the SC Child Care Data Research Team will use data extracted from the QRIS monitoring](#)

system to compare the number, quality level, and geographic distribution of child care providers participating in the QRIS. This analysis will be augmented with data collected from child care providers via the Statewide CCR&R annual provider survey to approximate fluctuations in enrollment, capacity, and subsidy utilization in QRIS providers.

The CCCCD tracks providers receiving TEACH scholarships to earn coursework leading to credentials and degrees. The system includes a registry of annual training that each person receives. It measures the number of 26 hour pre-service requirements completed. This data can be aggregated. ABC Quality assessments at Level B and above track the educational levels of all caregivers and directors as well as performance of the program, both program-wide and reports on individual classrooms observed. The ABC Quality assessment data are housed at the State's "data warehouse" (Revenue and Fiscal Affairs, formerly known as the Office of Research and Statistics). Aggregated data from many state agencies are stored with this agency and can be accessed through agreements between agencies for research purposes.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe Quality Expansion and Quality 4%, Infant Toddler, School-Age/R&R targeted

Other funds. Describe DHEC through grant from CDC; USDA Team Nutrition

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe Content provided by DHEC on nutrition and physical activity; USDA on nutrition and well-being; DECE contractors including R&Rs, SCPITC, and SCIC.

Early childhood professional preparation and ongoing professional development for the early childhood education workforce is essential to providing high-quality early care and education services to children and families. The Statewide CCR&R supports the early childhood workforce through professional development experiences for those working with young children (infants, toddlers, preschoolers, and school-age children in centers, homes and schools). In order to meaningfully contribute to program quality enhancement, all trainings offered by the Statewide

CCR&R are informed by cutting-edge research and include only evidence-based best practices which are delivered in a manner consistent with the principles of adult learning, interactive learning activities and structured to promote linkages between research, theory and practice. The trainings that the Statewide CCR&R provides helps to meet CCL requirements, ABC Grow Healthy requirements, and supports professional growth among the early care and education workforce. In recognition of the fact that child care providers throughout South Carolina have different professional development needs, the CCR&R quality coaches provide training in several diverse topic areas identified by the SC Child Care regulations as well as CCCCD. Training topic areas include special needs, nutrition, curriculum, growth and development, health, safety, school-age, professional development, program management, and specialized training based on identified needs during technical assistance visits. Many training sessions are on-site at the child care programs to have opportunity to implement training practices while a certified quality coach is able to provide feedback, role modeling, encouragement, and overall support of concepts implementation.

Mandatory curriculum training for child care providers participating in ABC Quality includes the ABC Grow Healthy workshops focused on nutrition and physical activities.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe The SCIC provides training and coaching to child care providers related to supporting the use of evidence-based strategies for the promotion of social and emotional competence, the prevention of challenging behaviors, and intervention for children with persistent challenging behaviors for infants, toddlers, preschoolers, and school-aged children. All SCIC professional development offerings related to social-emotional and behavioral health are based on the Center for the Social and Emotional Foundations of Early Learning Pyramid Model (i.e., an evidence-based tiered model for positive behavior intervention and supports).

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe ABC Quality staff and participating center staff and families have access to Head Start trainings and gatherings focused on parent, family and community engagement. Based on the *Legacy for Children* approach, strategies addressed include frequent contact with

families, non-judgmental open-door policies, mutual respect and a climate of confidentiality. Consistent with the Legacy approach, DECE staff and local providers have access to trainings focusing on family well-being, positive parent-child relationships, first and lifelong educators, connections to peers and community, families as learners, leadership and advocacy and intentional transition.

Additional training and work meetings are held to address measuring what matters in engaging parents, families and communities.

DECE staff members periodically meet with Head Start/Early Head Start family service staff, many of whom have completed the Family Development Credential awarded by the University of Connecticut.

Division staff persons join the Head Start Collaboration Office, The Children's Trust and State First Steps to further the Parents as Teachers Program in local areas with an emphasis on rural areas.

Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe The ABC Quality staff offer professional development throughout the year for enrolled providers that focuses on the quality standards. These are the performance standards used to measure quality and to benchmark continuous quality improvement. The standards were developed based on the NAEYC accreditation criteria and focus on the implementation of developmentally appropriate practices. Providers receive training and technical assistance in the areas of staff:child interactions, activities and indoor/outdoor environment. Specialized training on the SC Early Learning Standards is offered at annual professional conferences.

Recently DECE participated in a BUILD Learning Table to promote policies and programs that support cultural and linguistic diversity. As a result of that learning table, the State led a training series on Supporting Young Dual Language Learners for over 400 early education providers. The training focused on the latest research and evidence-based teaching strategies to promote dual language development. All attendees received a bi-lingual book and access to further resources to support young dual language learners.

On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe _____ Training and professional development is provided to children and community partnerships to help them make services available to individual needs of children and families.

Using data to guide program evaluation to ensure continuous improvement. Describe DECE staff members have access to and partnered with Head Start in training sessions addressing the challenges to using data to guide planning for children and families. Offered by way of regional clusters, participants are guided through developing a viable plan for preparing, collecting, aggregating, analyzing and using and sharing child assessment and family outcomes data. The ABC Quality assessment reports provide a detailed narrative accounting of the results of each review conducted in addition to the scores and overall rating received. Feedback for items not met are provided. These reports provide a specific “roadmap” in addition to any required corrective action plan for the provider to use to improve performance. Assigned TA providers as well as the child care provider can use the report to plan training, technical assistance and needed corrections.

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe _____

Caring for and supporting the development of children with disabilities and developmental delays. Describe The SCIC provides individualized training and technical assistance for child care providers to support the inclusion of children with disabilities/developmental delays in child care programs. Inclusion specialists work directly with child care staff and program administrators to increase the use of evidence-based practices that lead to access and meaningful participation for all children. Through active collaboration with partnering agencies and organizations, SCIC helps child care providers stay connected with resources and opportunities to increase the quality of care and education provided to children and families in South Carolina.

Supporting positive development of school-age children. Describe The Statewide CCR&R provides individualized training and technical assistance for school age child care programs serving children 5 -12 years of age to provide quality afterschool care and/or out of school time care. CCR&R works directly with school-age program administrators and staff members to conduct self-assessments using evidence based School Age Environment Rating Scale to enhance school age environments. CCR&R has partnered with Building Opportunities Out of School Time (BOOST) to conduct specialized school age trainings based on topic areas of interest, such as prevention of bullying. Through active collaboration with partnering agencies and organizations, CCR&R stays connected with resources, school-age initiatives and opportunities to increase the quality of school-age settings.

Other. Describe _____

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
South Carolina has a robust statewide TEACH scholarship program administered by CCCCD with CCDF funds. The Financial Aid Offices at the colleges assist students in identifying other scholarship opportunities for which they could be eligible.

Other. Describe _____

No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

- 1) Number of pre-service or orientation hours and any required areas/content
A 26 Hour Online Pre-Service Health and Safety Course for early care and education professionals includes: Prevention/control of infectious diseases, SIDS and use of safe sleep practices, administration of medication, prevention/response to food allergies, building and physical premises safety, prevention of shaken baby syndrome, emergency preparedness and response, storage of hazardous materials, precautions in transporting children, nutrition and physical activity. This course is free to South Carolina citizens.

Number of on-going hours and any required areas/content All child care center staff: 15 hours of training are required annually

- A minimum of 5 hours of Child Growth and Development

-
- A minimum of 5 hours of Curriculum activities for children
 - 5 hours in other early childhood areas-The remaining hours shall come from the following areas: Safety, Health, Nutrition, Guidance or Professional Development, and must include Blood-Borne Pathogen training as required by OSHA

Directors/Operators: 20 hours of training are required annually

- A minimum of 5 hours related to Program Administration
- A minimum of 5 hours Child Growth and Development, Early Childhood Education, and/or Health and Safety
- 10 hours in other Early Childhood Areas-The remaining hours shall come from the following areas: Guidance, Curriculum Activities, Nutrition, or Professional Development, and must include blood-borne pathogen training as required by OSHA

b) Licensed Group Child Care Homes

- 1) Number of pre-service or orientation hours and any required areas/content
A 26 Hour Online Pre-Service Health and Safety Course for early care and education professionals includes: Prevention/control of infectious diseases, SIDS and use of safe sleep practices, administration of medication, prevention/response to food allergies, building and physical premises safety, prevention of shaken baby syndrome, emergency preparedness and response, storage of hazardous materials, precautions in transporting children, nutrition and physical activity. This course is free to South Carolina citizens.

Number of on-going hours and any required areas/content All child care center staff: *10 hours of training are required annually

- A minimum of 4 hours of Child Growth and Development
- A minimum of 4 hours of Curriculum activities for children
- 2 hours in other early childhood areas-The remaining hours shall come from the following areas: Curriculum Activities, Nutrition, Guidance, or Professional Development and must include Blood-Borne Pathogen training as required by OSHA

Directors/Operators: *15 hours of training are required annually

- A minimum of 5 hours related to Program Administration
- A minimum of 5 hours Child Growth and Development, Early Childhood Education, and/or Health and Safety
- 5 hours in other Early Childhood Areas-The remaining hours shall come from the following areas: Safety, Health, Guidance, Nutrition, or Professional Development, and must include blood-borne pathogen training as required by OSHA

ABC Quality at Levels B/B+ requires: directors to have 20 hours annually (minimum of 5 hours in Growth and Development); and direct care staff to have 12 hours annually (minimum of 5 hours in Growth and Development and 5 hours in Curriculum)

c) Licensed Family Child Care Provider

- 1) Number of pre-service or orientation hours and any required areas/content A 26 Hour Online Pre-Service Health and Safety Course for early care and education professionals includes: Prevention/control of infectious diseases, SIDS and use of safe sleep practices, administration of medication, prevention/response to food allergies, building and physical premises safety, prevention of shaken baby syndrome, emergency preparedness and response, storage of hazardous materials, precautions in transporting children, nutrition and physical activity. This course is free to South Carolina citizens.
- 2) Number of on-going hours and any required areas/content 2 hours of training annually-Kendra's Law. ABC Quality at Levels B/B+ requires 10 hours annually.

d) Any other eligible CCDF provider

- 1) Number of pre-service or orientation hours and any required areas/content A 26 Hour Online Pre-Service Health and Safety Course for early care and education professionals includes: Prevention/control of infectious diseases, SIDS and use of safe sleep practices, administration of medication, prevention/response to food allergies, building and physical premises safety, prevention of shaken baby syndrome, emergency preparedness and response, storage of hazardous materials, precautions in transporting children, nutrition and physical activity. This course is free to South Carolina citizens
- 2) Number of on-going hours and any required areas/content _____

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

- Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance Director Credentials from CCCCD include ECD 109 (Administration and Supervision), ECD 201 (Principles of Ethics and Leadership) and MGT 121 (Small Business Management or MGT 120/MGT 101. Family Child Care Credential 3 includes MGT 121 (Small Business Management) or MGT 120/MGT 101. Credentials are offered through the technical college system of 16

colleges accessible to all providers statewide and eligible for TEACH scholarship funding. Training and TA is also offered by the Statewide CCR&R.

Training and technical assistance is also offered by CCR&R for potentially new family-based and/or center-based child care programs that attend the CCL orientations. The licensing orientations are attended by CCR&R's Quality coaches who conduct an overview of training and technical assistance services available to assist potential child care programs to implement best business practices. CCR&R is also available to schedule a technical assistance visit to review business practices information and resources. In addition, ABC Quality quality coaches follow-up with each potential child care program to offer best business practices technical assistance, such as the development of a business plan. In partnership with DECE, a copy of the handbook "*Guide to Success in Family Child Care*" or "*Guide to Success in Child Care Center*" will be available to potential child care programs.

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

- The State/Territory assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency [Good Start Grow Smart ELS for 3, 4, and 5 year olds were adopted in 2008. Infant-Toddler Guidelines were adopted in 2009. The upcoming revision will merge Infant Toddler Guidelines and Good Start Grow Smart ELS for 3, 4, and 5 Year Olds into one document and will include a plan for cyclical review to be in sync with K-12 Learning Standards.](#)
- Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
- Unmet requirement - Identify the requirement(s) to be implemented _____
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

Birth-to-three. Provide a link <http://www.ed.sc.edu/cdrc/itg/>

Three-to-Five. Provide a link <https://ed.sc.gov/scdoe/assets/file/programs-services/64/documents/EarlyLearningGoodStart.pdf>

Birth-to-Five. Provide a link _____

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link _____

Other. Describe _____

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

- a) If yes, check all that apply to the technical assistance and describe.
- Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe CCCCD maintains list of certified trainers for this topic area.
 - The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe Level A/A+ providers are required to have training on ELS.
 - Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe SCPITC was designated as the core training resource for the Infant Toddler Guidelines. CCCC maintains list of certified trainers for this topic area as well.
 - Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe CCCCD maintains list of certified trainers for this topic area.
 - Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____

- b) Indicate which funds are used for this activity (check all that apply)
- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and

increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

-
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

South Carolina's overarching goals for quality improvement are:

- 1.Improve the quality of child care services for all children
- 2.Increase parental options for, and access to, high quality child care for children birth through age 12.

- 7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [All CCDF Funding Streams](#)

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [State Funds](#)

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds [Infant toddler set-aside funds are used for this activity.](#)

-
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
 - Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) CCR&R/School age, [Quality set-aside and Infant Toddler Funds](#)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
 - Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Quality set-aside](#)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
 - Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Quality set-aside](#)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
 - Supporting accreditation. If checked, respond to 7.7.
 - Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [Head Start Collaboration Funds](#)

Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) [Quality set-aside funds are used for this activity.](#)

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) [Limited funding from DHEC is received from a grant from the Centers for Disease Control and Prevention for statewide policy planning on nutrition and physical activity program standards.](#)

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available [The State's QRIS, ABC Quality, is State-administered. SC has a history since 1992 of connecting levels of quality to tiered reimbursement. The website can be accessed through \[www.scchildcare.org\]\(http://www.scchildcare.org\) or \[www.abcquality.org\]\(http://www.abcquality.org\)](#)

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) [All providers who seek to serve children receiving subsidy, with the current exception of family, friend, and neighbor, must enroll and participate in ABC Quality. Both ABC Quality and SC Voucher are housed in the SCDSS Division of Early Care and Education \(DECE\).](#)

Participation is required for all providers

Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

Supports and assesses the quality of child care providers in the State/Territory [Quality assessments are conducted annually for all providers enrolled in ABC Quality.](#)

Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers [Quality assessments are designed to build on State licensing standards, not duplicate those standards.](#)

Embeds licensing into the QRIS. Describe [Level C is the entry level to the QRIS and reflects licensing health and safety standards primarily.](#)

Designed to improve the quality of different types of child care providers and services

Describes the safety of child care facilities [The scchildcare.org website lists the regulated child care providers, deficiencies, and their level if enrolled in ABC Quality. The list of providers allows consumer searches with multiple filters.](#)

Addresses the business practices of programs [Included in the mandatory standards for ABC Quality are key policies that impact the business practices of programs.](#)

Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled. [Provider ratings are displayed on the www.scchildcare.org website to promote parents' and families' understanding of the early childhood system.](#)

Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality [SC has had a system of tiered reimbursement since 1992. This system has allowed for higher maximum payment rates tied to the varying quality levels and quality incentive awards payable per week per voucher child tied to quality level \(i.e. For center-based full-time care, Level A+ =](#)

\$20 per week, Level A = \$15 per week, Level B+ = \$10 per week, Level B = \$5 per week, and Level C = \$0).

Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

Licensed child care centers

Licensed family child care homes

License-exempt providers

Early Head Start programs

Head Start programs

State pre-kindergarten or preschool program

Local district supported pre-kindergarten programs

Programs serving infants and toddlers

Programs serving school-age children

Faith-based settings

Other. Describe. Family, friend and neighbor settings are allowed to participate in the State's options for care. These providers are informal care arrangements and are unrated.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. The Environment Rating Scales (ERS) are used to measure the quality of Level A+ and Level A classrooms in centers. Results of those reviews are accompanied by Mandatory Standards set forth by SC which are reviewed annually. State-developed review tools that include Mandatory Standards and Classroom Observation Standards for ages 0-2, 3-5, and 6-12 are used at Levels B+, B, and C. Revised Level B mandatory and 0-2 Standards are currently being piloted for implementation. Based on results of that pilot, 3-5 and 6-12 standards will be revised accordingly. The extended plan will merge the Level C standards with Level B and B+ standards to simplify the system and enable providers to identify obstacles preventing them from upward quality movement. Revisions to family and group home care standards will merge Level C standards with Level B and B+ standards and create Levels A and A+. Nutrition and physical activity standards will be included in the revisions.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

SC has invested significantly to improve the quality of infant-toddler care. Beginning in 2000, the Lead Agency created a partnership between the USC College of Education and WestEd SCPITC to provide targeted professional development for early childhood college faculty, assessors, trainers, technical assistance providers and child care providers through 2 graduate level courses to build the infrastructure for quality infant-toddler care. This continued partnership built a SCPITC-certified cadre that became one of the largest SCPITC-certified cadres in the nation. In addition to statewide expansion, annual institutes for SCPITC graduates have been held to assure that skills and knowledge remain current. In the past 2 years, the USC College of Education has sustained that coursework independently to maintain offerings needed for new staff in the state.

To support the infant and toddler workforce, the CCCCD has created a series of 3 Infant-Toddler Credentials to meet the needs of very young children within the technical college system of 16 colleges. These 16 colleges provide access to all citizens in the state.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe SCPITC has established a demonstration site where infant/toddler care-teachers and program administrators from across the state are encouraged to visit and learn what high quality infant/toddler care looks like in practice. A second demonstration site will be designated in 2016. SCPITC has also piloted a teacher mentor program in which exceptional infant/toddler care teachers are selected to attend an advanced training that is offered for college credit to learn about coaching and mentoring strategies and techniques. Candidates who successfully complete the course are encouraged to serve as a quality mentor to the peers at their own center, asked to present with SCPITC Infant/Toddler Specialists at state early childhood conferences, and eventually to mentor infant/toddler care teachers at child care programs in their community.

CCR&R has focused on a statewide effort to build an infrastructure to connect local family child care organizations by developing organizational networks statewide. Local networks are led by CCR&R quality coaches to provide training opportunities, ABC Quality information, special events, and/or activities based on family child care providers' specific needs and/or interests. Statewide CCR&R has established FCCN in major hub areas based on the reported population of family child care providers and in collaboration with community partners to establish local support of home-based child care settings. CCR&R's objective is to increase active participation of family child care providers in the state QRIS, increase the overall quality of FCC, provide information on available resources in the community, keep them updated on changes in regulation, increase participation in the ABC Quality program, and focus on using best business practices of FCC programs.

Research and demonstration projects initiated by CCR&R during the last few years have engaged family child care providers to learn about their perceived needs and increase their awareness of ABC Quality, state child care regulations, training initiatives, and other ongoing supports such as family child care networks and professional associations available to the family child care provider community. In addition, DECE has completed focus groups with family child care providers to gain additional insight into the needs of these providers as they engage in the pursuit of high quality care and education experiences for children and families in South Carolina. CCR&R and DECE coordinated regional trainings regarding legislation requiring annual inspections of family child care homes. CCR&R is focused on a blueprint to establish a statewide family child care system that offers member services such as membership cards, training, child care referrals, possibly a materials lending library and services to meet other professional needs identified by the members. CCR&R is prepared to develop a statewide system with the assistance of statewide partners, family child care providers and a focus on business practices including a staff member dedicated to family child care quality initiatives and building the statewide system.

In addition, CCR&R continues to work to improve its ability to meet the needs of all family child care providers to enhance the level of care being offered. To that end, a quality coach was recently hired who will work to expand CCR&R's efforts and work with family child care providers to improve the quality of care in these environments.

Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe DECE has provided ongoing support and participated in several initiatives designed to enhance the quality of care in family child care (FCC) programs. Beginning in 2009, DECE entered into a contractual agreement with Florence and Marion County Partnerships for School Readiness to develop and implement a quality enhancement initiative targeting FCC providers. Primary objectives of the initiative include providing guidance and support that leads to enrollment in the state's QRIS and strengthening the provider's ability to remain compliant with regulatory requirements. Key components of this initiative include readily available training opportunities based on providers' needs and interests; provision of technical assistance based on observation, dialogue, and use of the FCCERS assessment tool; and establishment of a FCC provider association. Technical assistance providers are certified through the CCCCD. The contractor has continued to actively promote and encourage FCC providers to become licensed, participate in the state's QRIS, and collect information/feedback about what is needed to help them achieve and sustain higher quality levels. In addition, the contractor worked in support of DECE to assist with provision of regional training regarding legislation requiring annual inspections of FCC homes. Currently, the contractor is working with ABC Quality to plan and implement a pilot initiative designed to determine the feasibility of establishing a quality level A for FCC providers.

In addition, CCR&R continues to work to improve its ability to meet the needs of all child care providers to enhance the level of care being offered. To that end, a quality coach was recently hired who will work to expand CCR&R's efforts and work with FCC providers to improve the quality of care in these environments.

☑ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe SC has invested significantly to improve the quality of infant-toddler care through professional development. Beginning in 2000, the Lead Agency created a partnership between the USC College of Education and WestEd PITC to provide targeted professional development for early childhood college faculty, assessors, trainers, technical assistance providers and child care providers through 2 graduate level courses to build the infrastructure for quality infant-toddler care. This continued partnership built a PITC-certified cadre that became one of the largest PITC-certified cadres in the nation. In addition to statewide expansion, annual institutes for PITC graduates have been held to assure that skills and knowledge remain current. In the past 2 years, the USC College of Education has sustained that coursework independently of WestEd PITC to maintain offerings needed for new staff in the state.

To support the infant and toddler workforce, the CCCCD has created a series of 3 Infant-Toddler Credentials specialized for infant/toddler staff to meet the needs of very young children within the technical college system of 16 colleges. These 16 colleges provide access to all providers in the state. Providers working toward the credentials are encouraged to apply for T.E.A.C.H. scholarships administered by CCCCD.

The mission of SCPITC is to support and promote high quality, responsive, relationship-based care of infants and toddlers as the secure foundation for their development and well-being. Through a reflective model of coaching, teachers are guided to use caregiving strategies that foster healthy social and emotional development. Considerable emphasis is placed on guiding teachers to understand the impact of their relationships with the young children in their care. Opportunities for reflection and discussion about the teachers' own early childhood experiences are offered. These opportunities allow them to examine their child care beliefs and habits in light of the information they've learned during their SCPTIC trainings regarding infant/toddler development. SCPITC is also increasing their focus on teacher-wellbeing as a critical element of promoting infant mental health. Understanding that personal stress hinders a teacher's ability to deliver high quality care, SCPITC is currently investigating models and practices that address teacher well-being to integrate into their service plan trainings and technical assistance.

The SC Infant & Toddler Guidelines (ITG) serve as the foundation for six module trainings that address the different developmental domains detailed in the ITG. More than 40 certified trainers are trained to deliver these modules to child care providers across the state. The SCPITC includes at least one ITG module to every program served. The SCPITC specialists are designated resources to provide training on the ITG as needed.

The SCPITC provides training paired with coaching strategies that encourage self-reflection and build on the strengths of individual programs and teachers to promote a responsive, relationship-based approach to infant/toddler care. Professional development topics focus on enhancing teachers' knowledge of child development and on building strategies that support a relationship oriented understanding of children's behaviors and learning.

To support the successful adoption of the new ABC Quality Standards for 0-2 year olds, a distance-learning series will be conducted in the spring of 2016 to orient caregivers and directors on the new standards. The series will run for 7 weeks and address each of the revised 6 standards for 0-2 as well as offer a session to address the revised mandatory standards. SCPITC specialists will be paired with ABC Quality quality monitors to conduct this training. The sessions will be broadcast live to designated local training sites with trained facilitators to include interactive activities.

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe Programs that participate in the SCPITC service plan earn \$500 for materials in the infant and toddler classrooms. Each program is loaned a digital camera to support documentation and reflection in their infant and toddler classrooms. Individual teachers who complete the service plan are eligible for a \$175 incentive to acknowledge the personal time that they have devoted to attend SCPITC trainings. Staff who are paid for their training time earn \$175 to use toward classroom materials rather than for their individual use.
- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe The SCPITC provides training paired with coaching strategies that encourage self-reflection and build on the strengths of individual programs and teachers to promote a responsive, relationship-based approach to infant/toddler care. Professional development topics focus on enhancing teachers' knowledge of child development and building strategies that support a relationship-oriented understanding of children's behaviors and learning. All infant/toddler specialists who deliver these intensive services, have earned PITC certification, are considered certified trainers by the CCCCD, and have experience working in early care and education settings.
- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe The SCIC provides training and coaching to child care providers related to making appropriate referrals to Part C, as well as teaming with providers who are intervening with children who are eligible for Part C services.
- Developing infant and toddler components within the State's/Territory's QRIS. Describe All center-based assessment tools have specific sets of standards for children birth through 2 years.
- Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe The Governor's Child Care Licensing Advisory Board is reviewing current licensing regulations and making recommendations for changes.
- Developing infant and toddler components within the early learning and development guidelines. Describe Current early learning and development guidelines are 2 separate documents. The Infant Toddler Guidelines are designed for children under 3 years of age.

The standards are currently under revision with a goal of combining both sets of standards into a seamless continuum. Infant and toddler components will remain a part of the revised standards.

Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe An extensive consumer awareness campaign has been conducted to heighten consumer awareness of the QRIS. The SC Child Care website has been revised to reflect CCL deficiencies as well as a provider's QRIS rating, if applicable.

Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe ABC Quality has embedded best practices related to nutrition and physical activity for infants and toddlers into the QRIS quality levels in collaboration with DHEC in an initiative to prevent childhood obesity. Most recently, SCPITC has implemented a breast-feeding friendly designation for child care providers. A new initiative, Beginnings S.C., to screen for hearing deficiencies has been implemented.

Other. Describe _____

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory Annual ABC Quality assessments will be reviewed for increased scores within a level as well as movement from one level to the next.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

CCR&R system operates as a statewide network housed at the University of South Carolina-Yvonne & Schuyler Moore Child Development Research Center in the College of Education. The Statewide CCR&R service areas are divided into four distinct regions that correspond with the SCDSS, CCL regions. This structure enhances direct service delivery and coordination with child care programs, core child care agencies, and the community in each region. CCR&R's quality coaches are assigned to one of the four regions to provide services. CCR&R monitors and refines strategies to maintain statewide consistency and effectiveness of services provided to child care providers and families seeking child care arrangements. CCR&R is committed to maintaining a learning community of well-qualified staff and providing on-going professional development opportunities for full-time grant funded quality coaches, administrative staff, and research team. CCR&R leadership designed several strategies to support systems of communication and professional

development among all network quality coaches to include: weekly teleconference meetings, monthly team meetings, regional team meetings, professional conferences, Train the Trainer enrollment and/or peer coaching and observation. In addition, CCR&R has partnered with the CCCCD to ensure that any potential quality coach must meet the qualification of South Carolina Certified Trainer Credential in all areas of certification and the South Carolina Certified Technical Assistance Provider Generalist II Credential.

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe _____

State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory In order to evaluate South Carolina's progress in improving the quality of child care programs the SC Child Care Data Research Team will use data extracted from the QRIS monitoring system to compare the number, quality level, and geographic distribution of child care providers participating in the QRIS. This analysis will be augmented with data collected from child care providers via the Statewide CCR&R annual provider survey to approximate fluctuations in enrollment, capacity, and subsidy utilization in QRIS providers.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe CCDF quality funds are used to carry out all child care licensing activities in SC (inspection, monitoring, and training of providers to comply with state regulatory health and safety requirements). In August 2015, a 26-hour on-line health and safety course was launched by the Lead Agency's Division of Early Care and Education. All caregivers employed with ABC Quality providers that are enrolled to provide child care services to children with CCDF subsidies have one year to complete the 26-hour course that is being offered through multiple modules on-line. Individual caregivers must pass a test on-line after completing each module to receive a certificate through CCCCD's training registry. When a caregiver completes the entire 26-hour health and safety course, a final certificate will be provided to the caregiver for their completion of the course. Child Care Licensing and ABC Quality staff who inspect and monitor the child care providers will have on-line access to all caregivers' training transcripts maintained by CCCCD. The 26-hour course will count toward the required Child Care Licensing training hours over a 2-year period. For all newly-enrolling child care providers with ABC Quality and newly-hired child caregivers, the 26-hour course will be required pre-service. It is expected that this 26-hour course will be a consistent message and measure of the health and safety requirements included in the CCDBG Act of 2014 and should result in improved health and safety practices with fewer deficiencies. In addition, all activities performed by ABC Quality on behalf of ABC Quality providers that are enrolled to provide child care services to children with CCDF subsidies are funded with CCDF

quality funds. CCDF quality funds are also used to expand the professional development of child caregivers through coursework and technical assistance offered by a variety of contractors and venues (CCR&R, SCPITC, early care and education professional development conferences, etc.). Also, all activities performed by CCCCD (maintaining the statewide child care training registry for child caregivers in SC, managing the TEACH scholarship program for child caregivers, managing the statewide certification process for child care training and technical assistance providers, expanding coursework, specialized training, technical assistance and related support for child care providers voluntarily progressing toward higher quality standards in a tiered reimbursement system.) are funded with CCDF Quality Expansion funds.

- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. The number and type of state regulatory deficiencies found among state-regulated child care providers will be among the initial measures used to evaluate progress in improving the quality of state-regulated child care programs and services.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

- 7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children _____

Existing measures of quality for ABC Quality include:

- State-developed mandatory standards for each level of care and type of care (centers and family homes) that address standards as appropriate for the level of quality including regulatory requirements; staff qualifications and development; administration (discipline policy, nutrition policy, physical activity policy); health, safety and well-being; and staff-parent interaction. Mandatory standards are reviewed annually for all programs.
- Classroom observations. For Levels A/A+ the Environment Rating Scale tools (ITERS, ECERS, SACERS) are used. For Levels B+/B/C state-developed observation tools are used. Currently, classroom observations are conducted every 3 years for Levels A/A+ and annually for all other levels and types of care (family homes and centers).
- Centers that were enrolled in ABC Quality with NAEYC accreditation were grandfathered into the current system. As long as those programs maintain continuous NAEYC accreditation with no lapses, they are allowed to participate in ABC Quality as Level A+. This is a closed class of providers. Accreditation is no longer allowed as the proxy for Level A+ performance for providers seeking to enroll at this Level in ABC Quality.

The current Level B/B+ mandatory and 0-2 classroom observation standards are currently under revision to reflect current best practices to positively impact children and to reflect changes with the CCDBG Act of 2014. Following completion of the pilot now underway, the 3-5 and 6-12 classroom

standards will be revised accordingly. Level C will be merged into those standards with a new metric for determining a provider's level of quality. A similar process will be conducted with Family and Group Standards.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory In order to evaluate South Carolina's progress in improving the quality of child care programs the SC Child Care Data Research Team will use data extracted from the QRIS monitoring system to compare the number, quality level, and geographic distribution of child care providers participating in the QRIS. This analysis will be augmented with data collected from child care providers via the Statewide CCR&R annual provider survey to approximate fluctuations in enrollment, capacity, and subsidy utilization in QRIS providers.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation _____
- Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe _____
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory N/A

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe _____

- A Breastfeeding Friendly Child Care initiative has been launched as part of the statewide SC Obesity Prevention Plan administered by DHEC. The Breastfeeding Friendly designation is administered by SCPITC with CCDF funding.
- The revised ABC Level B/B+ standards have a strong focus on supporting young children's mental health by creating expectations that caregivers develop sensitive, responsive and respectful relationships with the children in their care.

- ABC Grow Healthy nutrition and physical activity standards have been embedded in the center mandatory and classroom observation standards at all center quality levels. ABC Grow Healthy standards for family and group homes at all quality levels are currently under development for projected implementation in October 2016.
- A Team Nutrition grant has been received from USDA to provide support for child care providers to improve the quality of nutrition and well-being.
- The Lead Agency is partnering with DHEC on an outdoor learning initiative to support redesign of outdoor space in centers to encourage increased physical activity and outdoor learning opportunities. A pilot of 5 centers is underway in Florence County. This collaboration includes a partnership with NC State University and a developing partnership with Clemson University.
- The addition of developmental screening in the new Level B standards.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory In order to evaluate South Carolina's progress in improving the quality of child care programs the SC Child Care Data Research Team will use data extracted from the QRIS monitoring system to compare the number, quality level, and geographic distribution of child care providers participating in the QRIS. This analysis will be augmented with data collected from child care providers via the Statewide CCR&R annual provider survey to approximate fluctuations in enrollment, capacity, and subsidy utilization in QRIS providers.

Revised ABC Level B/B+ standards – Assessment reports document observation of individual provider progress in sensitive, responsive and respectful relationships with children based on classroom observations. There is potential for aggregated data in specific items or clusters of items.

ABC Grow Healthy nutrition and physical activity standards have been in place for Level B and B+ centers beginning in 2013. Data for 2013, 2014, and 2015 are currently under analysis by DHEC researchers and epidemiologists for feedback on progress being made and recommendations for improvement.

Team Nutrition – Project is newly operational. Consultation with USC Child Development and Research Center on evaluation has begun.

Outdoor Learning Initiative – DHEC is the lead partner on this initiative and responsible for evaluation measures under funding from the Centers for Disease Control and Prevention.

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. _____

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. [The DECE Improper Payments Review Team meet with managers of the eligibility units to review all error cases, including the improper authorizations for payment errors. Once the error cases are reviewed with the managers, training sessions are conducted for the eligibility staff, as well as, individual staff responsible for the frequent errors. Ongoing, one-on-one follow-up with individual staff is continued to assure adherence to requirements for accurate eligibility determination.](#)

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

Issue policy change notices

Issue new policy manual

Staff training

Orientations

Onsite training

Online training

Regular check-ins to monitor implementation of the new policies. Describe [Team meetings for eligibility unit staff are held to communicate policy changes and clarifications timely and updates provided.](#)

Other. Describe [Posted on website, monthly leadership team meetings.](#)

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- 8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. _____

The Lead Agency-Division of Early Care and Education is the sole administrator of the CCDF program. The Lead Agency does not have any sub-recipient contract/grant agreements. Contractual agreements are in place with multiple public and private entities to assist with the achievement of service goals based on a defined scope of work. Contractors are held accountable to the laws, regulations and standards governing the agency's programs through executed contractual provisions. All contracts/grants are vendor agreements with a defined scope of work and include service activities and program deliverables that are determined by the Lead Agency. Services are ancillary to the operation of the CCDF program. Contract managers review and monitor progress on all deliverables to ensure work is performed in accordance with the terms as stated in the contract/grant. A risk assessment that includes contract monitoring activities is included in all contracts and/or grant agreements. Contract managers review and approve the contract operational budget and invoices prior to their being paid.

Definition: "Sub recipient means a non-Federal entity that receives a sub award from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A sub recipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.
- a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types). Describe **Bi-Weekly reports are generated for the Quality Review Team to utilize to conduct the supervisory review process. Once cases are reviewed a report is produced to provide a detailed result of the case reviews and identify the types of errors and the corrective action taken.**

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe _____

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types). Describe **Bi-Weekly reports are generated for the Quality Review Team to utilize to conduct the supervisory review process. Once cases are reviewed a report is produced to provide a detailed result of the case reviews and identify the types of errors and the corrective action taken.**

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe _____

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

A supervisory desk review process is in place to review a percentage of all child care eligibility workers' cases approved every two weeks. This process is used to ensure that eligibility has been determined correctly. Available agency data systems, such as CHIP, PATS, and CAPSS are accessed, as appropriate, to ensure child care is in the correct child care category. The reviewer determines that all paperwork and documentation are in the case record. A review of the SC Voucher Program database is also conducted to ensure that information from the application has been properly entered. Any errors are

addressed by correcting them, if possible, or by terminating child care services, if necessary. These desk reviews are considered to be a preventative measure that will assist SCDSS in conducting the improper payments reporting process. The reviews are also used to identify training needs for staff and to strengthen policy and procedures.

All child care eligibility staff and ABC Quality staff have access to the Client History and Information Profile System (CHIP), which contains a client's information about TANF/SNAP benefits. Staff also has access to the Participation and Tracking Systems (PATS) to assist in monitoring TANF clients' participation. In addition, staff have access to Child and Adult Protective Services System (CAPSS), which contains information about children in CPS, and foster care cases. These systems are used to verify that clients are in open TANF, CPS or foster care cases, prior to determining child care eligibility. These systems are also reviewed monthly to ensure child care services continue to be maintained appropriately. Monthly caseload reports have been developed from these systems to assist in reducing eligibility errors.

ABC Quality monitoring staff conducts unannounced on-site visits to Level A and B providers that voluntarily meet standards above the state's minimum licensing requirements. In addition, the monitoring staff conducts on-site visits to Level C providers to ensure compliance with Level C standards which are based on the health and safety requirements. Health and safety visits to non-relative Family, Friend and Neighbor care providers is also conducted by ABC Quality monitoring staff. The staff performs unannounced reviews of child care records and monitors compliance. Suspected fraud is reported to SCDSS auditing staff.

The Lead Agency's auditing staff conducts random reviews of all regulated child care providers. An average of 14 audits are conducted per month (approximately 10% of enrolled, licensed, and registered child care providers annually). Reviews of child care attendance records and payment histories ensure that providers are serving and submitting payments for eligible children only.

Special audits are conducted as requested when fraud is suspected. Child care policies and procedures training is made available to staff twice a year. The SC Voucher Policy manual provides monthly updates as to "What's New" in policy.

- 8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.
- a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount *SC has no established minimum*
 - Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
 - Recover through repayment plans

-
- Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe _____
 - Other. Describe **The Lead Agency has processes in place to recover misspent funds from providers that are the result of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered into the SC Voucher system. Once the adjustments are entered, the future payments for the provider will be either increased, if a payable adjustment was entered and additional monies are owed, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the Service Voucher Log invoice document for the provider and will affect all future payments until the amount of the adjustment has been paid or received. If the adjustment is for a provider who does not have current SC Voucher children, and is thus not receiving a Service Voucher Log, a repayment letter is sent to the provider describing the monies owed. The provider is given an option to pay the amount in full by a specific date, or the option of requesting a payment plan and making regular payments.**
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____
- b) Check which activities the Lead Agency will use for intentional program violations or fraud?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount **SC has no established minimum.**
 - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe composition of unit below
 - Other. Describe **SC has not historically recovered child care funds from clients. This a highly mobile population with little or no income; therefore, the time and effort required to recover these funds from clients far outweighs any benefit of return of funds.**
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____
- c) Check which activities the Lead Agency will use for administrative error?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount **SC has no established minimum.**

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below

Other. Describe SC has not historically recovered child care funds from clients. This a highly mobile population with little or no income; therefore, the time and effort required to recover these funds from clients far outweighs any benefit of return of funds.

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. The applicant/client is given an opportunity to request a fair hearing in compliance with the Civil Rights Act of 1964. They may appeal any decision that results in the denial or termination of services, provided that decision is not based solely on lack of available funds or on the natural ending of services at the end of an eligibility period. A fair hearing must be requested in writing and must be made within 30 days from the date of the negative action. The request may be made by the applicant/client or a person acting on their behalf, such as a legal representative, relative, or friend. Staff must not impede, limit, or interfere in any way with the client's right to request a fair hearing. During an appeal process, the client is responsible for paying for their own child care arrangements. SC Voucher child care services will resume if the decision is in favor of the client. If the notice of intent to appeal is not submitted to SCDSS within the 30 day period, the right to challenge the denial or termination will be lost and the decision will become final. The notice of intent to appeal should be directed to:

South Carolina Department of Social Services
Individual and Provider Rights
P.O. Box 1520
Columbia, South Carolina 29202-1520

Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. A provider has the right to request a fair hearing regarding

any negative action taken by the ABC Quality system. Negative actions include, but are not limited to termination from the ABC Quality system and disenrollment of a specific care type. The provider must request the fair hearing within 30 days of the negative action by submitting the request in writing to the Division of Individual and Provider Rights (DIPR). Upon receipt of the request, DIPR will schedule the fair hearing and coordinate with SCDSS legal staff as well as the provider and the provider's legal representative as appropriate. ABC Quality monitoring staff are responsible for representing the ABC Quality Program at fair hearings for Level A, B and Level C providers. State Office DECE staff are responsible for representing the ABC Quality system at fair hearings for Family, Friend, and Neighbor (FFN) providers, and FFN providers caring for the child in the child's home.

No new SC Voucher clients will be allowed to connect to an SC Voucher facility during an appeal with SCDSS, the ABC Quality system or Child Care Licensing. A provider may continue serving a child who is currently connected unless the health and/or safety of the child are jeopardized. However, if a provider is currently caring for a child and the services come up for renewal, or the family is determined to be eligible for extended weeks of care and the provider is under an appeal, the family will have to find alternative child care arrangements.

Prosecute criminally

Other. Describe The ABC Quality system has controls in place to address improper payments to providers. The system adjustment process recoups overpayments (e.g., child is removed from the program and provider neglects to inform SC Voucher) to a provider from his/her next SC Voucher payment. In addition, the adjustment process creates payable adjustments for a provider if the SC Voucher system underpays them for child care services.

Payments to child care providers are based on the authorized services approved for the client during the eligibility process. If it is determined that a client intentionally misrepresented himself/herself, the client will be terminated and will not be allowed to apply or receive child care services through the ABC Quality/SC Voucher system.