

**South Carolina Department of Social Services
ABC CHILD CARE QUALITY IMPROVEMENT SYSTEM
Enrollment Form**

**ABC LEVEL *B* ON-SITE ASSESSMENT
APPLICATION**

The purpose of this form is to gather information to determine if prerequisites are met for an ABC Level B on-site assessment. To receive a Level B program assessment, a child care center must be able to meet the Level B mandatory standards which are beyond the state's licensing requirements.

This application must be completed in full, signed by the owner/sponsor or designee, and returned by mail to Elaine Justice Boyd, Department of Social Services, ABC Child Care Services, P.O. Box 1520, Columbia, SC 29202-1520 to be considered for a Level B assessment visit. Incomplete applications may be returned with the additional information needed highlighted.

NOTE: *Through this application, child care programs must be able to demonstrate their ability to meet the criteria outlined in the ABC Level B Center-Based Standards. **Please be mindful that completion of this application does not guarantee enrollment into the ABC Child Care Quality Improvement System.***

Please provide the following:

CENTER INFORMATION

FEIN _____() OR Social Security _____()

Provider/Agency Name: _____

Facility Name(if different from Provider Name): _____

Facility County Name: _____ Facility Phone #: _____ Director's Name: _____

Alternate Contact Person/Name: _____ Relationship: _____ Phone #: _____

Owner Name: _____ Owner No. _____

Facility Address: _____

Facility Number & Street, or Route No.

City: _____ State: _____ Zip Code: _____

Payment Address: _____ Fax # _____

(Number & Street, P.O. Box or Route #)

City: _____ State: _____ Zip Code: _____ Payment Phone #: _____

Hours of Operation:

Days of Operation:

_____ AM/PM to _____ AM/PM →→ M T W TH F SA SU

1) Provider Type (check only one)		2) Regulatory Requirement (check only one)		3) Provider Category (check as many as applies)		4) Ownership Status: (check one from each of the 3 categories below)	
Center		License		Faith-based Sponsored/Licensed		Minority Owned	
Accredited Center		Approval		Private-for-profit		Non-Minority Owned	
Group Child Care Home		Registration		Private-non-profit			
Family Child Care Home		Exemption Letter		Publicly Sponsored		Sole Proprietor	
Exemption		Military		Head Start		Partnership	
<u>Regulatory Information:</u> Number: _____ Capacity: _____ If applicable, No. of infants under 30 months of age: _____ Date of Expiration: _____				School District		Corporation	
				Less than 4 hours/day		Other	
				Summer Camp			
						State Employee	
						Non-State Employee	
						Legislator	

Care Types Provided: (Check all that apply)

0-2 Full		3-5 Full		6-12 Full	
0-2 Half		3-5 Half		6-12 Half	

Are you currently an ABC Provider? (please circle) YES / NO

Please list an e-mail address or website address (if applicable) _____

EMERGENCY COVERAGE:

Staff Coverage. Please indicate arrangements for handling staff-child ratios when a caregiver is absent or when there is an emergency in your child care facility:

List of Staff- for Licensed and Approved Facilities

To be completed by Child Care Facility Owner, Director, or Designee

Name of Facility:	County:
Physical Address: (Street, City, State, Zip)	Date:

Name First and Last	Social Security Number	Date of Birth	Date of employment	Years in child care	Job Title with age group – i.e. LD or AS	Full time or Part Time	Documents to send				
							Valid High School Diploma	Degrees and/or Certificates	CCCCD Official Transcript	Current Pediatric CPR and First Aid	Current Signed Discipline Policy
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

****NOTE: ALL STAFF MUST BE AT LEAST 18 YEARS OF AGE**

Please make sure to submit copies of requested documents and ensure that the application is signed below.

(See Enrollment Visit Required Items Checklist)

PLEASE RETURN COMPLETED APPLICATION AND COPIES OF DOCUMENTS TO:

*ABC Child Care Program
Attn: Elaine Justice Boyd
Department of Social Services
P. O. Box 1520
Columbia, South Carolina 29202-1520*

Owner/Director/Designee: Please sign below to indicate that you have reviewed the information provided in this form and all documents that have been attached and that you attest to their accuracy.

Signature of Owner/Director/Designee: _____

Title: _____ Date: _____

Printed name of Owner/Director/Designee: _____

Name and Title of Person Completing Form: _____

Required Documentation for Enrollment in ABC Level B - **Licensed** Centers

To enroll in Level B of the ABC Child Care Quality Improvement System, we must verify that your program meets Part I of the Mandatory Standards. Please submit the following documents, with your application, so that we may verify compliance with these Level B Part I Mandatory Standards *prior to* scheduling an on-site review.

- Submit a copy of your **REGULAR** license or registration from the SC Department of Social Services. Programs cannot enroll in the ABC Quality Improvement System with a provisional license.
- Complete the attached staff information chart and please include **COPIES** of the following documents for **ALL** staff:
 - Valid High School Diploma/GED
(For the definition of a valid high school diploma see page 12 of the ABC Required Mandatory Standards Part I.)
 - Certificates/Degrees of higher education for all Lead Teachers and Director
(At a minimum, all lead teaching staff must have ECD 101 and directors must have an Early Childhood Certificate. For additional information on meeting the Level B educational requirements, refer to the ABC Required Mandatory Standards Part I, Standard III; Staff Qualifications and Development, pp. 4-7.)
 - Official Training Transcript from CCCCD (The Center for Child Care Career Development)
 - Pediatric CPR and First Aid Certification
 - Signed Discipline Policy *(All staff are required to sign a discipline policy annually.)*
- Submit a copy of your program handbook and/or newsletter, if applicable.
- Submit a copy of the Discipline Policy given to parents in your program. *(Parents are required to sign a discipline policy annually. Parents' signatures will be verified during your on-site review.)*
- Submit a copy of your program's Nutrition Policy that is provided to all staff and parents in your program. *(Evidence that staff and parents have been informed of this policy will be requested at your on-site review.)*
- Submit a copy of your program's Physical Activity Policy that is provided to all staff and parents in your program. *(Evidence that staff and parents have been informed of this policy will be requested at your on-site review.)*
- Submit a copy of your current rates.
- Submit a completed and signed W-9 Form. (www.irs.gov/formspubs)
- Submit a copy of the IRS Form SS4 or letter 147-C, assigning your Federal ID number. *(Please call 1.800.829.0115 or 1.800.829.4933 to request a copy of your IRS Form SS4 or letter 147-C, if you cannot locate your original document.)*
- Submit a copy of your current menu *(Include at least two weeks' worth of menus.)*