

# Level **C**

ABC CHILD CARE  
REQUIRED STANDARDS  
CENTER-BASED

## Standard I. Regulatory Requirements

The program maintains compliance to state regulations pertaining to licensure, capacity, supervision, and staff-child ratio.

### REGULATORY STATUS

A. Programs enrolled in Level C of the ABC Child Care Program shall be regulated as required by the appropriate state/federal licensing and regulatory laws.

**Evidence: Verification of regulatory status to include: current regular license/approval from SC Department of Social Services (SCDSS) Child Care Regulatory Services for SCDSS licensed/approved centers; dated regulatory report from other regulatory bodies as applicable; dated proof of SCDSS exemption verification.**

*Please note: A provisional child care license/approval does not meet the ABC requirement of having a regular child care license/approval. A provisional license is accepted only for a new ABC enrollment based on the sale of a center currently enrolled in ABC with children connected and for a period not to exceed 6 months.*

SCDSS License  SCDSS Approval  # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

SCDSS Provisional License Due to Sale of Business  # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Department of Defense Certificate to Operate (DOD)

SCDSS Exemption

MEETS/VALIDATED ON-SITE YES  NO  DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:  CORRECTED \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Expiration \_\_\_\_\_

### CAPACITY

B. SCDSS licensed/approved facilities may not exceed their capacity as determined by SCDSS Child Care Licensing.

Licensed Capacity \_\_\_\_\_ Limited to \_\_\_\_\_ children under \_\_\_\_\_ months of age.

**Evidence: Reviewer's observation of compliance or observation of the following.**

MEETS/VALIDATED ON-SITE YES  NO  N/A  DOD Certificate;  
SCDSS Exemption

COMMENTS: \_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:  CORRECTED \_\_\_\_/\_\_\_\_/\_\_\_\_

PARTIALLY CORRECTED \_\_\_\_/\_\_\_\_/\_\_\_\_

**HISTORY OF COMPLIANCE**

C. All programs must maintain a current history of compliance.

History of compliance is defined as having no frequent or multiple deficiencies or a significant event *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*

**Evidence: Documented agency review of program’s history for evidence of frequent deficiencies (3 or more within 6 months); multiple (3 or more different) deficiencies within a 12 month time frame; and/or a one-time substantial deficiency. For licensed and approved facilities this includes ABC and Child Care Licensing compliance and for Exempt facilities this includes ABC compliance.**

**HISTORY OF COMPLIANCE**

MEETS YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**STAFF-CHILD RATIO and SUPERVISION**

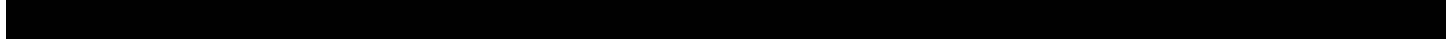
D. Programs enrolled in Level C of the ABC Child Care Program shall adhere to the current minimal staff:child ratios and supervision requirements, as defined by Section 114.504 of the SCDSS Regulations for Private and Public Child Care Centers.

**Evidence: Reviewer's observation of compliance.**

MEETS/VALIDATED ON-SITE YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____



**Standard II. Administration**

The program develops, maintains, and updates written administrative policies and procedures to ensure program efficiency and consistency.

**STAFF ORIENTATION**

A. The center has a written policy requiring staff orientation. The orientation must include specific job duties and responsibilities, DSS center regulations related to the job, and the policies and procedures of the center related to health and safety of children.

**Evidence: Provider’s written orientation policy and documentation of staff orientation dates/plans.**

MEETS/VALIDATED ON-SITE YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**RELEASE OF CHILDREN**

B. The center shall have a policy for the safe release of children, which includes a system to prevent the departure of a child from the center without an authorized person or the inappropriate release of a child to an unauthorized person.

Evidence: Documentation on file in the facility.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**NUTRITION POLICY**

C. The center has a written policy that incorporates information about the components of a healthy and balanced diet that meets the U.S. Department of Agriculture (USDA) Child Care Food Program Guidelines.

The policy shall reflect the following criteria:

1. One Meal and one snack served by the center shall be planned to meet the child's nutritional requirements according to the USDA Child Care Food Program Guidelines in proportion to the amount of time the child is in the center each day with no more than four hours between food services.
2. Sugar sweetened beverages shall not be served.
3. Only skim or 1% milk is served to children age 2 and above.

Evidence: Review of the center's nutrition policy for alignment with criteria 1, 2 and 3.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**PHYSICAL ACTIVITY POLICY**

D. The center has a written physical activity policy to address the following criteria to promote the healthy development of children:

1. Media (TV, video and DVD) viewing and computer use is not permitted for children 2 years of age and under.
2. Children are encouraged to be physically active indoors and outdoors at appropriate times.

Evidence: Documentation of policy on file in the facility.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

<b>IF CORRECTIVE ACTION REQUIRED:</b>	<input type="checkbox"/> CORRECTED ____/____/____ <input type="checkbox"/> PARTIALLY CORRECTED ____/____/____
---------------------------------------	--

**Standard III. Health, Safety, and Well-Being**

The health and safety of children and adults are protected in the caregiving environment.

PHYSICAL SITE

A. The physical site in which a child receives care is free of conditions which might adversely affect the health and safety of the child.

The Center:	YES	NO
1. Maintains clean and sanitary conditions indoors and outdoors.		
2. Is hazard free (no excessive peeling or chipping paint, exposed wires, sharp objects, playground hazards; cleaning products/medicines properly stored).		
3. Maintains compliance with the applicable Fire Codes. This is to include, but is not limited to having accessible exits (for example- fire doors are not blocked or improperly locked); having functional smoke detector(s); having functional fire extinguisher(s); and infants and toddlers being cared for in approved classrooms.		
4. Has a working landline telephone. (Cell phones are not included)		
5. Center is free of other conditions which might adversely affect the health and safety of the child(ren) (including smoking and consumption of alcohol or illegal substances).		

Evidence: Reviewer's observation and/or interview with director.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

<b>IF CORRECTIVE ACTION REQUIRED:</b>	<input type="checkbox"/> CORRECTED ____/____/____ <input type="checkbox"/> PARTIALLY CORRECTED ____/____/____
---------------------------------------	--

CLASSROOM

B. All caregivers must support each child's health and well-being through responsive and positive interactions. The activities provided to children are interesting and engaging. Each room where a child receives care must be equipped with developmentally appropriate materials and accommodations are made for different abilities and needs of children.

Classroom Checklist (All Ages) Classroom ID: _____ Time In: ____ Time Out: ____	YES	NO
1. Caregivers have frequent and positive talk with the children.		
2. The program should have a posted daily framework or schedule of activities.		
3. All children are provided opportunities to explore the indoor and outdoor environment (weather permitting).		

4. All children are provided regular access to age appropriate, interesting and stimulating materials daily.		
5. Accommodations are made for the different abilities and needs of children.		

Evidence: Reviewer's observation and/or interview with caregiver. Note if interview only. Observe every classroom during time of visit.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**NUTRITION**

C. Meals and/or snacks that are provided by the program shall be planned and served to meet the child's nutritional requirements (see Chart A). The program consistently implements written policies for a healthy and balanced diet that meets the U.S. Department of Agriculture (USDA) Child Care Food Guidelines as follows:

1. One meal and one snack served by the center shall be planned to meet the child's nutritional requirements according to the USDA Child Care Food Guidelines in proportion to the amount of time the child is in the center each day with no more than four hours between food services.
2. Sugar sweetened beverages shall not be served.
3. Only skim or 1% milk is served to children age 2 and above.

Evidence: Review of center menus for two weeks and no observed evidence to the contrary on the date of the review.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO  N/A NO MEALS PREPARED ON-SITE

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**CPR/FIRST AID**

D. A staff member who has current certification in pediatric first aid and child/infant cardiopulmonary resuscitation (CPR) is available on the premises at all times.

Evidence: Review of center schedule for staff coverage and documentation of current certification for pediatric first aid and child/infant cardiopulmonary resuscitation (CPR) for at least two staff persons.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**IMMUNIZATIONS**

E. Documentation of current children's immunizations (under 5 years) is required or proof that child meets either medical or religious exemption requirements.

Evidence: Documentation is the photocopy of the official current certificate of immunization or written evidence of medical or religious exemption. Review sample of immunization records for compliance with SC DHEC regulations.

MEETS/VALIDATED ON-SITE YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**Standard IV. Family Communication**

The program respects, informs, and supports the family as the child's first teacher, understanding that each family has unique needs and strengths.

**PARENTAL FREE ACCESS**

A. Parents/Guardians shall have unlimited access to their children and their children's caregiver/s while their children are in attendance. A written, open-door policy shall be provided to parents/guardians, which explains their free access to children.

Evidence: Observation of compliance and center policy.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

**FAMILY COMMUNICATION (Infants and Toddlers)**

B. Programs serving infants and toddlers must share information with parents daily. Information must be shared daily with parents regarding feeding times, type and amount of food consumed, bowel movements and sleeping patterns. Additional information about the child's interests and activities must be exchanged during arrival and/or departure.

Evidence: Programs that provide infant and toddler care may use written and/or verbal communication methods in order to receive credit.

MEETS/VALIDATED ON-SITE (DATE) \_\_\_\_\_ YES  NO  N/A  Program does not serve infants/toddlers

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IF CORRECTIVE ACTION REQUIRED:	<input type="checkbox"/> CORRECTED ____/____/____
	<input type="checkbox"/> PARTIALLY CORRECTED ____/____/____

Chart A  
Child and Adult Care Food Program

Infant Meal Pattern

Age of Baby	Breakfast	Lunch/Supper	Snack
<b>Birth through 3 months</b>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2</sup>
<b>4 months through 7 months</b>	4-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup> ;  0-3 tablespoons of infant cereal <sup>1,4</sup>	4-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>  0-3 tablespoons infant cereal <sup>1,4</sup> ; and  0-3 tablespoons of fruit or vegetable or both <sup>4</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup>
<b>8 months through 11 months</b>	6-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup> ; and  2-4 tablespoons of infant cereal <sup>1</sup> ; and  1-4 tablespoons of fruit or vegetable or both	6-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup> ;  2-4 tablespoons of infant cereal <sup>1</sup> [ <i>and/or</i> ] 1-4 tbsp. of meat, fish, poultry, egg yolk, <i>or</i> cooked dry beans or peas; <i>or</i> ½ -2 ounces of cheese; <i>or</i> 1-4 ounces (volume) cottage cheese, <i>or</i> 1-4 ounces (weight) of cheese food or cheese spread; and  1-4 tablespoons of fruit or vegetable or both	2-4 fluid ounces formula <sup>1</sup> or breast milk <sup>2,3</sup> or fruit juice; and  0-1/2 slice bread <sup>4,6</sup> or  0-2 crackers <sup>4,6</sup>

1. Infant formula and dry infant cereal must be iron-fortified.
2. Breast milk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.
3. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
4. A serving of this component is required when the infant is developmentally ready to accept it.
5. Fruit juice must be full-strength.
6. A serving of this component must be made from whole-grain or enriched meal or flour.

Child and Adult Care Food Program for required serving amounts for infants up to 1 year, refer to the infant meal pattern.		<b>AGE</b> 1 and 2	<b>AGE</b> 3 thru 5	<b>AGE</b> 6 thru 12
<b>BREAKFAST</b>	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Bread or Bread Alternate	½ slice *	½ slice*	1 slice*
<b>SNACK</b>	Fluid Milk	½ cup	½ cup	1 cup
(Supplement) Select 2 out of 4 Components	Juice or Fruit or Vegetable	½ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ oz**	½ oz**	1 oz**
	Bread or Bread Alternate	½ slice*	½ slice*	1 slice*
LUNCH/ <b>SUPPER</b>	Fluid Milk	½ cup	¾ cup	1 cup
	Meat or Poultry or Fish or	1 oz	1 ½ oz	2 ozs
	Cheese or	1 oz	1 ½ oz	2 ozs
	Egg or	1/2	3/4	1
	Cooked Dry Beans and Peas or	¼ cup	3/8 cup	½ cup
	Peanut Butter or Other Nut or Seed Butters or	2 tablespoons	3 tablespoons	4 tablespoons
	Nuts and/or Seeds or	½ oz***	¾ oz***	1 oz***
	Yogurt	4 ozs	6 ozs	8 ozs
	Juice, Fruit and/or Vegetable (2 or more)	¼ cup total	½ cup total	¾ cup total
	Bread or Bread alternate	½ slice*	½ slice*	1 slice*

Or the equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins made of whole grain or enriched meal or flour, or a serving of whole grain or enriched cereal or a serving of cooked enriched or whole grain rice or macaroni or other pasta product.

\* Yogurt may be used as a meat/meat alternate. You may serve 4 ounces (weight) or ½ cup (volume) of plain or sweetened and flavored yogurt to fulfill the equivalent of 1 ounce of the meat/meat alternate component. For younger children 2 ounces (weight) or ¼ cup (volume) may fulfill the equivalent of ½ ounce of the meat/meat alternate requirement.

\*\* No more than 1 ounce of nuts and/or seeds may be served in one meal.

CAUTION: Children under the age of 5 are at the highest risk of choking. USDA recommends that nuts and/or seeds be served grounded or finely chopped in a prepared food.

The Child and Adult Food Program is open to all eligible children regardless of race, color national origin, sex, age, or disability. Any person who believes he or she has been discriminated against in any USDA-related activity should write to: USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. USDA Director, Office of Civil Rights, Room 326 W. Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD).