

# Child Care and Development Fund (CCDF) Plan For South Carolina FFY 2022-2024

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## 1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or 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) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: South Carolina Department of Social Services

Street Address: 1535 Confederate Avenue P.O. Box 1520

City: Columbia

State: South Carolina

ZIP Code: 29202-1520

Web Address for Lead Agency: [www.dss.sc.gov](http://www.dss.sc.gov)

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Michael

Lead Agency Official Last Name: Leach

Title: State Director

Phone Number: (803) 898-0585

Email Address: [Michael.leach@dss.sc.gov](mailto:Michael.leach@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's or 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 the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Michele

CCDF Administrator Last Name: Bowers

Title of the CCDF Administrator: Director, Division of Early Care and Education

Phone Number: 803-898-7307

Email Address: michelle.bowers@dss.sc.gov

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

Description of the Role of the Co-Administrator: N/A

Phone Number: N/A

Email Address: N/A

## 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 public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

**1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.**

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

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

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

- C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

**1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.**

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

License-exempt providers are monitored by ABC Quality state's quality rating improvement system (QRIS) if they're enrolled in ABC Quality. No other state or territory agencies or partners implement or perform CCDF services.

**1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:**

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

As indicated in the response to question 1.2.1. a, all program rules and policies are set or established at the state or territory level. The DECE's contracts department includes four staff persons that serve as contract managers. Periodically other staff in the division may assume the role of contract manager due to the scope and extent of service activities specified in the contract. CCDF funds are used for contracts with public and private entities to support and enhance the availability of a wide-range of services that align with federal requirements, e.g., Child Care Resource & Referral services, developmental screenings (includes screening and trainings), programs/services for infant and toddler care, child care workforce professional development opportunities, and health/safety. All contracts (legal binding agreements), including grants and memorandums of agreements have an assigned contract manager. Contract manager's responsibilities include coordinating and assisting contractors on the development of scopes of work that include a detailed description regarding the background, purpose, service activities, and deliverables description. Reporting requirements are included in all contracts. Reports must be submitted to the

contract manager at least by mid-point of the contract period and a cumulative report following the end of the contract. At a minimum, the reports must include a description regarding performance of service activities (includes information regarding specific program/service models, number of providers/program participants served, quality levels of providers served), barriers/limitations that impacted service performance, and methods used to assess/measure improvements (to include results) .As needed, a timeline may be included to assure timely completion of work. In most cases an itemized budget and narrative are included in the contract. Contract managers work closely with the division's fiscal manager to assure that costs are reasonable, contract budgets are accurate and align with federal and state requirements. The division conducts contract/budget meetings on new contracts and those scheduled to be renewed (all contracts terms are for one year). Meeting participants include the division director and fiscal manager, the contract manager, and the contractor. In addition, the contract manager works with the assigned procurement manager to assure that state procurement guidelines and the LA's policies are followed for execution of contracts. All contracts include a risk assessment and oversight description. The risk assessment is based on the contractor's prior knowledge, familiarity, and fiscal management experience with all aspects of service delivery and reporting requirements under a contract agreement. The oversight/monitoring description summarizes how the contract manager will assure service activities are being performed as specified in the contract (via various forms of communication or on-site visits, if needed). The contract manager reviews and approves all reimbursement requests to assure that funds are used in accordance with the executed contract.

The DECE is engaged in a major initiative to develop and implement a comprehensive web-based early care and education data system. Primary accomplishments to date include the implementation of a state Early Care and Education Workforce Registry, enhanced automation of the state's ECE Professional Development Approval and Credentialing systems. Workgroup leadership for this initiative includes division staff, IT staff, and is being coordinated with CCDF-funded technical assistance providers. The system will collect data regarding target areas of technical assistance that align with Child Care Licensing regulations and ABC Quality Standards. In addition, efforts are being made to assure linkage with the Child Care Services System as appropriate. Exploration of the data is expected to provide the division with insight regarding technical assistance outcomes and will serve as guidance for program and policy decisions. The DECE is working under contract with the Child Development Research Center at UofSC to coordinate with division staff and CCDF contractors to develop ongoing analysis of program outcomes that help better determine

indicators of progress of funded programs, identify methods to collect and analyze administrative and other data to provide updates regarding program/service trends at the state and national level regarding child care services, and provide support to DECE to assure data is appropriate, accurate and can serve as guidance for programmatic decisions.

**1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).**

**Assure by describing how the Lead Agency makes child care information systems systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.**

Development of a QRIS portal within the New World Now/Insight system allows child care programs to manage their ABC Quality case for renewal and submission of their structural quality portfolio for review. The software development through New World Now/Insight is through a consortium design which allows states to share development to enhance their own development. This system is integrated with the SC Endeavors Workforce registry to include transcripts of professional development, employment information and education level placement. Integration of this data prevents the need for child care programs to provide the same information to multiple sources. Also, in development for ABC Quality assessors is a new automated assessment tool that will be used to conduct the onsite observation. This development is conducted through a state agency department which manages SC's "Data Warehouse" known as Revenue and Fiscal Affairs (RFA). Reciprocal data is integrated with New World Now/Insight and the SCDSS Child Care Services System pertaining to program quality levels. Data use and sharing is determined by SC sharing agreements. If another state agency (to include public agencies in other states) is interested in the in-house code developed by SC DSS using CCDF funding, the first step would be to review the system (screens, UI, website, etc.) with the interested party. The agency would then work towards sharing the portions of the code that were created using CCDF funding, removing any DSS portions of code that were not developed with those funds. Additionally, any database

objects would be stripped of non-pertinent data to prevent any data exposures. This whole process is done in coordination with our Security and Privacy offices.

### **1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).**

#### **Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.**

The Lead Agency (LA) has an internal security department led by the agency's Chief Information Security Officer, who is responsible for managing and enforcing the agency's information security policies. The LA follows the NIST 800-53 security framework and as such, has information security policies related to the 20 control families within the framework. Policies that relate to the use and disclosure of confidential and personally identifiable information are:

- **Acceptable Use Policy** – Identify the data sensitivity categories as defined by the State's Enterprise Privacy Office and what is allowed and not allowed with LA owned data and devices.
- **Access Control Policy** – Governs the use of access to LA applications and the data within, strictly enforcing principle of least privilege.
- **Audit and Accountability Policy** – Enforcing of automated trails for systems, applications, and data reviewed by the LA security team.
- **Identification and Authentication Policy** – Governing policy so that any action taken on the network or data accessed by any employee is non-repudiated.
- **Incident Response Plan** – Details incident handling activities including disclosure of confidential information or personally identifiable information.
- **Media Protection Policy** – Governs the use of removable media being used to store confidential and personally identifiable information, including the destruction of the data (digital or physical) or device.
- **Physical and Environmental Protection Policy** – Oversees physical security of offices and data centers to protect printed documents that may contain confidential and personally identifiable information.

- **Minimum Security Requirements** – Outlines the minimum-security controls for systems, applications, and network devices that process, store, or transmits confidential or personally identifiable information.
- **Risk Assessment Policy** – Outlines the requirements for conducting risk assessments and continuous monitoring on systems and applications that process, store, or transmits confidential or personally identifiable information.
- **Privacy Policy** – Outlines the requirements for maintaining information privacy as outlined by the State’s Enterprise Privacy Office.
- **Security Assessment and Authorization Policy** – Outlines the requirements for bringing computing devices on the LA’s network that may process, store, or transmit confidential or personally identifiable information. Privacy impact analysis are performed as part of this requirement targeting the data the system or application will have access to.
- **Security Awareness and Privacy Training Policy** – Outlines the requirements for initial and annual training requirements for LA employees.

### 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 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(l)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

## Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

### **1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.**

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

The DECE's outreach manager is actively working to increase membership with county/city organizations and planning to increase attendance to statewide and regional conferences held by these organizations (ex. Municipal Association of South Carolina (MASC)).

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The LA's state director, Michael Leach, is a member of the State Advisory Council and regularly attends the meetings. During the meeting on April 15, 2021, the director informed council members about the requirement of LAs to submit a state plan every three years. He requested that members engage with DECE's staff to offer input regarding CCDF-funded initiatives and the program overall. The council includes several subcommittees, one of which is the Interagency Council. This subcommittee membership includes deputies of agencies represented on the State Advisory Council. This provides them with an opportunity to provide feedback regarding the CCDF plan.

ECAC membership includes representatives from the SC Department of Social Services, SC Department of Health and Human Services, SC Department of Education, SC Department of Health and Environmental Control, SC Department of Disabilities and Special Needs, Children's Trust of SC, SC Department of Mental Health, SC ETV, SC State Library, and SC Commission on Higher Education.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

The LA-Division of Early Care and Education (DECE) staff met with the CCDF administrator and program manager of the Catawba Nation's child care program on March 4, 2021. They are the only federally recognized tribe in South Carolina. Three of the tribe's ECE four programs (child care and two Boys and Girls programs) are ABC Quality enrolled and are reviewed by Child Care Licensing (CCL) to assure regulatory compliance. Efforts are currently underway to enroll the Early Head Start program in ABC Quality. The administrator indicated that they were beginning to see a gradual increase in children's attendance and all program staff were vaccinated. She indicated they remain in contact with the Centers for Disease Control (CDC) and was reminded to provide updates to CCL regarding COVID-19 pandemic status. The CCDF State Administrator provided a presentation regarding the CCDF State Plan which led to discussion of several CCDF-funded initiatives managed by the LA that the Catawba Nation is aware of and has participated in; a representative of the tribe served as a state expert reviewer of the revised ABC Quality standards to assure content regarding cultural diversity is appropriately embedded in the standards and represented in examples shown in the Standards. Emphasis was placed on promoting their input regarding initiatives and the state's CCDF program overall. The CCDF administrator for Catawba Nation expressed a need for developmental screenings beginning with younger age children. Discussion included use of quality set-aside funds to support this work. Currently, they have a cultural educator on staff. DECE staff also provided information regarding new/upcoming initiatives/requirements such as the recently issued child care provider survey seeking feedback about use of COVID-19 pandemic relief funds, participation in opportunity to secure an advanced degree in early childhood education, Leap Year Program (ABC Quality initiative focusing on the first five years), elimination of copays, background checks to be completed by 9/21, DECE's Child Care Hero Campaign (encouraged to submit a nominee), enhanced promotion of the ABC Quality and DECE by way of Connected TV, Hulu, and other modern-day methods of communication.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

On March 24, 2021 the CCDF State Administrator presented the plan during a virtual Technical Assistance and Coordination Team (TACT) meeting. The meeting is managed by the statewide SC Child Care Resource & Referral (SC-CCR&R). It brings together ECE professionals from across the state that includes, child care providers, technical assistance providers, staff representing ABC Quality, Child Care licensing, First Steps County Partnerships, Head Start, and other community stakeholders for information sharing and possible coordination of services on a quarterly basis. The State Administrator held a virtual meeting on March 18, 2021 with Head Start Directors to review the plan for input. In addition, the State Administrator conducted a presentation of the State Plan during the 2021 Early Childhood Leadership Institute. The Institute was held virtually on May 21, 2021. This group is comprised of early childhood faculty/coordinators at local technical colleges who work closely with the LA to coordinate and establish professional development pathways and academic coursework for the child care workforce. There are 16 technical colleges across the state. In addition, the State Administrator met with members of the BUILD Leadership Team on March 3, 2021 to discuss an overview of the plan and key information to be included in the state plan. The team consist of representatives from the Department of Education, Department of Mental Health, Department of Health and Human Services (Medicaid), Department of Health and Environmental Control, Early Childhood Advisory Council, SC First Steps, SC Thrive, and the Head Start Collaboration Office.

**1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).**

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date of the public hearing. June 7, 2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. May 13, 2021

*Reminder:* Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The notification was posted on May 13, 2021 in the LA's events calendar located on the homepage of the [www.dss.sc.gov](http://www.dss.sc.gov) site and on [www.scchildcare.org](http://www.scchildcare.org) on the DECE's homepage under the "News and Announcements" section. In addition, the announcement was also featured on the agency's Twitter handle, SC DSS Twitter, as well as both the agency's Facebook pages, SC DSS Facebook and ABC Quality Facebook. The announcement was also posted on the homepages of three contractors, [scinclusion.org](http://scinclusion.org), [sc-crr.org](http://sc-crr.org), and [scpitc.org](http://scpitc.org).

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The LA conducted one virtual public hearing on June 7, 2021. Individuals will be able to join the meeting by registering at <https://attendee.gotowebinar.com/register/7712009056046436620>.

The webinar ID was 166-511-387. It was anticipated that this mode of meeting might increase attendance in the meeting. Additionally, several other virtual meetings were held with ECE partners to review the plan for input.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) A draft copy of the State Plan was posted on [scchildcare.org](http://scchildcare.org) on May 28, 2021.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The comments received were reviewed and considered within the scope of the CCDF plan. An example of a comment that was incorporated within our plan recommended that payment rates be established at or above the 75th percentile of the 2020 market rate survey.

**1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)**

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<https://www.scchildcare.org/>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

The State Administrator maintains contact with the Governor's Advisory Committee on the Regulations of Child Care Facilities to provide updates regarding activities described in the Plan. Subsequent to federal approval, the LA will make the Plan and amendments available to this committee.

Working with child care resource and referral agencies.

Describe:

The LA staff maintains regular contact with the SC CCR&R and provides updates and seeks input/support for activities described in the Plan. They have a weblink to the [scchildcare.org](https://www.scchildcare.org) and consequently have access to the approved Plan and any amendments.

Providing translation in other languages.

Describe:

Written materials the Lead Agency distributes are crafted for various audiences and are available in English and Spanish. The written information helps parents understand how to identify and select high quality child care. The LA contracts with an

organization that provides interpretation and translation services in over 100 languages upon request.

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

Information is provided on social media regarding the link to find the State Plan and amendments.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

DECE will use the regularly scheduled webinars with provider groups to provide access to the Plan and amendments.

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

## 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

### 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or 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. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

**1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the**

**needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).**

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions 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 the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

Through the DECE's consumer awareness campaign, staff communicated with the Chamber of Commerce to raise awareness about the immediate and long-term effect quality early childhood education has on the workforce. Contact has also been made with the South Carolina Association of Counties (SCAC) to increase knowledge on the impact quality early childhood education has on our state. A goal of the division is to become a lower level member of the Chamber and SCAC by Fall of 2021, which would afford us the opportunity to engage with the business community and educate legislative officials on the importance of early childhood education and increase visibility with this sector. The division also plans to resume participation in the annual Municipal Association conference which was cancelled this past year due to COVID-19 pandemic. The Lead Agency also made contact with the SC Department of Employment and Workforce and seeks to collaborate with them to strategically target geographic areas of the state where industries are in need of child care services. In addition, the Division will investigate data

with SC Department of Employment and Workforce and the SC Department of Treasury to illustrate the immediate impact early childhood education has on the economy, with a goal to increase service delivery.

ii. [State Advisory Council on Early Childhood Education and Care or similar coordinating body \(pursuant to 642B\(b\)\(1\)\(A\)\(i\) of the Head Start Act\). Describe the coordination goals, processes, and results:](#)

During the past two years the council has progressed in becoming established and coordinating with other ECE private and public entities. Examples of recent coordination initiatives include: support provided through PDG funding by the LA to work in partnership with SC First Steps, Head Start, and the Department of Education (DOE) by providing resources that led to the development and implementation of a web-based portal to facilitate the enrollment process. The Pre-K programs were located in public and private Pre-K settings, Head Start programs, and private child care settings. and provision of resources to support a statewide conference for Pre-K teachers and coordinators; establishing the availability of CCDF-funded scholarships (vouchers) for siblings of children enrolled in Pre-K in private child care settings; and inclusion of SC First Steps representation on the LA's BUILD leadership team.

[Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.](#)

iii. [Indian tribe\(s\) and/or tribal organization\(s\), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe\(s\) was \(were\) consulted:](#)

The LA has encouraged the Catawba Nation's participation in all training events, special project opportunities such as the outdoor learning project, participation in the child care provider survey seeking feedback about use of COVID-19 pandemic relief funds, and submission of nominees for recognition in the Child Care Heroes initiative. The tribal programs are enrolled with ABC Quality and are able to accept SC Vouchers .

[N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.](#)

iv. State/territory agency(ies) 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 Part B, Section 619 for preschool).

Describe the coordination goals, processes, and results:

The DECE has representation on the SC Interagency Coordinating Council (SC ICC). The purpose of the SC ICC is to advise and assist the lead agency to implement the Part C program in SC. The Part C program is called BabyNet and the lead agency is SC Department of Health and Human Services. DECE is partnering with SC Child Care Inclusion Collaborative (SCIC), BabyNet, and SC Department of Disabilities and Special Needs (DDSN) to develop joint professional development opportunities for early intervention providers and child care providers around providing services in natural environments. In addition, DECE has representation on the Advisory Council for the Education of Students with Disabilities (ACESD). This council is tasked with advising and assisting the State Education Agent in the implementation of IDEA. This council has a state-required preschool committee that is tasked with setting priorities and communicating those priorities with the early childhood team in the Office of Special Education Services within the SC Department of Education. This working committee develops a report for the SC General Assembly annually to outline the priorities developed by the preschool committee and to share progress toward addressing these priorities.

Using Preschool Development Grant B-5 funds, South Carolina has developed a Special Education Itinerant Teacher (SEIT) Academy in collaboration with the Part B619 coordinator and the SC Partnerships for Inclusion initiative at the University of South Carolina. The goal of the SEIT Academy is to prepare district leadership teams to adopt a delivery method to provide special education services and supports in general early childhood settings for children 3-5 with IEPs. The SEIT Academy is a series of three month-long workshops focused on instruction, supporting social emotional development through the implementation of the Pyramid Model, and community collaboration and teaming.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The Head Start Collaboration Office (HSCO) is based in the DECE and located at the LA. These entities have a long-term working relationship partnering to support ECE initiatives. The HSCO director regularly participates in staff meetings and shares updates

about Head Start (HS) programs and/or policies that may impact child care services. The DECE staff have conducted training sessions for HS directors regarding child care licensing regulations and ABC Quality standards. A combined goal of HSCO and ABC Quality is to enroll all HS programs statewide into the QRIS this project continues to be ongoing. In collaboration with HSCO, ABC Quality created an accelerated pathway for HS programs participating in the QRIS. This accelerated pathway exempts HS programs from completing a structural quality review in recognition of the rigorous requirements all HS programs follow as result of the Head Start Performance standards. The HSCO director is also a member of the LA's BUILD leadership team. The LA has provided ongoing support for many years for extended care during the school year and summer programming.

[vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:](#)

The South Carolina Department of Health and Environmental Control (DHEC) is the state's public health/immunizations agency. The LA maintains a strong collaborative partnership with SC-DHEC to improve children's access to nutritious foods and opportunities for physical activity. The LA continues to provide resources to support the availability of an ECE Health Consultant. The consultant coordinates work plans/activities with ABC Quality health educators, coordinates with DECE to enhance and expand Grow Outdoor SC (Outdoor Play & Learning Environments statewide initiative), and facilitates and expands coordination with other programs and Bureaus within DHEC (WIC program, SNAP-Ed, Bureau of Maternal Child Health, Bureau of Chronic Disease & Injury Prevention, Bureau of Population Health Data Analytics & Informatics). This enhanced coordination is mutually beneficial to both agencies. The consultant continues to serve on the LA's BUILD leadership team as the health representative. Child Care licensing (CCL) is a department in the DECE, has a key role in ensuring compliance with public health regulations as they apply to schools and child care programs. This includes reviewing and providing input regarding public health issues and changes to health regulations that apply to these entities. CCL staff works closely with SC-DHEC to ensure child care providers compliance with regulations such as, enforcement of regulations requiring children's files in child care facilities contain current SC immunizations records. The Child Care Center regulations were revised to include a review of the immunization status for adults employed in centers. Also, SCDHEC and CCL staff coordinate work when technical assistance TA (includes onsite visits) is needed to resolve child care providers

questions related to immunizations or other regulatory concerns. SC-DHEC was a recipient of a Lead Testing in Schools and Child Care Programs Drinking Water Grant (commonly referred to as the WIIN project). CCL represents the LA in WIIN project. WIIN is a voluntary program that provides support for schools and child care programs to have their drinking water tested for lead. All licensed child care centers in the state can now have their drinking water faucets and food preparation sinks tested for lead contamination free of charge. In addition to the EPA and the Bureau of Water, other partners represented on this initiative include the Department of Education, Clemson University, and the SC Rural Water Alliance. CCL also had the opportunity to work with DHEC regarding naturalized, outdoor play and learning environments. Several CCL supervisors and staff participated in a training facilitated by NC State University to become more knowledgeable on naturalized outdoor play and learning environments in child care. The CCL has a long-term partnership with the Childhood Lead Poisoning Prevention Program (CLPP) at SC-DHEC. They provide training to CCL staff and child care providers. The materials offered during the trainings are a valuable resource for the providers. CCL and SC-DHEC continue to coordinate mass mailings/information dissemination that provides crucial public health information for child care providers. They are responsible for maintaining listings of exclusions, and contagious and communicable diseases that are incorporated into CCL's regulations. This information is posted on SC-DHEC's website. DECE's website is link to SC-DHEC thereby child care providers may download exclusion lists. SC-DHEC also partners with the Child and Adult Care Food Program (CACFP) to address strategies to increase food access in the state. Since the onset of the COVID-19 pandemic, CCL staff has maintained contact and collaborated with the Medical Consultant for guidance and policy decisions that impact child care providers and caring for children in those settings.

**vii. State/territory agency responsible for employment services/workforce development.**

**Describe the coordination goals, processes, and results:**

The Temporary Assistance for Needy Families (TANF) program is administered by the LA. SC Voucher staff coordinate with TANF staff to ensure the availability of quality child care for participants to support their efforts to comply with their employment and/or training requirements. The DECE provides child care training for the county TANF staff to ensure efficient and appropriate referrals.

The Lead Agency made contact with the SC Department of Employment and Workforce and seeks to collaborate with them to strategically target geographic areas of the state

where industries are in need of child care services. In addition, the Division will investigate data with SC Department of Employment and Workforce and the SC Department of Treasury to illustrate the immediate impact early childhood education has on the economy, with a goal to increase service delivery.

**viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:**

The LA has successfully established a long-term partnership with the State Department of Education (SDE). Currently discussions are underway to reconvene the SC Early Learning Standards group to determine a schedule regarding when the work will begin. The LA and SDE will serve as co-chairs for this effort. The workgroup will also establish a cyclical schedule for future reviews. SDE continues to serve on the LA's BUILD leadership team.

**ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:**

CCL is based at the LA and managed by the CCDF Administrator within the DECE. CCL, ABC Quality, and Child and Adult Care Food Program (CACFP) staff conduct regular reviews of policies and procedures to assure consistency and to minimize/avoid provider deficiencies. To the extent possible, revisions and clarifications are made to strengthen coordination across program areas within DECE. CCL staff serves 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 issues that can help to promote the provision of high quality child care. As appropriate, SC CCR&R, Head Start, and SC Voucher staff may participate in these meetings. CCL works to support DECE goals by participating in webinars with ABC Quality staff to ensure child care providers understand the collaboration between the programs to promote high quality child care. CCL Regulations are the foundation upon which the ABC Quality program begins. South Carolina law requires the Governor's Advisory Committee on the Regulations of Child Care Facilities to review the child care regulations every three years. As a part of the most recent review, the center regulations were updated in 2018, to improve the health and safety standards for child care centers. In May 2019, the law for Background Checks was changed to reflect the requirements of the CCDGB Act in coordination with the General Assembly. The changes to the law requires the re-check of all new and existing providers fingerprints, abuse and neglect and Sex Offender status.

The law also reflects a check of child care staff that may have lived in another state in the previous five years of the check, as well as, a check of those providers who are exempt from Licensing but receive CCDF funding. There were additional prohibitions added to the crimes to be checked. CCL helps to promote and strengthen the goals of the CCDF plan by ensuring the health and safety of children through monitoring and inspection of licensed and registered child care programs. CCL is working with a national consultant to develop a training plan for reliability among CCL staff, supervisors, and specialists. CCL recognizes the need for consistency among the four regional licensing offices and determined that developing a training plan for reliability is a necessary step to collecting data on citations and information gathered when processing the results of CCL inspections. Becoming reliable in citing violations of CCL laws and regulations, the DECE will ensure consistency among the four regional offices regarding the health and safety of children in child care facilities. South Carolina was selected to participate in the Best Practices in Child Care Regulation, phase two individualized technical assistance opportunity offered by the ECQA Center in partnership with ECQA's consultants at the National Association for Regulatory Administration (NARA) which began on June 2018. DECE/CCL will participate in Strengthening Business Practices with the National Center on Early Childhood Quality Assurance. The goal is to develop a cadre of Strengthening Business Practices in Child Care trainers to help new programs better understand finances, marketing, and personnel practices. Another goal is to develop a model for start-up grants for child care providers (small businesses) to help them become licensed by considering benchmark goals (e.g., completing orientation, training, enrolling in the Child and Adult Care Food Program, and the ABC Quality program) for providers to meet which could be tied to supports to assist them in maintaining a positive regulatory status. ABC Quality will strategize ways to help implement the goals set by CCL for better business practices for providers that enroll in ABC Quality.

[x. State/territory agency responsible for the Child and Adult Care Food Program \(CACFP\) and other relevant nutrition programs. Describe the coordination goals, processes, and results:](#)

The CACFP is based in the DECE. Staff coordinate activities with other departments within the division to promote and assist with the availability of meals that adhere to CACFP meal pattern guidelines. They continue to participate in child care conferences, resource fairs, and other activities sponsored or facilitated by the DECE, partner agencies, or other groups to increase awareness of CACFP among non-participating

child care facilities. CACFP staff will continue to provide training and technical assistance to child care providers on nutrition and other topics which will help providers effectively and efficiently improve the quality of their meals. In 2015, USDA approved the use of the approved SC Voucher application as the application to certify CACFP eligible participants. This provision allowed SC DSS to certify SNAP and/or TANF eligibility instead of collecting a separate CACFP application and would allow the SC Voucher Eligibility Letter to stand as proof of eligibility. GIS maps showing CACFP provider participation are under development, including specific ABC Quality and Head Start provider participation maps. Using the maps to identify areas of high need/low CACFP enrollment, focus groups with child care center directors will be convened to better understand challenges/barriers to participating in this program. Information learned from the focus groups will be shared with other departments to further promote and support CACFP enrollment. The ABC Quality nutrition indicators were developed on the CACFP meal pattern requirements. ABC Quality and CACFP will explore strategies for increased communication between ABC Quality Health Educators and CACFP nutritionists to avoid duplication of services and better serve child care providers.

[xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:](#)

The DECE continues to partner with the SDE's McKinney-Vento State Coordinator, the SC Coalition for the Homeless, and the four regional Coalitions for the Homeless to develop referral processes for child care vouchers to increase access to high quality care. The SDE administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act), which is the primary federal legislation dealing with the education of children and youth experiencing homelessness. The coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The coordinator also administers grants to selected school districts that provide additional coordinated services. While some local school district liaisons can identify families with very young children, their primary focus is on the 4k through grade 12 population. DECE is augmenting this by coordinating additional referral processes with the four regional Coalitions for the Homeless. The majority of the family shelters they operate are 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, designed to assist the local coalitions. CCDF funds are being used to support the Homeless Support Liaison located in the current SC CCR&R contract. Work activities are coordinated with the DECE's SC Voucher staff.

**xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:**

The Temporary Assistance for Needy Families (TANF) program is administered by the LA. SC Voucher and TANF staffs coordinate to ensure the availability of quality child care for participants to support their efforts to comply with their employment and/or training requirements. The DECE provides training for county and state office TANF staff to assure they are knowledgeable about eligibility requirements and the types of care parents may be seeking.

**xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:**

The SC Department of Health and Human Services (DHHS) administers the Medicaid and Children's Health Insurance Program. The LA continues to share information about resources and coordinate referrals through SC CCR&R for Medicaid-funded services to parents. DHHS is a member of the LA's BUILD leadership team. The DECE and DHHS continue to work collaboratively on implementation of infant-early childhood mental health competencies and endorsements.

**xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:**

The South Carolina Infant Mental Health Association (SCIMHA) has taken the lead on the infant early childhood mental health competencies and endorsements. SCIMHA is a nonprofit, multidisciplinary association of professionals working to promote nurturing relationships for infants, young children and their families through resources, policies and practices to foster healthy social-emotional development and well-being. SCIMHA is the designated state affiliate of the World Infant Mental Health Association and holds the state's license for affiliation with the Alliance for the Advancement of Infant Mental Health. The Alliance for the Advancement of Infant Mental Health is a national organization with responsibility for maintaining standards for Endorsement of Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health® across all affiliate states. These standards serve as a quality assurance model

integrated into all SCIMHA programs. This organization has been funded through the Preschool Development Grant to widen the scope of existing infant/toddler initiatives to include IECMH consultation, an IECMH cross-disciplinary learning community, and an initiative on multi-disciplinary course content.

**xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:**

The DECE continues to provide support for SC CCR&R for the provision of services designed to improve and sustain child care providers' compliance with regulatory requirements, strengthen and increase participation in ABC Quality, and promote awareness of indicators of high quality child care. The DECE continues to maintain long-term partnerships with two and four-year higher education institutions for the provision of early childhood coursework for child care providers and individuals working with them (e.g., technical assistance providers) in order to maintain and increase the availability of a well-trained and skilled workforce. The DECE provides ongoing support for the annual Early Childhood Leadership Institute for early childhood faculty and coordinators employed at technical colleges. The Institute serves as a training opportunity (offering training from national and state trainers) and is a forum for exchanging information and sharing ideas about how coordination between DECE and the technical college system may be enhanced. The LA is exploring opportunities with Early Care and Education work groups through the development of college coursework/degrees for the enhancement of under graduate offerings. These projects are designed to professionalize the industry, provide career opportunities in multiple ECE sectors, and uplift the workforce by way of sustainable, living wages in ECE careers.

**xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:**

South Carolina has a non-profit SC Afterschool Alliance. The LA most recently reached out to invite their Director to serve as a state expert reviewer for the revised ABC School-Age Standards as part of the commitment to best practices in content, inclusion and equity.

**xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:**

The DECE through CCL has a long-standing relationship with the state's Emergency Management Division (EMD) and their local offices. In the past, the DECE has participated in EMD lead meetings with child care providers and mock disaster trainings. The DECE is housed in the state's human services agency and, therefore, has ongoing collaborative opportunities involving state emergency events. CCL receives information from EMD regarding plans when there are emergency-related events in the forecast as well as responses to an event. The DECE developed its emergency plan alongside the LA's emergency plan to better coordinate services during disaster events. The DECE provides information on its website that offers guidance and templates to child care providers to use as a model to develop emergency plans for their facilities. Included in the information is an emergency plan brochure, emergency plan guidelines, and an emergency plan template. The emergency plan templates are tailored to child care centers, group and family child care homes, license-exempt facilities, and family, friend, and neighbor providers. The federal requirements 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 and requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates. The DECE's Child Care Disaster Plan includes guidance and requirements for continuing CCDF-funded child care services after a disaster, provisions for temporary child care, and temporary operating standards after a disaster. COVID-19 pandemic gave us the opportunity to work closely with EMD in order to obtain donated PPE for child care providers. The DECE will continue to use opportunities to foster this relationship.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

- i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

## Describe

The DECE continues to support the EHS-CC Partnerships. ABC Quality, CCL, and SC Voucher staff meet with EHS-CC-Partnership grantees to provide on-site training and technical assistance regarding state regulatory requirements, guidance to enroll in ABC Quality, and eligibility requirements to enroll in the SC Voucher program. Subsidy slots have been provided to the five EHS-CC Partnerships to support program participation.

### ii. State/territory institutions for higher education, including community colleges

#### Describe

Through contractual agreements, the DECE has established and maintained long-term partnerships with two and four-year institutions of higher education to support professional development opportunities that lead to advanced college degrees for the child care workforce and other individuals employed by ECE entities. In addition, DECE continues work to expand the state's pool of professionally trained individuals working in and/or with early childhood programs by providing support for completion of coursework that leads to a Master's in Education (M.Ed.). More than 70 individuals have received the M.Ed. scholarships and serve as ABC Quality Assessors, CCR&R TA providers, SCPITC providers, SC Endeavors staff and private sector leaders. The fifth cohort will begin in the fall of 2021. A cross sector committee has been convened to address barriers that affect the ECE workforce in obtaining their college degree.

### iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

#### Describe

The DECE continues to work in partnership with the United Way Association of SC(UWASC) to coordinate and provide support for local community-based initiatives to expand the availability and accessibility of child care to meet the needs of young children and their families. Activities include afterschool programs and support children with special needs, and infant/toddler care.

### iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

### Describe

The Children's Trust of South Carolina administers the Maternal Infant and Early Childhood Home Visiting Program. Four evidence-based models are supported by Children's Trust: Healthy Families America, Nurse-Family Partnership, Parents As Teachers, and Family Check-Up. The outreach manager for the DECE serves on the Community Advisory Board for Nurse-Family Partnership.

### v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

#### Describe

The LA continues to share information about resources and coordinate referrals through SC CCR&R for Medicaid-funded services to parents. DHHS is a member of the LA's BUILD leadership team. The DECE and DHHS continue to work collaboratively on implementation of infant-early childhood mental health competencies and endorsements .

### vi. State/territory agency responsible for child welfare.

#### Describe

Child welfare services are based in the LA. Recent coordination efforts have been made to expand child care accessibility for families who are in a child welfare investigation.

### vii. Provider groups or associations.

#### Describe

The LA -DECE provides support for attendance to statewide annual professional development events sponsored by provider groups or professional associations. Scholarship opportunities are made available that facilitate provider engagement with state, regional, and national presenters and networking in a professional setting for caregivers and directors. The conferences are also an opportunity for ABC Quality staff to promote best practices and to recruit providers to enroll in ABC Quality. During the pandemic each group/association maintained their conferences using a variety of delivery techniques. The LA notified all that only virtual conferences would be available for scholarships. In most cases, virtual attendance was at least the same or more than attendance for pre-COVID face-to-face conferences. Coordination of planning between the LA and conference coordinators has begun for upcoming

conferences to be held in late 2021 and 2022.

**viii. Parent groups or organizations.**

**Describe**

The LA provides support for Family Connection of South Carolina (FCSC) to develop a child care provider guide that educates providers on the process and importance of transitioning from Part C to Part B including what role child care providers can play before, during and after the transition.

**ix. Other.**

**Describe**

The Preschool Development Grant received by the LA in 2019 has provided new opportunities for partnering between the LA and other early childhood entities. A wide variety of initiatives described in the \$11.1 million grant are underway for completion in 2023 including: state needs assessment and strategic plan, local strategic plans, PASOS initiative to support Latino families, Mad Monkey consumer education and access, expansion of Be Well Care Well initiative, infant-toddler conference (Baby Jam), SCIMHA initiative to support Infant Early Childhood Mental Health (IECMH), family child care communities of practice, First Steps initiatives to improve best practices to support transition to public school, sharing best practices for the home visitation and parent support workforce, Countdown to Kindergarten, shared professional development, Preschool Jamboree, teacher retention, teacher/trainer marketing, LA mixed delivery systems with Head Start and First Steps 4K, ABC grants/initiatives, Parents As Teachers for FCC and FFN caregivers, Inclusion Specialist expansion, early childhood integrated data system and data governance, Help Me Grow State Office, ITSN integrated and coordinated service partnerships, expansion of IECMH consultation and others.

### Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those 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, children experiencing homelessness, 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 to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive 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 a 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 Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start 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 CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)  
).

#### **1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?**

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How 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.

**b) Which funds you will combine**

CCDF funds will be used to provide child care within defined parameters in support of other programs' services to children such as Head Start, Early Head Start, programs administered by the LA (TANF, Child Protective Services and Foster Care), state and private pre-k programs funded by the SDE Education Improvement Act (EIA) and the Child Early Reading Development and Education Program (CERDEP), SDE's McKinney-Vento homeless education program, state and regional Coalitions for the Homeless, county First Steps to School Readiness Partnership offices' specifically-defined child care services funded by state appropriations, local United Way programs that provide specifically-defined child care services funded by private funds; the DHEC Division of Nutrition, Physical Activity, and Obesity Prevention's "Healthy Kids Healthy Future - Technical Assistance Program" funded by a Nemours National Office of Policy and Prevention/Centers for Disease Control and Prevention grant in support of Grow Outdoors SC activities of the DECE; institutions of higher education funded by multiple state, federal, and private sources; multiple early childhood professional associations (SCAEYC, SCECA, SCAECE); and Family Connections of SC (for families of children with special abilities and needs). LA initiatives in the PDG grant related to ABC Quality will be combined with CCDF funds to build infrastructure for grant and incentive programs that will then be used to support and sustain CCDF initiatives.

**c. What is your purpose and expected outcomes for combining funds, 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? Note: Responses should align with the goals, processes and results describe in 1.4.1.**

Our intent and expectation in combining funds are to enhance the quality of services for ABC Quality enrolled providers; to extend the day and year of services for full-day, full-year programming to assist working families; to enhance and align the quality of services; to link comprehensive services to children in child care; to provide continuity of care to support the needs of families, and to expand the supply of child care for vulnerable populations.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

DECE will seek to combine CCDF-funded subsidies, grants, contracts, and agreements for specifically-defined child care activities with other services needed by families that are provided through programs funded by other sources and are consistent with CCDF provisions of the final rule. The approach will be to combine funding at the state level for service distribution at the program level.

e) How are the funds tracked and method of oversight

CCDF funds paid through grants, contracts, and agreements for specifically-defined activities are and will be overseen/tracked/approved for reimbursement by contract managers and program staff of the DECE. CCDF-funded subsidies will be managed by the SC Voucher Program and overseen by program managers and staff.

Expenditures will be tracked through the state accounting system, SCEIS, and the SC Voucher system.

### **1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?**

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

a. N/A - The territory is not required to meet CCDF matching and MOE requirements

b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

State appropriations

c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

A. Donated directly to the State?

B. Donated to a separate entity(ies) designated to receive private donated funds?

ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

N/A

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): 30%

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

DECE will strategize options with the SDE for augmenting the Pre-K program duration with child care services that extend the day/year to meet the needs of working families. The intent will be to expand the availability of child care for children in Pre-K to wrap around Pre-K services to match the duration of their parent(s)' work schedules.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

DECE is exploring offering child care subsidies to CCDF-eligible children in Pre-K to expand the availability of child care that wraps around the Pre-K day to match the duration of their parent(s)' work schedules.

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

The LA has expanded, not reduced its level of effort in child care services. In FY2019, the South Carolina General Assembly appropriated an additional \$3.2 million more in recurring state funds to the LA for child care services, expanding the LA's ability to provide more child care services. The number of children receiving child care services between FFY2018 and FFY2020 increased by 34% and expenditures increased by over 57%.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

DECE is exploring offering child care subsidies to CCDF eligible children in PreK-to expand the availability of child care that wraps around the Pre-K day to match the duration of their parent(s)' work schedules.

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent): 20%

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

The DECE is strategizing with the SDE to augment the Pre-K program with child care services that extend the day/year to meet the needs of working families. The intent will be to expand the availability of child care for children in Pre-K to wrap around Pre-K services to match the duration of their parent(s)' work schedules.

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? N/A

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (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 the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

### **1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.**

The DECE provides support through a state level grant agreement with Anderson Interfaith Ministries for the 'Women & Children Succeeding Program (WACS). The program is designed to give under-resourced women and their children the benefits of educational environments that will enrich their lives with opportunities for success. This program provides families with the tools needed to complete their education to become and maintain self-efficiency. WACS is a holistic supportive services program to transition participants to self-sufficiency. The program includes financial assistance for quality child care, career and academic advising, financial awareness training, transportation assistance, and other supportive services. The DECE provides support for the provision of child care scholarships for WACS participants. Eligibility for the scholarships align with CCDF requirements. Also, under a state level grant agreement DECE provides support to the United Way Association of SC for local community-based afterschool programs, programs that care for children with

special needs, and child care availability. Locally funded programs are enhanced or expanded with the support of CCDF funds. The DECE maintains agreements with some local First Steps County 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 staff. Eligibility criteria align with CCDF requirements (parents must be working, in school, or in a training program at least 15 hours per week (including travel time) for these child care slots. This is a form of a shared services process; building on the well-established prompt payment structure at DECE. This helps to maximize resources and avoid duplication of services. Additionally, DECE provides support for Palmetto Shared Services.

## 1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations 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 (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

**1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?**

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

SC CCR&R is a statewide program that supports high quality early care and education through work with families, child care programs, and the community. SC CCR&R services are provided through the following programs: SC CCR&R Family Services - providing customized child care referrals, information on types of care, and how to identify a high-quality child-care program. SC CCR&R Program Services- works with child care programs, directors, and staff by providing professional development opportunities including targeted technical assistance and research-based training to

improve the quality of care that they provide to children and families. SC CCR&R Community Outreach Initiatives- work with the community, including stakeholders, partner agencies, school districts, and businesses to promote the importance of high-quality child- care and engage in initiatives that help promote accessibility to high quality programs for all families. The SC CCR&R operates under a CCDF funded contract with the LA -DECE and the University of South Carolina (UofSC), College of Education. The administrative office is located at the Yvonne & Schuyler Moore Child Development Research Center on the campus of UofSC. Staff are located remotely based on the four-region structure of SCDSS Child Care Licensing to provide on-site and local coordination of services to child care programs, families, and the community. All services of the SC CCR&R can be accessed through a single toll-free number and/or through on-line referral forms that are accessible through, [www.sc-ccrr.org](http://www.sc-ccrr.org) which are managed through the appropriate SC CCR&R department staff to provide access to SC CCR&R services and child care referrals. The LA -DECE has representation on the SC Interagency Coordinating Council for Part C and the Advisory Council for the Education of Students with Disabilities preschool committee for Part B, Section 619. Participation on these two councils includes providing information about initiatives in the child care system that are supportive of children with disabilities and their families. In addition, the DECE provides information, annually, to the Preschool Committee regarding the utilization of the SC special needs vouchers for children ages three-five with disabilities and supports provided to child care programs who serve preschoolers with disabilities. DECE funds the SC Child Care Inclusion Collaborative (SCIC) to provide training, coaching, and consultation to child care providers to include children with disabilities in their programs. SCIC coordinates with Part C and Part B, Section 619 at the state level to exchange information regarding the provision of supports and services within child care programs.

## [1.8 Disaster Preparedness and Response Plan](#)

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan

(658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

**1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)**

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

The Division of Early Care and Education's (Division) *Emergency Preparedness Plan* (Plan) is a fluid and working document. Changes and updates are made to the Plan as needed and the Plan will be reviewed regularly.

In January 2021 the Plan underwent the process of a copyedit, correcting grammatical errors and inconsistencies. More substantial changes in the Plan were made in June 2021. This includes the address of some critical need areas identified by the Federal Government regarding emergency plans.

The Division specifically updated and addressed the critical need area of Communication within the Plan. The Plan identifies that communication to staff comes from the Division and will begin before and continue during and after the disaster/emergency event, as needed.

The Plan was also updated with the process of how communication with providers will be carried out, including back-up communications plans such as working with partners to send alerts on how the Division can supply assistance during the disaster/emergency and the emergency phone line being transferred to another office, if needed. Additionally, modes of communication are named in the Plan, including cell phones, blast emails, text messages, and newsletters.

The Division also specifically addressed the critical need area of Data within the Plan.

Division staff will gather data from DSS I-T, a partner in the Plan, on provider closures due to a disaster/emergency event. The data is used to provide reports to the DSS Executive Team on providers, including provider closures and on what's needed for facilities to re-open.

Data from DSS I-T will also help to identify any impacts on Columbia-based staff, the North Tower, and on computer/phone systems - as well as what resources may be needed to address negative impacts from an I-T perspective. DSS I-T assists the Division in making key information available on the DSS website.

Further changes to the Plan made in June 2021 include the following:

- The Plan was reformatted to align with the DSS style guide and to enhance formatting consistency.
- Contacts and partner titles, names, and numbers were updated.
- Definitions and types of emergencies were added to the Introduction section.
- Verbiage for "disaster/emergency" was added throughout the Plan.
- "CCL database" verbiage was updated to "Licensing Database" throughout document.
- SC Head Start Collaboration Office's role was clarified as being *within* Division, *not* as a partner.
- In Section IV - Function A the following was added: 1) part B: Public Health-Related Disaster, including PPE information and 2) part C: Other Disasters (non-weather or public-health related).
- Minor edits were input in Section IV - Function E: Implement Disaster Response section.
- A substantial amount of new information was added in Section IV - Function E: Coordination of Post Disaster Recovery.
- Updates were made in Appendix 3: Partner Agency Contact Information.
- Updates were made in Appendix 7: Glossary of Terms and Acronyms Used in *Emergency Preparedness Plan*.
- DSS' provision to give providers possible revenue streams from the SBA once informed of them by the Federal government was added.

Because the Plan is a fluid and working document, the review of the Plan and changes to it will be on a regular and on an as-needed basis. Further, the next step the Division will take is to review all templates, brochures, and emergency guidelines to build and ensure consistent information as well as a consistent DSS-branded look that adheres to DSS and Division policies, procedures, and the DSS style guide.

**1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.**

- a. The plan was developed in collaboration with the following required entities:
  - i. State human services agency
  - ii. State emergency management agency
  - iii. State licensing agency
  - iv. State health department or public health department
  - v. Local and state child care resource and referral agencies
  - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
  - i. Procedures for evacuation
  - ii. Procedures for relocation
  - iii. Procedures for shelter-in-place
  - iv. Procedures for communication and reunification with families
  - v. Procedures for continuity of operations
  - vi. Procedures for accommodations of infants and toddlers
  - vii. Procedures for accommodations of children with disabilities
  - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

**1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:**

<https://www.scchildcare.org/library/emergency-preparedness-resources.aspx>.

## 2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

## 2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

### **2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.**

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

The LA funds a Dual Language Learner (DLL) Quality Coach position through a contract with the SC CCR&R at the University of South Carolina (UofSC). This position provides assistance to families with limited English proficiency to acquire child care assistance and help identify child care programs through the SC CCR&R child care referral data system available in multiple languages to help parents in their search. Through outreach with family-serving organizations and child care programs,

the DLL Quality Coach provides information regarding quality child care, dual language learner strategies for child care programs, and financial assistance for dual language families. The LA contracts with an organization that provides interpretation and translation services in over 100 languages upon request.

**2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.**

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

The LA funds both the SC Inclusion Collaborative (SCIC) and SC Child Care Resource and Referral (SC-CCR&R). They work in partnership to assist families to locate quality care for a child who may have a disability. Additionally, the SCIC specifically supports families who have experienced problems in accessing or maintaining child care services because their child has a developmental delay. SCIC works with providers to engage with families to determine supports needed to care for their child. They provide professional development to providers on making adaptations to routines and activities using the evidence-based CARA's Kit framework. SCIC, in partnership with Family Connection of SC (i.e., South Carolina's Parent Training and

Information Center), developed an online training module for families of children with disabilities who are looking for child care. The module contains information about the child care system in South Carolina and provisions of the ADA that relate to child care. This module is available at no cost to families. In addition, SCIC has worked with Family Connection SC to develop printed materials to support families in their search for quality child care for their child with a disability. Materials were also developed to provide child care programs information about transitions in early childhood for children with disabilities (i.e., Part C to Part, Section B619 transition). Information for families can be found at [www.scinclusion.org](http://www.scinclusion.org). The South Carolina Early Learning Standards are ADA compliant and are available on the DECE website <https://www.scchildcare.org/>. CCDF funds are used to support Beginnings SC. Services provided include statewide onsite hearing screenings, technical assistance, and training in child care programs. Activities and methods used to increase the awareness and need for hearing screenings include: follow-up emails and phone calls to child care programs who previously utilized hearing screening services. Newsletters, advertising services, and print/social media are used to promote the availability of hearing screenings. Materials are made available at various trainings, events, meetings and conferences.

## 2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

### **2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:**

Parents, guardians, and/or public citizens can file complaints anonymously by calling the

local CCL office, or by calling ABC Quality at 1-800-763-2223. Additionally, consumers can find information to file a complaint through the website, <https://www.scchildcare.org/parents/file-complaints.aspx>. Information is taken from the complainant who can remain anonymous, documented, and referred to the appropriate person for follow-up action. Complaints can also be made anonymously through emails, calls, letters, and fax to ABC Quality or CCL.

**2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:**

Consumers have several mechanisms to submit complaints. 1. Call the toll-free telephone hotline; 2. Call the LA's child protective service hotline; 3. Submit complaints through the DECE's website; or 4. Email LA. ABC Quality manages a complaint line. Parents and concerned citizens can make complaints on licensed, registered child care centers, family homes and groups whether they are in the ABC Quality program or not and on license-exempt programs participating in ABC Quality. Complaints are recorded on an intake form and sent to the appropriate area within the Division (Licensing, Voucher or ABC Quality). Complaints received on licensed/registered child care centers, family homes and family groups are processed by Child Care Licensing (for all CCDF and non CCDF regulated providers). ABC Quality responds to complaints made on license-exempt programs participating in ABC Quality. All possible illegal operation complaints are referred to Child Care Licensing to be processed.

For licensed/regulated CCDF or non-CCDF providers, complaints are entered in the CCL system called the CCSS and a CCL specialist visits the provider 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. A CCL specialist conducts a follow-up visit to ensure compliance. If the incident is severe, other negative actions may be taken, such as revoking the license or registration, filing for an injunction to close the program, or referring the program to other agencies (law

enforcement). The LA also maintains a fraud hotline which forwards cases to DECE. If there are regulatory complaints, they are entered in the CCL system and a CCL specialist visits the provider to investigate the complaint.

There is a timeline for responding to all regulated provider complaints to include CCDF and non-CCDF providers. Each complaint category is listed in 1 of 3 classes. The response time is determined by the class; however, any complaint can be upgraded to a Class I if circumstances dictate.

Class I Complaint – Immediate Response (at least by the next day of business)\*

Class II Complaint – Heightened Response (within 2-3 business days)

Class III Complaint – Normal Response (within 5 business days)

\* Category I complaints must be staffed with the Regional Supervisor immediately after the visit to determine the next course of action.

ABC Quality responds to complaints made on license-exempt programs participating in ABC Quality. A Quality Assessor makes a visit to the license-exempt program within three days of the complaint. A determination of further action is made after immediately conducting the on-site visit. The severity of the complaint is determined as to whether the complaint is founded, whether further action is needed, and whether the incident violates the program's eligibility to participate in ABC Quality. Most complaints warrant the program to provide corrective action. Programs with founded complaints are given 45 days to come into compliance of the deficiency through a 1st, 2nd and final notice. Corrective action received is updated on a new Health and Safety Inspection posted to the website. If program is not in compliance after this timeframe the program is subject to termination from ABC Quality. Depending on the severity of the complaint incident and findings as a result of the onsite inspection, ABC Quality may immediately staff the program for termination consideration. Findings of the complaint, any subsequent visits and corrections made pertaining to the incident are recorded on the Health and Safety Inspection Report. These reports are also posted on the license-exempt profile found on the website. ABC Quality maintains a record of all complaints for verification of programs ability to maintain History of Compliance to eligibility criteria and business procedures.

**2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:**

For licensed/regulating non-CCDF and CCDF child care providers, South Carolina maintains a CCL database called the CCSS, (Child Care Services System). All regulatory complaints are entered into this database and maintained there as per the LA's file retention policy. For Active Providers, complaints are kept as long as the provider remains an active provider. For Inactive Providers, complaints are kept as per the retention policy, 5 years plus the current year.

ABC Quality maintains a record of complaints made on license-exempt programs participating in the QRIS. Development of a Child Care Integrated System portal for license-exempt programs who participate in ABC Quality is planned. This portal would maintain an automated record of substantiated parental complaints on license-exempt and FFN programs participating in ABC Quality. ABC Quality follows the LA policies for retention of records. Substantiated complaints are reflected on the website for 3 years and updated in the Health and Safety Inspection form after the onsite visit is conducted and the results of finding determination. ABC Quality maintains the record of all substantiated complaints for as long as the provider is active for data purposes and to meet LA retention policies. For inactive providers, complaints are kept as per the LA retention policy, 5 years plus the current year.

**2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:**

Substantiated complaints are made available on DECE's website by searching for the name of the child care facility or zip code in the search query box, then clicking on the facility's name to open their page containing the facility's contact information for dates of any substantiated complaint deficiencies. On this page, the inspection report for any regulatory complaints will be listed as well and the consumer can review that inspection for information

as needed. Also, requests for additional information regarding a complaint can be made by calling the respective CCL regional office. ABC Quality posts substantiated parental complaints made on license-exempt programs participating in the QRIS on the consumer education website within each programs profile's by uploading a copy of the Health and Safety Inspection. Development of a Child Care Integrated System portal for license-exempt programs who participate in ABC Quality is planned. This portal would display inspection types (annual, complaint, follow-up) on the consumer education website. FFN Non-related will have a Health and Safety inspection report conducted, however the report will be made available to families upon request.

**2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:**

<https://www.scchildcare.org/parents/file-complaints.aspx>.

**2.3 Consumer Education Website**

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

**2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):**

Both of the DECE's websites (scchildcare.org and abcquality.org) provide a variety of ways for consumers to search for child care programs, to include zip codes, county, city, facility/provider name, facility operator, and facility/provider type. The websites provide plain language definitions of many terms to include, exempt care, facility/provider types, quality level, severity levels of violations, and the different program areas within the DECE. Each provider's individual page displays the results of inspections and any violations which are color coded and categorized by risk to children. Currently, from the homepage, the scchildcare.org website allows users to navigate the site using the following topic headings: Help for Parents, Help for Providers, Departments, Helpful Resources, and Library. During the most recent reporting period (July 1, 2019 – June 30, 2020) a total of 291,491 new users accessed this site. Currently, from the homepage, the abcquality.org website allows users to navigate the site using the following topic headings: Find A Provider, Parent Resources, What is ABC Quality, and Blog. During the most recent reporting period (July 1, 2019 – June 30, 2020) a total of 41, 484 new users accessed this site. The division is currently revamping the scchildcare.org site to increase its consumer-friendly capabilities. The new site is set to be released in Fall of 2021, and will feature a variety of updates, to include a mobile-first website design, parent friendly section headers and navigation (i.e. How do I?), increased readability by using plain language that is parent focused, utilize icons and color to reduce text and increase attractiveness, and provide a filtering feature for news and announcements.

### **2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):**

We are in the process of revamping the SC Childcare website and our aware that the Spanish translate function is not working. This function will be available by October 1, 2021. Additionally, the contact information for the language line will be added for someone requesting translation services for other languages.

### **2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:**

The coding of the LA's website is easily accessible for a screen reader, the technology used by persons with a visual impairment. The LA's website also provides accommodations for individuals with a hearing impairment by producing video transcripts for all videos on the site. Proof of performance can be found here-<https://www.scchildcare.org/library/videos.aspx> The Lead Agency will add contact information to the website to allow for those that need accommodations in reviewing our website or obtaining services.

### **2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.**

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<https://www.scchildcare.org/providers/become-licensed/i-want-to-be-licensed.aspx>

<https://www.scchildcare.org/providers/become-licensed/licensing-exemptions.aspx>.

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<http://www.scchildcare.org/providers/become-licensed.aspx>

Website currently being restructured to include information on the processes for conducting monitoring and inspections of child care providers. New website to be implemented October 1, 2021.

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://www.scchildcare.org/providers/background-checks.aspx>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://www.scchildcare.org/media/66224/Childcare-facilites-002-.pdf>.

### **2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?**

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

[abcquality.org](http://abcquality.org)

[scchildcare.org](http://scchildcare.org)

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.  
Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

#### All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information

- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports

- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

The license number and Licensing specialist contact information is provided on <https://www.scchildcare.org> website under Consumer Education website. Quality information does appear for all programs (licensed child care centers, licensed/registered family child care homes, licensed family child care groups) participating in ABC Quality (receiving CCDF).

- ii. License-exempt CCDF center-based providers.

Describe

Information on license-exempt center-based providers, including the Health and Safety checklist, is provided for all license-exempt centers participating in ABC Quality.

- iii. License-exempt CCDF family child care providers.

Describe

- iv. License-exempt, non-CCDF providers.

Describe

- v. Relative CCDF providers.

Describe

**2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.**

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.

Describe

**ECE Recognition Program**

**ABC Quality is partnering with the state's health agency (South Carolina Department of Health and Environmental Control) and the Nemours National Office of Policy and Prevention to launch a program to recognize child care providers that have shown a commitment to improving the nutrition and physical activity environment of their facility. Nutrition and physical activity are included in the quality indicators of the ABC Quality Standards. A key component of the recognition program is the development of a virtual badge for use on the DECE website. Each ABC Quality provider that meets the established criteria will have the badge added to their profile, in addition to a financial award. Providers will be assessed annually for the recognition and the badge will be updated to reflect the current year of recognition or**

removed if a provider no longer meets the criteria. The addition of this badge on the DECE website will allow families to identify providers that are excelling in providing nutritious foods and increased opportunities for physical activity for the children in their care. Following the launch of this initial badge, other areas of interest to parents will be highlighted through this ECE Recognition Program

b) For what types of providers are quality ratings or other indicators of quality available?

i. Licensed CCDF providers.

Describe the quality information:

Programs that are eligible to participate in ABC Quality are licensed child care centers, licensed/registered family child care homes, licensed family child care groups and licensed-exempt centers. All programs interested in participating in ABC Quality must meet all eligibility to participate. ABC Quality posts the quality level earned based on the score of the process and structural quality reviews. Programs earn quality levels C, B, B+, A and A+. License-exempt programs participating in ABC Quality are identified on the website with an "E" for license-exempt and their awarded quality level. Programs who receive a "P" quality level have met all eligibility criteria and are pending their process or structural quality review.

ii. Licensed non-CCDF providers.

Describe the quality information:

iii. License-exempt center-based CCDF providers.

Describe the quality information:

ABC Quality posts the quality level of centers that are enrolled in ABC Quality and eligible to receive CCDF funds. License-exempt child care programs participating in ABC Quality are not required to be licensed according to the SC Child Care Licensing law. In addition to the quality level, ABC Quality posts the Health and Safety Inspection reports.

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

**2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).**

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

i. Full monitoring reports that include areas of compliance and non-compliance.

- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

ABC Quality does not display non-related FFNs on the consumer education website, because this provider type is typically used by parents in the event of an emergency and is not considered long-term care. Non-related FFNs providers are limited to serving children from one family. SC Child Care Licensing law requires providers in home settings who serve children from more than one family to be licensed/registered. A blank non-related FFN inspection report is posted on the scchildcare.org website.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

Currently the results of inspections are provided on each individual provider's webpage which includes any violations. Violations are categorized low, medium or high based on risk to children. The LA is working to expand information that is currently on the child care website. To that end, full reports regarding complaints, renewals, and annual inspections of all regulated providers will be placed on the child care website as required in a timely manner. License-exempt programs participating in ABC Quality receive a Health and Safety Inspection that is displayed as a document upload on the program's profile found on scchildcare.org. The LA does not display non-related FFNs on the consumer education website, because this provider type is typically used by parents in the event of an emergency and is not considered long-term care. Non-related FFN providers are limited to serving children from one family. SC Child Care Licensing law requires providers in home settings who serve children from more than one family to be licensed/registered. Therefore, a blank copy of the FFN Non-Related Health and

Safety Inspection checklist is posted on the website. Development of a Child Care Integrated System portal for Development of a license-exempt and FFN portal within the Child Care Integrated System is planned. This system will collect information and display results of the inspection reports automatically on the website.

[Corrective action plans taken by the state and/or child care provider.](#)

[Describe:](#)

The website indicates whether the deficiency was corrected onsite or is pending correction.

[A minimum of 3 years of results, where available.](#)

c. [How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.](#)

i. [Provide the direct URL/website link to where the reports are posted.](#)

<https://scchildcare.org/details.aspx?facility=10857>

ii. [Describe how the Lead Agency defines timely posting of monitoring reports.](#)

Currently, after the monitoring visit, the Licensing Specialist enters the information from the report into the CCSS database. Once entered, the Regional Supervisor must review and approve the information from the visit and the monitoring reports. Once approved, the monitoring reports are emailed to the Central Office and uploaded to the provider's page SC Child Care website. This process typically takes two weeks.

Additionally, inspection software has been purchased to assist with electronic inspection at the monitoring visit that will upload automatically once the Licensing Specialist syncs to the network. Reportedly, this will allow for a more efficient way of approving monitoring reports before it goes to the website. License-exempt monitoring visits are conducted within 30 days of enrolling in ABC Quality and then subsequent visits are conducted annually during the programs unannounced visits. Additional visits are required for complaints and follow-up. The inspection reports are posted within 15 days of the initial visit on the Friday within the week the report is received.

Providers can make any corrections needed till the posting of the report. After 15 days

from the visit, the report is posted. Any corrections made thereafter are recorded on a subsequent report that is posted on the website using the same timeframe as the initial visit.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

The LA's definition of plain language is inspection reports are provided in a clear and concise manner. It is organized and appropriate for the intended audience. Everyday words are used. The usage of technical terms are explained in a reference, when possible. The monitoring reports simply tell the reader what occurred at each visit.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The monitoring reports are designed to be clear, concise, organized and appropriate for the intended audience. The report is straightforward and on one page. Short lists and bullets are used to organize the information. The reports include the date of inspection, information regarding what action was taken, and any health and safety violations.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

ABC Quality has a process to correct inaccuracies of quality levels and Health and Safety Inspections posted on the website. Quality levels that are inaccurately displayed on website are identified. ABC Quality staff verify that quality level is accurately entered in the SC Voucher system. Any corrections needed are made through an email request to SC Voucher personnel. Corrections are made within 3 working days of the request. Updates to the website are made through a daily data feed. Any corrections of quality levels on the website that cannot be corrected through SC Voucher are made through a work order request to DECE IT. Work order requests are given one work week to update. ABC Quality has a process of verification prior to posting of Health and Safety Inspection forms to the website. The ABC Quality Assessor submits the Health and Safety Inspection form to designated staff for approval. Designated staff verify the accuracy of the information and whether it makes sense. Designated staff request any necessary corrections. The verified form is posted within one week of inspection on Fridays. The

provider notifies the Licensing Specialist regarding inaccuracies of their information page on the website. Once notified, we will review their information and compare it to their application they submitted to us. If there is inaccurate information, we will notify the Webmaster who will make the change. This will be done immediately.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

ABC Quality does not have an appeal process for findings of the License-exempt Health and Inspection reports. ABC Quality has a verification process in place that verifies the accuracy of reports prior to posting on the website. Any corrections needed are made prior to posting of the report to the website. If the provider has appealed, CCL will staff their request through the CCL Staffing Team that the regional office will request. We will review any information provided by the provider, the inspection report, any additional information collected at the time of the inspection (documents, video, pictures, etc.) and make a determination regarding the request. We make every effort to respond in writing within 7 days of the provider's request as per the law. If the violation being appealed is determined to be unfounded, the violation is removed from the website and a letter is sent to the provider within 2 days of determination.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

ABC Quality License-exempt Health and Safety Inspection Reports are posted on the website for 3 years. The system automatically removes the file from the website 3 years from the date of posting.

**2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive**

## CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

### a. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

The CCL office is responsible for collecting reports of any serious injuries or deaths of children occurring in child care pursuant to the regulations 114-503D(1)(a)(2)(a). The provider shall report accidents or injuries to a child that require medical treatment and that occur at the provider to the parents/guardians immediately and shall provide written notification to the LA within 48 hours. The death of a child or staff person that occurs at the provider must be reported to the LA immediately. The LA posts information about deaths, injuries, and substantiated child abuse in child care settings on its website at <https://www.scchildcare.org/library/charts-and-graphs.aspx>.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

a) Inflicts or allows to be inflicted upon the child physical or mental injury or engages in acts or omissions which present a substantial risk of physical or mental injury to the child, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which: (i) is administered by a parent or person in loco parentis; (ii) is perpetrated for the sole purpose of restraining or correcting the child; (iii) is reasonable in manner and moderate in degree; (iv) has not brought about permanent or lasting damage to the child; and (v) is not reckless or grossly negligent behavior by the parents. b) commits or allows to be committed against the child a sexual offense as defined by the laws of this State or engages in

acts or omissions that present substantial risk that a sexual offense as defined in the laws of this State would be committed against the child; c) fails to supply the child with adequate food, clothing, shelter, or education as required under Article 1 of Chapter 65 of Title 59, supervision appropriate to the child's age and development, or health care though financially able to do so or offered financial or other reasonable means to do so and the failure to do so has caused or presents a substantial risk of causing physical or mental injury. However, a child's absences from school may not be considered abuse or neglect unless the school has made efforts to bring about the child's attendance, and those efforts were unsuccessful because of the parents' refusal to cooperate. For the purpose of this chapter "adequate health care" includes any medical or nonmedical remedial health care permitted or authorized under state law; d) abandons the child; e) encourages, condones, or approves the commission of delinquent acts by the child and the commission of the acts are shown to be the result of the encouragement, condonation, or approval; or f) has committed abuse or neglect as described in subsections (a) through (e) such that a child who subsequently becomes part of the person's household is at substantial risk of one of those forms of abuse or neglect.

iii. [The definition of "serious injury" used by the Lead Agency for this requirement.](#)

Accidents or injuries involving any child occurring at the facility requiring professional medical treatment.

b. [Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.](#)

- [i. the total number of serious injuries of children in care by provider category/licensing status](#)
- [ii. the total number of deaths of children in care by provider category/licensing status](#)
- [iii. the total number of substantiated instances of child abuse in child care settings](#)
- [iv. the total number of children in care by provider category/licensing status](#)

c. [Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.](#)

<https://www.scchildcare.org/library/charts-and-graphs.aspx>.

**2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:**

The LA provides referrals to the CCR&R Network by including a page titled "Who can help me with child care?" on its website: <https://www.scchildcare.org/parents/who-can-help.aspx>.

**2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:**

The consumer education website includes a link on how consumers can contact the LA in various ways: <https://www.abcquality.org/contact>; <http://www.scchildcare.org/contact-us.aspx>

**2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.**

<https://www.scchildcare.org>

<https://www.abcquality.org>.

## 2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

**2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.**

The LA shares information with parents, the general public and child care providers utilizing four media: 1) written materials; 2) in-person interactions; and 3) websites 4) social media. The written materials the LA distributes are crafted for various audiences and are available in English and Spanish. The written information helps parents understand how to identify and select high quality child care. Written information for providers explains the various programs available to them that can help them operate a more efficient, more profitable, and higher quality child care program. The information for the public is intended to increase awareness about the LA and the state's quality rating and improvement system for child care providers. In-person interactions are targeted mostly towards new or expecting parents; however, outreach staff also attend events to discuss the importance of stable, accessible and affordable high-quality child care programs with pediatricians, obstetricians, and municipal officials. The LA's websites provide information about all programs that support the provision of high quality child care to all children in SC. The website allows parents to email or call the child care subsidy control center to apply for child care assistance. The LA constantly

updates its websites to provide updated, accurate, and complete information to consumers, providers, and the general public about priority areas and how to apply for those subsidy opportunities. The Lead Agency has an existing Facebook page that promotes ABC Quality. The page is utilized to provide helpful information, on a variety of topics, to both parents and providers and increase awareness about the ABC Quality program. The SC Child Care Resource & Referral has dedicated services to assist families searching for child care services including information and referrals to types of care, financial assistance, and indicators of high-quality care. Through a newly developed data system that will be accessible through the website [www.sc-ccrr.org](http://www.sc-ccrr.org) parents will have access to information on child care programs that may meet their individual needs with multiple search capabilities including, type of care, ABC Quality level, location, hours, subsidy/financial assistance, week schedule, costs and available openings. This information is updated in real time utilizing licensing, registry, and information entered directly from the child care programs. The website is available in English and Spanish and provides parents the ability to compare programs side by side to better inform their choices. In addition, parents can access the services of dedicated CCR&R staff through the website or by telephone to provide customized and enhanced searches, answer questions, provide additional resources and materials on quality indicators, and work in coordination with SC voucher team to process and approve families for financial assistance. Information will be available on the website and provided to families in the form of tip sheets (both on-line and hardcopy) that parents can utilize in their search including what to look for in a quality program, the differences between the types of care, guidance for care for different ages, activities for different development stages for parent or providers, and information on the various types of free or reduced care available in the state. Outreach events to parent groups, employers, and organizations will promote these services to help families that may need to locate child care services.

The Division is currently in the process of acquiring an Instagram account to expand our avenues in reaching our target audience to further spread awareness about ABC Quality, SC Voucher, and a variety of other programs offering resources throughout the state related to children and child care. The account is set to be released by Fall of 2021, and will allow us to share visually dynamic content, such as videos, images and infographics, throughout the platform's various features such as feeds, stories, reels, and IGTV. We will use these media to provide parents, the general public, and child care providers with a variety of resources such as parenting and child care tips, and focus on topics including brain development,

learning through play, how to find a high-quality provider, nutrition, what ABC Quality means/why it's important, and more. The Division is also coordinating a consumer awareness campaign for parents, families, child care providers and the general public, to highlight the SC Voucher program. The campaign will include an array of informative media, promoting financial resources available to assist with affording child care through the various voucher categories. These media include the following: updates to both the scchildcare.org and abcquality.org websites; targeted advertisements utilizing social media; and collateral materials, such as print brochures.\_

**2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.**

a. Temporary Assistance for Needy Families program:

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the www.scchildcare.org website. There are also periodic blogs throughout the year on www.abcquality.org that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public.

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

**b. Head Start and Early Head Start programs:**

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the [www.scchildcare.org](http://www.scchildcare.org) website. There are also periodic blogs throughout the year on [www.abcquality.org](http://www.abcquality.org) that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public.

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

**c. Low Income Home Energy Assistance Program (LIHEAP):**

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the [www.scchildcare.org](http://www.scchildcare.org) website. There are also periodic blogs throughout the year on [www.abcquality.org](http://www.abcquality.org) that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public.

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

**d. Supplemental Nutrition Assistance Programs (SNAP) Program:**

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the

www.scchildcare.org website. There are also periodic blogs throughout the year on www.abcquality.org that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public..

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

e. Women, Infants, and Children Program (WIC) program:

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the www.scchildcare.org website. There are also periodic blogs throughout the year on www.abcquality.org that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public.

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

f. Child and Adult Care Food Program(CACFP):

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the www.scchildcare.org website. There are also periodic blogs throughout the year on www.abcquality.org that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook

pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public.

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

g. Medicaid and Children's Health Insurance Program (CHIP):

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the [www.scchildcare.org](http://www.scchildcare.org) website. There are also periodic blogs throughout the year on [www.abcquality.org](http://www.abcquality.org) that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public.

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

h. Programs carried out under IDEA Part B, Section 619 and Part C:

Program specific information to include benefits or services available, eligibility criteria, how to apply, etc. provided to parents, providers and the general public via the [www.scchildcare.org](http://www.scchildcare.org) website. There are also periodic blogs throughout the year on [www.abcquality.org](http://www.abcquality.org) that will provide information about services available. Flyers with specific information will also be sent to all voucher eligible families. Program specific information added as Facebook post via the ABC Quality and SCDSS Facebook pages as well as the new Instagram social media platform. Meetings are scheduled throughout the year with each specific program to ensure the most up to date information is provided to the families, providers and the general public.

<https://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

<https://www.scchildcare.org/helpful-resources.aspx>

**2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:**

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information

**Description:**

The LA provides information to parents, providers, and the general public on research and best practices concerning children's development via abcquality.org, as well as the ABC Quality Facebook page. The division engages consumers in these topics on the abcquality.org site by writing blog articles or having guest expert authors blog articles which are posted at <https://abcquality.org/blog/>. Blog topics are categorized into the following subsections: Child Care Quality, Early Learning, Parenting, Child Development, ABC Quality, Providers & Settings, Health & Safety, and After School. We also produced a campaign that highlighted the importance the first five years a child's life has on their overall growth and development, called the Leap Years. This campaign utilizes a variety of media to distribute information to parents, providers and the public to include: connected tv, Facebook, Instagram, YouTube and blog articles. The blogs are posted to the abcquality.org site and

provide pertinent information on the following topics: how to search for a quality child care provider, child care reopening and COVID safety, understanding ABC Quality ratings, the importance of the leap years, and the importance of children spending time outdoors. The LA also uses the Facebook page to provide information to parents, providers, and the general public concerning things related to children and child care, on a variety of topics, to include: child and infant mental health, behavioral health, general health and wellness, nutrition, improving social skills, outdoor learning and much more. The LA also makes information on best practices and research available for child care providers on [scchildcare.org](https://scchildcare.org) in the form of a newsletter, copies of which can be viewed at <https://scchildcare.org/library/newsletters.aspx>. The newsletters are created by LA and include input from DHEC, ABC Quality, CACFP, CCL, SC Voucher, Head Start, SC Endeavors and the SC CCR&R. Through the submission of a Structural Quality Portfolio programs participating in ABC Quality submit documentation of how they meet indicators pertaining to healthy eating, physical activity, and family engagement. Programs that meet this indicator earn points to their overall quality level score. An initiative in collaboration with SC Department of Health and Environmental Control (SC DHEC) funded by the Nemours National Office of Policy and Prevention will launch the recognition of providers that have shown a commitment to improving the nutrition and physical activity environment in their facility. An icon will be placed on the search listing of child care providers on the <https://www.scchildcare.org> site. The SC Program for Infant Toddler Care (SC PITC), a contractor of the LA, sponsors a Breastfeeding Friendly Child Care Designation for child care providers meeting criteria that promote, protect, and support breastfeeding. See <https://www.scpitc.org>. These designations are designed to provide key information to parents in their search for quality child care that meets specific needs.

The Division is currently in the process of acquiring an Instagram account to expand our avenues in reaching our target audience to further spread awareness of available resources and best practices to parents, child care providers, and the general public. The account is set to be released by Fall of 2021, and will allow us to share visually dynamic content, such as videos, images and infographics, throughout the platform's various features such as feeds, stories, reels, and IGTV. We will use these media to provide our audience with a variety of resources such as parenting and child care tips, and focus on topics including brain development, learning through play, how to find a high-quality provider, nutrition, what ABC Quality means/why it's important, and more. The Lead Agency is coordinating marketing efforts to produce a resource guide for child care providers that will feature content

highlighting best practices in early care and education. The guide is slated to be launched within the plan period.

**2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include**

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

**Description:**

The LA collaborates through multiple partnerships to support policies regarding the social-emotional and behavioral and mental health of young children in our state. ABC Quality revised standards incorporate in both the structural quality and process quality standards indicators pertaining to social-emotional health, guidance, and positive behavioral interventions. Programs that meet these indicators earn points to their overall quality level score. Through direct communication by Quality Assessors to child care programs, trainings and referrals for technical assistance, such as SC-CCRR, SC Inclusion Collaborative and provides knowledge of evidence-based practices and supports that directly impact and inform families served. Even though, these indicators are newly introduced, many resources related to social-emotional and behavioral issues are under development in the state. However, the LA has provided seed funding to develop a system for positive behavioral intervention and support models, beginning with a CCDF Impact Project and providing initial funding to create the SC Infant Mental Health Association (SCIMHA) as a foundation for the

creation of services designed for young children. Currently, the SC Preschool Development Grant (PDG) is funding SCIMHA to provide intensive, child-specific support to the influential adult caregivers in the child's life including the child's child care teachers, biological or foster parents, child welfare case worker, guardian ad litem if relevant, early interventionists, and any other central players who can support the child and family. Through this project information is shared to critical influencers in the child's life. Consultants are clinically trained professionals with skills and knowledge to recognize trauma, assess the social-emotional health of children and provide appropriate support. All IECMH consultants will deliver services according to SCIMHA's Partners for Early Attuned Relationships (PEAR) model which was developed in partnership with the Georgetown University Center of Excellence for Infant and Early Childhood Mental Health Consultation. The PEAR Network Director will provide ongoing training, coaching, and reflective supervision to all IECMH Consultants. Consultants will use best practice guidelines that suggest that the consultant will spend approximately 60% of their time in direct service. A consultant will spend approximately two to four hours providing consultation per service site. It is estimated that a full consultant caseload will be between 6 to 10 cases. The program is developing a database that will allow for the identification of services provided. For a full, integrated consultation in an ECE environment, an Action Plan is developed which includes measurable outcomes for the individualized goals of the intervention. Each Action Plan is individualized to the childcare program, classroom, and child/family served. Funding through the PDG grant ending in 2023 will allow the initiative the time to create public awareness, test the effectiveness of this strategy, and expand funding resources. Full implementation will require a billing protocol for documentation and accountability. SC Inclusion Collaborative through PDG funding supports a SC Pyramid Model Master Cadre of cross-sector ECE professionals social emotional competency, which provides training, technical assistance and support to families, providers, and the general public on Pyramid Model framework of tiered supports. PDG expansion of Pyramid Model train-the-trainer with ECE systems were developed to increase Pyramid Model practices within child care programs. Pyramid Model practices support social-emotional development, pro-social and challenging behaviors. Individual partner agencies communicate available supports and services pertaining social-emotional behavioral issues and mental health of young to inform families, providers and general public through various medians, such as websites, blogs, newsletter and informational materials. In addition, the LA has various ways of communicating information pertaining to social-emotional development and behavioral issues and mental health through it's website, Facebook, Parent Blogs, and LEAP Year campaign.

**2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.**

The LA recognizes the significance of the impact suspension and expulsion has on children and their families in the child care setting. The LA is exploring what supports and resources are available in our state and what additional resources are necessary for the development of policies pertaining to prevention of suspension and expulsion. ABC Quality has already implemented policies and procedures within the structural quality review for which providers can earn credit towards their overall quality level score. SC has several emerging initiatives that are occurring that address the prevention of suspension and expulsion. SC needs an integrated system that can coordinate the resources available and allows for the evaluation of existing supports and the need for additional supports. The SC Inclusion Collaborative (SCIC), <http://www.scinclusion.org/>, a contracted partner of DECE provides a myriad of resources and materials for families and child care programs. These resources include but are not limited to information pertaining to the prevention of suspension and expulsion in child care. Families can contact the collaboration if they have concerns pertaining to prevention of suspension and expulsion of children. SCIC can provide resources and materials to support families as they make decisions and choose child care that meets their children's individual needs. SCIC has developed and implemented technical assistance supports to help child care programs in their development of policies and procedures surrounding the prevention of suspension and expulsion of children in their child care programs. These supports have been tested in a pilot initiative that supported child care programs continuous quality improvement. Programs could choose to set goals related to the development of policies and procedures to ensure the prevention and elimination of suspension and expulsion in their child care program. Plans to develop trainings and additional technical assistance supports are continued as SCIC supports prevention of suspension and expulsion or any other exclusionary practices.

## 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

### **2.5.1 Certify by describing:**

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

Collecting information: The DECE has an appointed seat on the Interagency Coordinating Council where information and resources from the Part C entity (BabyNet) are provided. Other agencies providing developmental screenings and therapeutic services attend the meetings and provide updates, including the Part B 619 coordinator. The DECE staff coordinates with Part B 619 and Part C entities to ensure that information and resources regarding developmental screening is current. The DECE staff serves on several committees focused on inclusion, access to developmental screening and expansion of services to support social-emotional and behavioral health.

Disseminating information: The DECE funds the SCIC which serves as the training and

technical assistance entity for provider education regarding the referral process for and the conducting of developmental screenings. SCIC provides training on developmental screening for providers and access to Ages and Stages Questionnaire-3 (ASQ-3) kits. ABC Quality has a scoring rubric with defined standards related to conducting developmental screening and promotes the regular use of developmental screening for all children in child care programs. Additionally, the standards address the provision of community resource information to families, specifically related to the referral process and to providers who conduct developmental screening. Help Me Grow (HMG) SC disseminates information to families on conducting developmental screenings in child care. This information is also distributed to families receiving SC Vouchers.

b) [The procedures for providing information on and referring families and child care providers to the 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 \(20 U.S.C. 1419, 1431 et seq.\).](#) Providers receiving child care subsidies must be enrolled in ABC Quality which has standards regarding providing information on and making referrals for a developmental screening. Screenings available through Medicaid, BabyNet (Part C) and Child Find (Part B 619) are included in the information and resources shared with child care providers. The DECE provides information regarding developmental screenings and monitoring resources as part of its eligibility packet for subsidy enrollment.

c) [How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.](#)

The DECE provides information regarding developmental screening and monitoring resources as a part of its eligibility packet for subsidy enrollment. The Help Me Grow (HMG) office and network initially funded by CCDF, is being expanded statewide through a SC Preschool Development Grant (PDG) initiative so that families across the state can easily access free developmental screening and link to existing community-based resources and services for children 0-5 at risk for developmental, behavioral, or learning problems. Developmental data collected and maintained by HMG on children 0-5 will be more widely accessible to all child-serving agency partners to inform service needs at the community level. The grant includes a small grant program to support local agencies

selected to become part of the HMG system.

d) [How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.](#)

Providers enrolled in ABC Quality (which makes them eligible to accept CCDF) use the resources of the SCIC to make referrals to the Part B and/or Part C entities for children they serve who may have a delay or disability. Additionally, if trained in the ASQ-3, providers can conduct developmental screenings as part of the child care program using the resources and training from SCIC or they can utilize the existing screening process available through Part B and C service providers or Help Me Grow SC (HMG SC).

Families receiving CCDF subsidies may receive developmental screenings from their child care provider. If the child care provider does not conduct screenings within the program, families are given information regarding community resources available about developmental screenings and support service. HMG Care Coordination will be embedded in SC Thrive which allows both SC Thrive Care Coordinators and HMG Care Coordinators to greatly expand the access families will have to resources to support the health and well-being of their children. Data collected by HMG is stored in their data system known as STAR. Through South Carolina's PDG grant awarded to the LA, HMG SC will establish a statewide HMG office and network so that families statewide can easily access free developmental screening and be linked to existing community-based resources and services for children 0-5 at risk for developmental, behavioral, or learning problems. Developmental data collected and maintained by HMG on children 0-5 will be more widely accessible to all child-serving agency partners to inform service needs at the community level. State regulated child care providers may be referred to Beginnings SC for onsite hearing screenings. Services provided include onsite hearing screenings, technical assistance, and training in child care programs.

e) [How child care providers receive this information through training and professional development.](#)

The SCIC provides statewide training and coaching to child care providers on completing a developmental screening (i.e., ASQ-3) for the children in their care. The DECE supports providers in the use of the SC-ASQ Online System developed by the University of South Carolina (UofSC). In addition, the DECE support providers' use of the hard copy version of the ASQ-3. Training and coaching includes how to use the ASQ-3, 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 1/2 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 recently launched online training modules regarding ADA and associated requirements. Developmental screening components are included in the online series. Referrals are made to SCIC by CCL, ABC Quality, and SC CCR&R. SCIC also provides trainings statewide through all major early care and education conferences, and host its own conference, Champions for Young Children Symposium. The symposium offers professional development regarding inclusive practices in early care and education. HMG SC provides training and information to child care providers at regional conferences and onsite trainings. Additionally, they provide information to families at family events and through its website. They utilize the Center for Disease Control's Milestones information, Watch Me Thrive. The DECE offers CCDF-funded scholarships for individuals working in ABC Quality enrolled child care programs to attend early care and education conferences.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

Section 3. 6 of the SC Voucher Manual

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

### 2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

DECE provides a copy of the parent handbook which contains the consumer statement information. All communications to parents contain a link to [scchildcare.org](http://scchildcare.org).

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

The following is a description of DECE's consumer statement to parents.

The DECE website provides resources to assist parents in choosing a quality child care arrangement by making specific information about child care providers available ,including: a listing of providers throughout South Carolina; a summary of provider-specific health and safety records; licensing and regulatory requirements met by the provider; the last date of inspection; any health and safety violations the provider has had in the past three years; and the quality rating achieved by the provider, if applicable. Providers are presented by provider level in descending level of quality with the highest quality listed at the top, followed by those not participating in ABC Quality. If a consumer

needs to find information about a specific provider, they are directed to contact the SC Voucher Control Center at (800) 476-0199. If they need more assistance finding a quality child care provider, they are directed to call the SC CCR&R at (888)335-1002. To make a complaint about a child care provider, they are directed to <https://www.scchildcare.org/parents/file-complaints.aspx> and are instructed to contact their regional licensing office. The website will undergo revision to enhance and increase user-friendly features during the upcoming plan period.

### 3. Provide Stable Child Care Financial Assistance to Families

#### 3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, 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 a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

### 3.1 Eligible Children and Families

#### 3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 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 said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a).

#### **3.1.1 Eligibility criteria: Age of children served**

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

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))

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: Child needs individualized materials, equipment, or instruction; or those with developmental delays; child demonstrates delay in cognitive, communication, motor, or social development. Referral sources include the SC Department of Disabilities and Special Needs, BabyNet (IDEA Part C), Children's Rehabilitative Services, SC School for the Deaf and Blind, and IEPs developed by the local school districts.

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))

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "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.

ii. "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.

### 3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

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 to begin within two weeks of the application date. An applicant participating in a work study program will be considered; however, 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).

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

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 TANF program. Clients must be in training at least 15 hours per week (travel time can be included to make-up the number of training hours). Clients participating in the TANF program may have training classes that meet less than 15 hours per week. Child care is provided to allow them to participate.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

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) Associates degree, or D) other college degree. Clients must be in classes at least 15 hours per week (travel time can be included to make up the number of educational hours). College students must have at least part-time credit hours. Clients participating in the TANF program may have educational classes that meet less than 15 hours per week. Child care is provided to allow them to participate.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Activity must be at least 15 hours per week to be eligible for child care (travel time can be included to make up the number of educational hours).

### 3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

### 3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Children under the age of 13 whose physical health, mental health, or welfare is harmed or threatened with substantial risk of harm by acts of omissions of parent(s), guardian(s), or other responsible for the child's well-being. The child may need individualized materials, equipment, or instruction; the child is diagnosed with developmental delays; the child demonstrates a delay in cognitive, communication, motor, or social development. Referral sources includes SC Department of Disabilities and Special Needs, BabyNet(IDEA, Part C), SC School for the Deaf and Blind, Children's Rehabilitative Services, and Individual Education Plan or 504 Plan developed by the local school districts. The child may have an open child protective services case or have a parent(s) who are permanently or temporarily disabled. Child care is also provided for children with an open foster care case. The foster parent(s) must need child care in order to work, school, training or have a verified disability. The monthly gross income shall not exceed 55% of state median income based on a family size of one. The child may remain in child care as long as other eligibility criteria are met and the child's monthly gross income does not exceed 85% state median income for a family of one. To assure continuity of care, a foster child whose case is transferred to Adoption Services remains eligible for child care benefits until the adoption is finalized by the court, as long as the foster parent and/or adoptive parent meet the eligibility criteria or until the child care eligibility period ends. Child care assistance for children experiencing homelessness, Dual Language Learners, in Head Start or the siblings of eligible 4K children are considered vulnerable populations and therefore are included in this definition.

Program criteria requires that the CPS and Foster Care children must be in a licensed child care facility. For situations in which a licensed facility is not available for a child, a wavier to policy must be requested by the CPS or Foster Care worker and sent to the state office. The CPS or Foster Care worker will assess the facility to ensure that it meets the need of the child and staff the situation with their supervisor. Children may be in the custody of a caregiver due to potential risk factors with their parents, law enforcement interaction, or other need for removal from their parents. These cases are reviewed to ensure they meet program criteria and may be approved without regard to income. Due to COVID-19 pandemic, SC has chosen to remove co-pay for all eligible children. Categories may include specific populations of vulnerable children as identified by the Lead Agency. Children do not need to be formally involved with child protective services or the child welfare system in order to be considered eligible for CCDF assistance under this category. The intent of this language was to provide services to at-risk children, not to limit this definition to serve children already in formal protective service cases.

*Note:* Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to

receive, protective services on a case-by-case basis?

- No
- Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- No
- Yes

### 3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

The source and amount of current gross income earned by all adults in the countable family unit in the home 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 at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3337	2836	1835	55%

	(i)	(ii)	(iii)	(iv)
2	4363	3709	2400	55%
3	5390	4582	2965	55%
4	6417	5454	3529	55%
5	7443	6327	4094	55%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)).

N/A

d. SMI source and year. 2021 Low Income Home Energy Assistance Program (LIHEAP).

*Reminder:* Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

[https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm\\_medium=rss](https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss).

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Statewide

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 10/01/2020

g. Provide the citation or link, if available, for the income eligibility limits.

<https://www.scchildcare.org/library/sc-voucher-documents-resources.aspx>

**3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).**

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Applicants self-certify on the child care application that their assets do not exceed

\$1,000,000.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

**3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:**

a. eligibility determination.

Priority is given to children with special needs and families experiencing homelessness.

b. eligibility redetermination.

Priority is given to children with special needs and families experiencing homelessness.

**3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.**

a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

The DECE works closely with Head Start and agencies referring children with special needs and 4K to promote continuity of care when authorizing child care services.

### 3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.
- Other.

Describe:

For initial child care determination and redetermination of eligibility irregular fluctuations in earnings are considered. Temporary increases in income, including temporary increases that result in monthly income exceeding 85% SMI, does not affect eligibility or family copayments. Seasonal income or irregular income must be averaged over a period of time.

Temporary or irregular increases in wages are deducted from the family standard income level.

**3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.**

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Client self-certifies on child care application; verified if questionable. Client may be asked to provide a copy of their driver's license or other state/federal issued identification card.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Client self-certifies on child care application; verified if questionable. Client may be asked to provide documentation such as a birth certificate or legal documentation proving relationship. ex. custody or guardianship papers.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination

Required at Redetermination

Describe:

Client self-certifies on child care application; verified if questionable. Client may be

asked to provide documentation such as a birth certificate or other legal documentation proving name, date of birth and citizenship status.

**Work.**

**Required at Initial Determination**

**Required at Redetermination**

**Describe:**

Copies of check stubs, wage statements from employers, SSA benefits, unemployment compensation, IRS tax statements if self-employed, etc. CHIP system may also be used to verify information for SNAP and TANF clients.

**Job training or educational program.**

**Required at Initial Determination**

**Required at Redetermination**

**Describe:**

Copies of paid school registration and class schedule. CHIP system is also used to verify information for SNAP and TANF clients.

**Family income.**

**Required at Initial Determination**

**Required at Redetermination**

**Describe:**

Copies of check stubs, wage statements from employers, SSA benefits, unemployment compensation, IRS tax statements if self-employed, etc. CHIP system may also be used to verify information for SNAP and TANF clients.

**Household composition.**

**Required at Initial Determination**

**Required at Redetermination**

**Describe:**

Client self-certifies on child care application; verified if questionable. Clients may be asked to provide marriage licenses or legal proof of separation or divorce if the marital status is questioned. Also, if there are other non-biological minor children in the home, custody or guardianship verification may also be requested.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Client self-certifies on child care application; verifies if questionable. If questionable, copies of utility bills, lease agreements, driver's license, state identification card, or voters registration.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

Out of pocket medical expenses for children with special disabilities or special healthcare needs.

**3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.**

Time limit for making eligibility determinations

Describe length of time:

Staff are instructed to process eligibility within one to three business days from receipt of the 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

### **3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.**

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

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 younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure 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: South Carolina Department of Social Services (Lead Agency)

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

i. "Appropriate child care":

Appropriate child care must be determined by parental choice, to ensure that the developmental nurturing needs of a 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 Self-Arranged Child Care Certification form ensuring that certain health and safety requirements are being met.

ii. "Reasonable distance":

Reasonable distance is defined by DSS as the fair and reasonable travel distance to a child care facility that will not interrupt TANF 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 TANF Case Manager will determine reasonable distance.

iii. "Unsuitability of informal child care":

Informal child care arrangements chosen by an applicant or participant must meet the needs of the applicant or participant as well as comply with the SC Voucher Program policy and procedures..

iv. "Affordable child care arrangements":

Affordable child care arrangements are determined by a market rate survey conducted by DSS.

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

- i. In writing
- ii. Verbally
- iii. Other.

Describe:

d. Provide the citation for the TANF policy or procedure:

TANF Manual, Section 15

[https://dss.sc.gov/media/2709/tanf\\_policy\\_manual\\_vol-55.pdf](https://dss.sc.gov/media/2709/tanf_policy_manual_vol-55.pdf)

## 3.2 Family Contribution to Payments

### 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

#### **3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.**

- a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (a)?</b>	<b>What percentage of income is this co-payment in (b)?</b>	<b>Highest initial or First Tier Income Level before a family is no longer eligible.</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (d)?</b>	<b>What percentage of income is this co-payment in (d)?</b>
1	1835	48	3%	2836	87	3%
2	2400	48	2%	3709	87	2%
3	2965	48	2%	4582	87	2%
4	3529	48	1%	5454	87	2%

	(a)	(b)	(c)	(d)	(e)	(f)
5	4094	48	1%	6327	87	1%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

c. What is the effective date of the sliding-fee scale(s)? 10/01/2020

d. Provide the link(s) to the sliding-fee scale:

<https://www.scchildcare.org/library/sc-voucher-documents-resources.aspx>

### 3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

vii. Other.

Describe:

b. The fee is a percent of income and (check all that apply):

- i. The fee is per child, with the same percentage applied for each child.
- ii. The fee is per child, and a discounted percentage is applied for two or more children.
- iii. The fee is per child up to a maximum per family.
- iv. No additional percentage is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

**3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).**

- No.
- Yes, check and describe those additional factors below.

- a. Number of hours the child is in care.

Describe:

- b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

- c. Other.

Describe:

**3.2.4 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 (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.**

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
  - a. Families with an income at or below the Federal poverty level for families of the same size.  
Describe the policy and provide the policy citation.
  - b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.  
Describe the policy and provide the policy citation.  
These families include those who receive child care from the following child care categories: foster care child care, CPS-Out client, Homeless, Dual Language Learners, Head Start, siblings of a 4K eligible child or client participating in the TANF Program do not pay client fees.  
  
SC Voucher Manual, Section 3.4.2
  - c. Families meeting other criteria established by the Lead Agency. Describe  
Describe the policy.

**3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.**

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

**Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy**

**program as income increases, and supports long-term self-sufficiency for families.**

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

At redetermination, the child care eligibility is determined based on the exit income guidelines that are 85%SMI. The client will receive the full 12 month eligibility period even if the income increases during the eligibility period as long as it does not exceed 85% SMI.

B. Provide the citation for this policy or procedure.

<https://www.scchildcare.org/media/73071/CC-Income-Standards-2020.pdf> .

SC Voucher Manual, Section 2.1.9

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

At redetermination, the copay is adjusted if the income has increased.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

#### 3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

### 3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

The child needs individualized materials, equipment, or instruction; the child is diagnosed with developmental delays; or the child demonstrates a delay in cognitive, communication, motor, or social development. Referral sources include SC Department of Disabilities and Special Needs, BabyNet (IDEA, Part C), SC School for the Deaf and Blind, Children's Rehabilitative Services, or an IEP or IFSP developed by the local school districts. Child care for children with disabilities is part of the priority of child care funding. Funding is monitored to ensure ongoing services.

b) "Families with very low incomes":

Families with income that falls below 55% of the SMI. TANF recipients are prioritized based on lower income levels.

### 3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

### **3.3.3 List and define any other priority groups established by the Lead Agency.**

Dual Language Learner families.

**3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.**

The LA agency designates set-aside slots for these protective services priority groups.

**3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).**

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

SC Voucher child care eligibility staff receives a referral on the homeless coalition letterhead that the family has met the McKinney-Vento definition for homelessness. If the child is school-age, a letter will be sent from the Department of Education providing the verification of their homeless status defined by the McKinney-Vento act.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

In South Carolina, the Department of Education administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act). 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 the LA on those families that appear to meet eligibility requirements for subsidies. The South Carolina Coalition for the Homeless functions as a coordinating and service entity, designed to assist the local coalitions. However, beginning in 2016, the board for the South Carolina Coalition for the Homeless was expanded to include state agency representatives such as the Department of Social Services. The expanded board will further solidify agency partnerships. The LA recognizes the need for trainings with the Department of Education and the Homeless Coalitions on procedures to access subsidies and other services through the Lead Agency. The LA is coordinating referral processes with the four regional Coalitions for the Homeless. These four coalitions operate 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. The Lead Agency will provide information and training to the child care providers via [scchildcare.org](http://scchildcare.org), ABC Quality assessors, CCL specialists, and SC Voucher childcare eligibility and control center staff to inform them 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. This 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.

*Note:* The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

**3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).**

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

Child Care Licensing works in coordination with SC Department of Health and Environmental Control (SCDHEC) as necessary to help obtain needed immunization records for children experiencing homelessness. Child care providers contact their regional licensing office when assistance is needed with obtaining immunizations and/or other health and safety paperwork.

Provide the citation for this policy and procedure.

SC Voucher Manual, Section 4.2

ii. Children who are in foster care.

Child Care Licensing works in coordination with SC Department of Health and Environmental Control (SCDHEC) as necessary to help obtain needed immunization

records for foster children. Child care providers contact their regional licensing office when assistance is needed with obtaining immunizations and/or other health and safety paperwork. Child care licensing works with the foster care casemanager as needed to obtain this information.

Provide the citation for this policy and procedure.

SC Voucher Manual, Section 4.2

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

Child Care Licensing works in coordination with SC Department of Health and Environmental Control (SCDHEC) as necessary to help obtain needed immunization records for foster children. Child care providers contact their regional licensing office when assistance is needed with obtaining immunizations and/or other health and safety paperwork. Child care licensing works with the foster care casemanager as needed to obtain this information.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

### 3.4 Continuity for Working Families

### 3.4.1 Minimum 12-month eligibility.

#### 3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 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 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

- a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

Child care eligibility is determined by 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). Once a child has been determined eligible for child care assistance, the child is eligible for a minimum of 12 months regardless of temporary changes in a parent's work, school or training activities or family income, as long as the income does not exceed 85 percent of state median income (SMI). Child care assistance may not be terminated prior to the end of the 12-

month period if a family experiences a temporary job loss or temporary change in participation in a training or school activity.

SC Voucher Manual, Section 2.3

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

When a client stops working or attending school or training, for whatever reason, they must notify the Control Center within 10 calendar days of the date the change occurred. The client will be allowed to continue receiving child care services for 3 months (90 days) from the date they stopped working/school/training.

Citation:

SC Voucher Manual, Section 2.3.1, Section 6.3

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

When a client stops working or attending school or training, for whatever reason, they must notify the Control Center within 10 calendar days of the date the change occurred. The client will be allowed to continue receiving child care services for 3 months (90 days) from the date they stopped working/school/training.

Citation:

SC Voucher Manual, Section 2.3.1, Section 6.3

- iii. Any student holiday or break for a parent participating in a training or educational program.

[Describe or define your Lead Agency's policy:](#)

When a client stops working or attending school or training, for whatever reason, they must notify the Control Center within 10 calendar days of the date the change occurred. The client will be allowed to continue receiving child care services for 3 months (90 days) from the date they stopped working/school/training.

[Citation:](#)

SC Voucher Manual, Section 2.3.1, Section 6.3

- [iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.](#)

[Describe or define your Lead Agency's policy:](#)

Once a child has been determined eligible for child care assistance, the child is eligible for a minimum of 12 months regardless of temporary changes in a parent's work, school or training activities or family income, as long as the income does not exceed 85 percent of state median income (SMI). Child care assistance may not be terminated prior to the end of the 12-month period if a family experiences a temporary job loss or temporary change in participation in a training or school activity.

[Citation:](#)

SC Voucher Manual, Section 2.3.1

- [v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.](#)

[Describe or define your Lead Agency's policy:](#)

Once a child has been determined eligible for child care assistance, the child is eligible for a minimum of 12 months regardless of temporary changes in a parent's work, school or training activities or family income, as long as the income does not exceed 85 percent of state median income (SMI). Child care assistance may not be terminated prior to the end of the 12-month period if a family experiences a temporary job loss or temporary change in participation in a training or school activity.

Citation:

SC Voucher Manual, Section 2.3.1

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

Once a child has been determined eligible for child care assistance, the child is eligible for a minimum of 12 months regardless of temporary changes in a parent's work, school or training activities or family income, as long as the income does not exceed 85 percent of state median income (SMI). Child care assistance may not be terminated prior to the end of the 12-month period if a family experiences a temporary job loss or temporary change in participation in a training or school activity. A child who turns age 13 during their child care eligibility period will continue to receive services through the end of the current eligibility period.

Citation:

SC Voucher Manual, Section 2.3.1 and Section 2.1.2

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Once a child has been determined eligible for child care assistance, the child is eligible for a minimum of 12 months regardless of temporary changes in a parent's work, school or training activities or family income, as long as the income does not exceed 85 percent of state median income (SMI). Child care assistance may not be terminated prior to the end of the 12-month period if a family experiences a temporary job loss or temporary change in participation in a training or school activity.

Citation:

SC Voucher Manual, Section 2.3.1

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

N/A

**3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.**

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

**3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.**

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

The categories that we allow job search for are Homeless, DLL, Head Start, and TANF.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

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 search for a job, work on his/her resume, or 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. Child care may continue if activities are resumed and the income does not exceed 85 percent of state median income (SMI).

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

If a loss of job or cessation of education or training, three months of child care will be provided to give the parent time to search for a job, work on his/her resume, or attend education/training program as soon as possible. Child care may continue if activities are resumed and the income does not exceed 85 percent of state median income (SMI) and if the client remains eligible for the child care category.

iii. How long is the job-search period (must be at least 3 months)?

Three months

iv. Provide the citation for this policy or procedure.

SC Voucher Manual, Section 2.3.2

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

Over 31 absences in a 12-month period.

B. Provide the citation for this policy or procedure:

SC Voucher Manual, Section 6.1

iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

SC Voucher Manual, Section 6.1.1

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

The client is subject to termination of child care assistance and/or prosecution if the client willfully fails to report any changes and continues to receive services for which they are not eligible. Any individual who provides incorrect information or misrepresents the facts for the purpose of obtaining or attempting to obtain child care services from the SC Voucher Program will be subject to sanctions administered by SCDSS.

SC Voucher Manual, Section 9.1.2.

### 3.4.3 Change reporting during the minimum 12-month eligibility period.

#### 3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

- ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

Clients are required to report changes in their address within 10 days of the change so that they will be able to receive all correspondences sent to them.

- iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Clients are required to request a transfer date when they want to change child care providers. Failure to do so will mean the new child care provider may not receive payment.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone  
 ii. Email  
 iii. Online forms  
 iv. Extended submission hours  
 v. Postal Mail  
 vi. FAX  
 vii. In-person submission  
 viii. Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates

that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Families are allowed to report changes in family size and income at any time. If these changes reduce the weekly copay, the copay will be adjusted down, and the subsidy increased.

ii. Provide the citation for this policy or procedure.

SC Voucher Manual, Section 3.3.2

### **3.4.4 Prevent the disruption of employment, education, or job training activities**

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

## 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

### **4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).**

The DECE sends two (2) letters to parents after they have been determined eligible and approved to receive a CCDF-funded child care subsidy: (1) the eligibility letter informs them that their application has been approved for their child(ren), specifying each child's name, age, eligibility category, and the number of weeks of full-time or half-time care approved per child. The letter specifies they have 15 calendar days to select a child care provider and if they need help locating a provider in their area. The parent may visit [scchildcare.org](http://scchildcare.org) for a list of enrolled providers. If they do not have access to a computer, they may call the SC Voucher Program at 1-800-476-0199 for a printed list. The letter states a packet of information will be mailed to them that includes a connection information form they'll need to complete and return after they select a child care provider. The connection form includes information that is needed to authorize the selected provider to serve their child(ren) (provider selected, name of parents & child(ren) approved for subsidy, type of care needed—full or half-time or both, requested start date, signature of parents and provider, along with a list of things to think about when selecting a child care provider—enough adults to care for all children, allows parent to visit at any time, clean and safe environment, schedule that allows for nap/inside/outside activities, positive interactions between adults

and children, responsive to parents expressed needs and concerns, uses positive discipline, and after services begin, their child enjoys going there daily. The packet includes information and options for selecting high quality providers. (2) After a parent returns the completed connection form to the DECE, a second letter called the authorization/connection letter is sent to both the parents and the selected provider. It specifies that the parent has chosen the named provider at a site address to serve listed child(ren), the care type, provider rate, client fee (co-pay), billing rate, start date, stop date and weeks of care. The letter specifies that the DECE will pay for childcare services from the start date through the stop date unless services are terminated early. It states if the provider's weekly rate exceeds what the DECE will pay, the parent is responsible for paying the difference, along with the weekly client fee (co-pay). It states that the parent and provider will be notified in writing if services end prior to the stop date. It reminds providers that they cannot serve more children than they are licensed to serve. The letter is copied to the provider at their address. At any point in the process, parents can be referred to the Child Care Resource and Referral to assist them in choosing quality child care providers or asking questions to better inform their decision about care. *The goal is to help the parents walk through the process and provide information on the available programs that may fit their needs.*

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application

- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

The eligibility packet that is sent to parents after their application is approved for a CCDF-funded subsidy includes a parent handbook that describes their options for choosing a child care provider, specifying all the listed categories, as well as other information about the subsidy, their rights/responsibilities and those of the LA and provider they choose.

#### **4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).**

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

The SC Child Care Voucher Program's eligibility packet and handbook given to parents when they are determined eligible/approved for a CCDF-funded child care subsidy explain that they can choose a provider from the entire range of child care categories (center based, family, in-home, or family/friend/neighbor child care). Approximately 46% of providers who responded to the 2020 statewide Market Rate Survey (MRS) were enrolled with the ABC Quality Program, making them eligible to serve children with CCDF-funded SC Vouchers. All child care providers including ABC Quality providers can be located on the [scchildcare.org](http://scchildcare.org) website.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

The 2020 SC MRS found that 46% of child care providers who responded to the survey participate in the CCDF system (called ABC Quality and SC Voucher in SC). Note: Of the eligible respondents to the MRS (licensed, registered, approved, and non-regulated providers who were enrolled with the ABC program), there was an 89.4% response rate to the survey.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

The highest percentage of responses to the 2020 SC MRS question about reasons child care providers did not participate in the CCDF-funded program were: "not many families qualify for SC Vouchers" (29% of child care center respondents and 24.5% of family child care home respondents), "I cannot handle the administrative requirements" (31.3% group child care home respondents, 23.9% of family child care homes respondents and 14.7% of child care center respondents), and "delay in payment" (15.5% of family child care home respondents, 12.5% of group child care home respondents, and 10.9% of child care center respondents) as their reason for not participating. The percentages of responses indicating other reasons for not participating were in the single digits: payment rate too low, 90-day requirement for pre-service health and safety training, staff training/educational requirements, overtime pay for staff to meet training/educational requirements.

**4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).**

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 part of ABC Quality eligibility criteria that are reviewed annually by ABC Quality assessor and CCL specialist. Exempt CCDF providers are reviewed annually by the ABC Quality assessor.

**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 (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?**

No.

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

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

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 other laws and regulations. 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 2016 (A)) and are covered under minimum wage requirements. Based on Internal Revenue Service regulations, the use of an in-home arrangement is limited to: (1) those 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.

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

Provider must be 21 years or older and not living in the same household as the child.

c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

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

Describe:

Families who need child care for children with special needs or medical conditions.

- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

All in-home care that is provided by a non-relative must meet specified health and safety requirements to include background checks including fingerprint checks for all caregivers and annual unannounced on-site health and safety inspections. Any non-relative providing in-home care must complete the health and safety preservice requirement within the first 90 days.

- g. Other.

Describe:

#### 4.1.6 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 to be paid in the certificate program.

- No. If no, skip to 4.1.7.

- Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

- Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

#### 4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

**4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).**

a. In child care centers.

SC DECE collaborates with researchers at Yvonne & Schuyler Moore Child Development

Research Center at the University of South Carolina to monitor child care market trends with a focus on the availability of various types of child care that meet the diverse needs of the parents. Researchers access data regularly through quarterly data transfers through the state data warehouse, Office of Revenue & Fiscal Affairs (RFA) that includes data on child care capacity, infant capacity, hours of operation, types of care, geographical availability of child care. Researchers regularly communicate results of child care trends, geospatial analysis of access to high-quality child care, supply and demand of child care, and other key indicators using the Child Care Accessibility Index (CCAI) that was developed specifically for policymakers in SC. In child care centers additional analyses include the impact of fluctuations in the market on overall capacity as well as infant capacity. Researchers also work closely with the Family Child Care Specialist at SC CCR&R who also monitors the supply of family-based child care in the state and their quality levels. A customized new data system at SC CCR&R will collect information on enrollment, vacancies, additional features requested by parents such as special meals, languages spoken, etc. SC CCR&R and the child care research team will be better able to identify areas of shortages and track parental preferences and needs through data from online searches and aided referrals to access high-quality child care.

**b. In child care homes.**

SC DECE collaborates with researchers at Yvonne & Schuyler Moore Child Development Research Center at the University of South Carolina to monitor child care market trends with a focus on the availability of various types of child care that meet the diverse needs of the parents. Researchers access data regularly through quarterly data transfers through the state data warehouse, Office of Revenue & Fiscal Affairs (RFA) that includes data on child care capacity, infant capacity, hours of operation, types of care, geographical availability of child care. Researchers regularly communicate results of child care trends, geospatial analysis of access to high-quality child care, supply and demand of child care, and other key indicators using the Child Care Accessibility Index (CCAI) that was developed specifically for policymakers in SC. In child care centers additional analyses include the impact of fluctuations in the market on overall capacity as well as infant capacity. Researchers also work closely with the Family Child Care Specialist at SC CCR&R who also monitors the supply of family-based child care in the state and their quality levels. A customized new data system at SC CCR&R will collect information on enrollment, vacancies, additional features requested by parents such as

special meals, languages spoken, etc. SC CCR&R and the child care research team will be better able to identify areas of shortages and track parental preferences and needs through data from online searches and aided referrals to access high-quality child care.

c. Other.

NA

**4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.**

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

With use of PDG funds, the LA is providing support to the SC CCR&R to develop and implement a statewide Family Child Care Communities of Practice (CoP) initiative. Existing or newly opened FCC providers will be recruited to participate in this initiative. CoP cohort members will actively participate in monthly meetings, individual technical assistance/coaching sessions, and coordinated professional development opportunities aligned with ABC Quality standards. The providers will work in partnership with a trained CoP facilitator from SC-CCR&R to achieve the overall goal of meeting ABC Quality standards. This initiative will be coordinated with an ABC Quality initiative to identify FCC providers in targeted counties with low

accessibility to become enrolled in ABC Quality. In addition, the DECE continues to provide support for a community-based quality enhancement initiative focused on family and group home child care providers. CCDF funds are made available to Florence and Marion First Steps County Partnerships for the provision of technical assistance and training that enables providers to improve the care being offered in their programs. This initiative is designed to work in partnership with them to provide coaching, direction, and training based on their needs and interests. Objectives include strengthening the provider's ability to achieve and maintain compliance with regulatory requirements; becoming enrolled or move to higher quality levels in the state's QRIS; and facilitating interaction and leadership among the providers. This initiative is located in a region of the state that has traditionally maintained a significant number of these types of providers. This contractor continues to work in partnership with the SC CCR&R on the Family Child Care Coalition, attends the Technical Assistance Coordination Team (TACT) meetings, and continues to work to support of ABC Quality's efforts to enhance the quality of care provided in these programs.

**iii. Start-up funding.**

**Describe:**

The LA has requested technical assistance to consider incentives and possible startup funding as an opportunity to recruit businesses to open child care facilities in child care underserved in high poverty areas or other areas where there is a small supply of child care providers. We also want to provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility. The LA along with Child Care Licensing and SC CCR&R and other entities will participate in the Strengthening Business Practices in Child Care Programs to help increase and stabilize the supply of child care in the state with The National Center on Early Childhood Quality Assurance. They will assist us in developing a model for start-up grants for new child care programs to help them get licensed. They will also assist us in developing a cadre of Strengthening Business Practices in Child Care trainers to help new programs better understand finances, marketing and personnel practices that will teach them how to develop policies while understanding basic business theories in operating a child care business which will also help them navigate the regulatory waters of Child Care Licensing. This

collaboration began in March 2021. The session to develop a cadre of child care trainers should begin in July 2021 for six weeks. ABC Quality has begun the revisions of the family child care homes and family child care group standards. These revisions include a new framework that represents one tool for all quality levels. Family child care homes and groups will meet eligibility requirements and will be assessed on standards related to structural quality through a portfolio submission and process quality through an onsite observation. Programs will be scored on these assessments and the outcome of their scoring will equate to the programs quality level. These revisions will parallel to the center-based quality revisions. Of these program types (family child care homes/family child care groups) approximately a little more than a third are licensed by Child Care Licensing, the remaining are registered. Family child care homes that choose to be licensed agreed to a more rigorous oversight by Child Care Licensing. The LA agency's Child Care Licensing and ABC Quality departments plan targeted supports and incentives in collaboration with our technical assistance partners to move registered family child care homes to become licensed family child care homes.

[iv. Technical assistance support.](#)

[Describe:](#)

The CCR&R Quality Coaches are located in four regional areas of the state and provide technical assistance to programs in underserved areas. Due to their knowledge and geographic location in these communities, they are able to recognize and understand the program needs and help to provide access to resources to improve the quality of care provided to children. The SC CCR&R offers four regional Child Care conferences to provide training and networking opportunities for child care programs in more rural and isolated areas that may have difficulty traveling to other parts of the state. These conferences are free of charge for participants.

[v. Recruitment of providers.](#)

[Describe:](#)

A sign-on bonus of \$2,000 has been implemented for providers enrolling in ABC. During the roll-out of the new ABC Quality standards, this bonus will be increased

for providers who achieve a Level B or higher. The bonus will be enhanced incrementally as the Level increases. Existing providers undergoing the revised review will be eligible for a similar award.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Tiered payment rates have been used by the LA since 1992 to progressively compensate providers based on their performance in meeting increasing quality criteria that exceed regulatory requirements. The rates meet or exceed the 75th percentile benchmark. This has historically been a strategy to increase quality

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

The CCR&R provides free, virtual and in-person training for child care programs and their staff in the areas of business management including "Business Basics", "Business Marketing", "Family Child Care Business Practices" and "Family Child Care Record Keeping". CCR&R contracts with Palmetto Shared Services Alliance (PSSA) to provide additional business management supports to child care programs including access to shared cost savings programs, insurance benefits, job posting board, Child Care Director Community of Practice, and an on-line library of training and resources on financial record keeping, marketing, business start-up plans, and other business-related topics developed specifically for child care. Palmetto Shared Services is offered through the SC Child Care Resource and Referral contract with the LA.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

The LA has provided technical assistance by Health Educators with ABC Quality to child care programs for more than 5 years. Be Well Care Well coaches with SC PITC provide wellness coaching and health resources to child care program staff in

participating centers. Beginnings offers hearing screening to child care providers. Developmental screening is addressed by the SC Inclusion Collaborative as well as HMG SC. These services are promoted to increase the resources available to programs.

x. Mental Health Consultation.

Describe:

Mental health consultation is emerging as a service provided by SCIMHA in certain areas of the state, with planned expansion statewide.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

The LA agency's Child Care Licensing and ABC Quality departments plan targeted supports and incentives in collaboration with our technical assistance partners to move registered family child care homes to become licensed family child care homes. This initiative will improve the quality of programs as they meet more rigorous health and safety requirements as a licensed family child care home. Additional work will be done to increase family child care networks throughout the state utilizing the SC-CCR&R Quality Coaches to support this initiative. Increasing the Family Child Care Networks throughout the state will build the supply of child

care for parents supporting the needs of ALL children.

iii. Start-up funding.

Describe:

The LA has requested technical assistance to consider incentives and possible startup funding as an opportunity to recruit businesses to open child care facilities in child care where there is a small supply of child care programs providing infant and toddler care. We also want to provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility.

iv. Technical assistance support.

Describe:

Contracted partners SC CCR&R, SCPITC, and SCIC provide a variety of technical assistance within the scope of each program's model to improve the quality of care for infants and toddlers.

v. Recruitment of providers.

Describe:

The Child Care Resource and Referral Network will be responsible for the recruitment of providers who care for infants and toddlers in child care deserts. The LA want to also provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility. Once these programs are identified the plan will be to move them through Orientation with supports to help stabilize their business practice of operating a child care facility.

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

ABC Quality has three health educators available for technical assistance related to ABC Quality standards related to Child Well-Being.

x. Mental Health Consultation.

Describe:

PDG-funded partner SCIMHA provides IECMH Consultation services to child care programs serving infants and toddlers.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

The LA agency's Child Care Licensing and ABC Quality departments plan targeted supports and incentives in collaboration with our technical assistance partners to move registered family child care homes to become licensed family child care homes. This initiative will improve the quality of programs as they meet more rigorous health and safety requirements as a licensed family child care home.

Additional work will be done to increase family child care networks throughout the state utilizing the SC-CCR&R Quality Coaches to support this initiative. Increasing the Family Child Care Networks throughout the state will build the supply of child care for parents supporting the needs of ALL children.

**iii. Start-up funding.**

**Describe:**

The LA has requested technical assistance to consider incentives and possible startup funding as an opportunity to recruit businesses to open child care facilities in child care where there is a small supply of child care programs providing care for children with disabilities. We also want to provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility.

**iv. Technical assistance support.**

**Describe:**

Contracted partner SCIC provides training, practice-based coaching and consultation for child care providers on making adaptations to daily operations and activities using the evidence-based CARA's Kit framework to meet the needs of children with disabilities. They've partnered with private a ECE entity to develop an online training module for families of children with disabilities who are looking for child care. They've coordinated on the development of printed materials for child care programs about transitions in early childhood for children with disabilities. SCIC also training and guidance the use of Ages and Stages Questionnaire-3 and the Pyramid Model. These tools enhance providers' competence regarding developmental milestones and social-emotional development which strengthens preparedness to appropriately care for young children with developmental delays.

**v. Recruitment of providers.**

**Describe:**

The Child Care Resource and Referral Network will be responsible for the recruitment of providers who care for children with disabilities in child care deserts. The LA want to also provide startup funding to those businesses who apply for a

License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility. Once these programs are identified the plan will be to move them through Orientation with supports to help stabilize their business practice of operating a child care facility.

- vi. Tiered payment rates (as in 4.3.3).

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

The DECE is providing PDG funding to support a pilot initiative titled Child Care Ready for All (CRAWL). An estimated 11% of the state's children between the ages of birth to five years old have special health care needs that includes physical health concerns. Currently there is no organized or central structure to support families seeking child care for children with physical health care needs who do not meet the criteria for medically fragile child care. Child care providers are often ill-prepared to manage these types of needs in a typical child care setting. The College of Nursing at UofSC will conduct a two-prong pilot approach to support child care providers and families with a child with special health care needs. It is a nurse-led preparation and facilitation program for child care providers that addresses stable chronic medical needs identified by families with a child with special health care needs seeking child care services. The College of Nursing will develop operational protocols to be used in child care settings and training modules. The modules support child care provider's preparation for in-person consult visits with a nurse to practice skills together and provides a resource that can be referred to at any time for refreshing as needed for caring for children with special health care needs. A pilot study will be prepared to evaluate feasibility and

effectiveness for families and child care providers.

In addition, PDG funds are being provided to the College of Nursing to support a post-NICU/SCN transition home visiting health coaching initiative. This initiative is titled BabyCoach. It will be developed as a nurse led home visiting program for families of children discharged from NICU/special care nurseries to support families transition to home care and community-level resource access, such as child care. The initiative will be conducted in collaboration with Part C (BabyNet), the state's interagency early intervention system for children under three years of age with developmental delays.

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

The LA agency's Child Care Licensing and ABC Quality departments plan targeted supports and incentives in collaboration with our technical assistance partners to move registered family child care homes to become licensed family child care

homes. This initiative will improve the quality of programs as they meet more rigorous health and safety requirements as a licensed family child care home. Additional work will be done to increase family child care networks throughout the state utilizing the SC-CCR&R Quality Coaches to support this initiative. Increasing the Family Child Care Networks throughout the state will build the supply of child care for parents supporting the needs of ALL children.

iii. Start-up funding.

Describe:

The LA has requested technical assistance to consider incentives and possible startup funding as an opportunity to recruit businesses to open child care facilities to care for children during non-traditional hours. We also want to provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility.

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

The Child Care Resource and Referral Network will be responsible for the recruitment of providers who care for children during non-traditional hours in child care deserts. The LA want to also provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility. Once these programs are identified the plan will be to move them through Orientation with supports to help stabilize their business practice of operating a child care facility.

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

- ii. Family Child Care Networks.

Describe:

The LA agency's Child Care Licensing and ABC Quality departments plan targeted supports and incentives in collaboration with our technical assistance partners to move registered family child care homes to become licensed family child care homes. This initiative will improve the quality of programs as they meet more rigorous health and safety requirements as a licensed family child care home. Additional work will be done to increase family child care networks throughout the state utilizing the SC-CCR&R Quality Coaches to support this initiative. Increasing

the Family Child Care Networks throughout the state will build the supply of child care for parents supporting the needs of ALL children.

[iii. Start-up funding.](#)

[Describe:](#)

The LA has requested technical assistance to consider incentives and possible startup funding as an opportunity to recruit businesses to open child care facilities in child care where there is a small supply of child care programs providing care for children with diverse linguistic or cultural backgrounds; children experiencing homelessness; and children in rural areas. We also want to provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility

[iv. Technical assistance support.](#)

[Describe:](#)

[v. Recruitment of providers.](#)

[Describe:](#)

The Child Care Resource and Referral Network will be responsible for the recruitment of providers in the child care deserts. The LA wants to also provide startup funding to those businesses who apply for a License to operate a child care business to provide supports as they go through the licensing process to operate a new child care facility. The LA along with Child Care Licensing and SC CCR&R and other entities will participate in the Strengthening Business Practices in Child Care Programs to help increase and stabilize the supply of child care in the state with The National Center on Early Childhood Quality Assurance. They will assist us in developing a model for start-up grants for new child care programs to be used to recruit providers who are in child care deserts. Once these programs and other are identified the plan will be to move them through Orientation with supports to help stabilize their business practice of operating a child care facility.

[vi. Tiered payment rates \(as in 4.3.3\).](#)

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

PDG-funded partner SCIMHA provides IECMH Consultation services to child care programs across the state.

- xi. Other.

Describe:

**4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).**

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

Areas with a higher poverty percentage than 21.4% as cited for SC for ages 0-4 by the U.S. Census Bureau's Small Area Income and Poverty Estimates of Poverty and Median Household Income Estimates - States and National released December 2020: and an

unemployment rate higher than 5% as cited for SC in April 2021 by the U.S. Bureau of Labor Statistics in Unemployment Rates for States.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

Areas having significant concentrations of poverty and unemployment will be assessed to determine the extent to which children have access to high quality child care or not.

Based on that assessment, the LA will target areas without access to high quality child care programs, for incentives to build the supply. The incentives will be predicated on the extent of need in comparison to resources available to address the need. The LA is exploring the feasibility of partnering with other agencies/programs through a mixed-delivery model of supports to increase access to high-quality child care in areas of significant concentrations of poverty and unemployment in our state. Through our mixed-delivery strategy (i.e., Head Start, First Steps 4-K) model to be piloted in the PDG grant we will prioritize increasing access for children in areas who do not have access to high-quality programs.

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

### 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### 4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

September - November, 2020

- b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

- No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

- i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

- ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

**4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.**

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

Prior to the MRS design, the LA convened a virtual meeting of 38 child care stakeholders, which included representatives from the State Early Childhood Advisory Council, to obtain their recommendations for the MRS and process. A proposed

approach and survey questions for the MRS were discussed, along with the impact that the COVID-19 pandemic has been having on child care providers, the families they serve, and the rates they charge for child care services.

**b) Local child care program administrators:**

The LA convened a virtual meeting of 38 child care stakeholders prior to the MRS design, which included representatives from all types of child care providers to be surveyed (centers, group and family child care homes, providers serving children experiencing homelessness, faith-based, and afterschool providers), to obtain their recommendations and perspectives for the MRS and process. A proposed approach and survey questions for the MRS were discussed, along with the impact that the COVID-19 pandemic has been having on child care providers, the families they serve, and the rates they charge for child care services.

**c) Local child care resource and referral agencies:**

The LA convened a virtual meeting of 38 child care stakeholders prior to the MRS design, which included representatives from the statewide child care resource and referral network, to obtain their recommendations and perspectives for the MRS and process. A proposed approach and survey questions for the MRS were discussed, along with the impact that the COVID-19 pandemic has been having on child care providers and the families they serve.

**d) Organizations representing caregivers, teachers, and directors:**

The LA convened a virtual meeting of 38 child care stakeholders prior to the MRS design, which included representatives from the professional early care and education associations in SC (SC Association for the Education of Young Children, SC Early Childhood Association, SC Association of Early Childhood Education, and SC Association of Community Action Partnerships), to obtain their recommendations and perspectives for the MRS and process. A proposed approach and survey questions for the MRS were discussed, along with the impact that the COVID-19 pandemic has been having on child care providers and the families they serve.

**e) Other. Describe:**

The LA convened a virtual meeting of 38 child care stakeholders prior to the MRS design, which included representatives from the university contractors in SC that provide

technical assistance to child care providers (University of South Carolina Inclusion Collaborative and Program for Infant-Toddler Care), early care and education services agencies (SC first Steps to School Readiness and County First Steps partnership), to obtain their recommendations and perspectives for the MRS and process. A proposed approach and survey questions for the MRS were discussed, along with the impact that the COVID-19 pandemic has been having on child care providers and the families they serve.

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

SC's MRS includes the universe of providers in the priced child care market (providers who charge parents a price established through an arm's length transaction where the parent and the provider do not have a prior relationship that is likely to affect the price charged). Providers included in the MRS were identified using the LA's child care licensing data base and the LA's database of license-exempt providers enrolled in ABC Quality (SC's quality rating and improvement system) who provide child care services to children with CCDF-funded subsidies. Licensed child care centers, group and family child care homes, registered family child care homes, faith-based child care centers, and centers exempt from licensing but enrolled in ABC Quality were included

in SC's 2020 market rate survey.

**ii. Provide complete and current data:**

SC's MRS captures the universe of providers in the priced child care market using the LA's child care licensing data base, along with LA's data base of license-exempt providers enrolled in ABC Quality (SC's quality rating and improvement system) who provide child care services to children with CCDF-funded subsidies. The prices in the survey were collected within a three-month time period from September 1, 2020 through November 30, 2020.

**iii. Use rigorous data collection procedures:**

All regulated child care centers, group child care homes, and family child care homes, along with ABC Quality-enrolled license-exempt child care centers were included in SC's MRS population. The survey instrument was designed to capture information on child care enrollment and rates for the month of September 2020. A pretest of the survey and instructions was conducted and, based on respondent input during the pretest, minor changes were made to the final survey form and instructions. Three methods of data collection were used for the MRS: mail, online, or by telephone. A MRS packet was mailed to SC child care providers in September 2020. The survey packet included a letter from the Director of the LA's DECE asking providers to complete an online survey at a secure site hosted by the LA's university contractor. The secure website allowed respondents to download a PDF of the survey if they preferred to complete the survey on paper and return by mail. The packet also included instructions for completing the survey, and a postcard that could be returned if respondents believed they were ineligible to participate in the survey or to schedule an appointment to complete the survey by phone with an interviewer of the contractor. Three weeks after the initial survey packet was mailed, trained interviewers made telephone calls to nonresponding providers in an attempt to complete the survey. These phone calls were conducted over a period of ten weeks. Using an established protocol, telephone interviewers reminded survey non-respondents of the importance of the survey and assured confidentiality of their information. Providers who chose not to complete the survey via internet or the telephone were given the option of using mail or fax to return the survey forms. The stated private pay rates charged by the facilities were used in the calculation of the market rates.

**iv. Reflect geographic variations:**

SC's MRS reflects geographic variation by including child care providers in all geographic parts of the state, drawn from the LA's child care licensing data base, along with LA's data base of license-exempt providers enrolled in ABC Quality (SC's quality rating and improvement system) who provide child care services to children with CCDF-funded subsidies.

**v. Analyze data in a manner that captures other relevant differences:**

Rates charged by providers were differentiated by the geographic location (either urban or rural); full-time or part-time care; and age of the child.

**b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?**

No

Yes.

**If yes, why do you think the data represents the child care market?**

SC's 2020 MRS included the total priced market of regulated child care providers, as well as license-exempt child care centers enrolled with ABC Quality, SC's quality rating and improvement system. An overall response rate of 89.4 % was achieved in SC's 2020 MRS (91.4% for child care centers, 90.5% for group child care homes and 84.4% for family child care homes). Surveying the entire priced market of regulated providers with an overall response rate of 89.4% reflects that data collected from the 2020 MRS is representative of the child care market in SC.

**4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:**

**a) Geographic area (e.g., statewide or local markets). Describe:**

SC's market rate survey reflects the weekly rates charged by child care providers according to their urban or rural geographic location.

b) Type of provider. Describe:

SC's market rate survey reflects weekly rates charged by the following types of child care providers: urban centers-licensed, rural centers-licensed, urban centers-registered faith-based, rural centers-registered faith-based, urban SC Voucher-enrolled centers exempt from regulations, rural SC Voucher-enrolled centers exempt from 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. Describe:

SC's market rate survey reflects weekly rates charged by child care providers according to the following age ranges of children served: under age 1, ages 1, 2, 3, 4, 5 not in kindergarten, and 5 through 12 in school.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

SC's market rate survey also included weekly rates charged for full-time care (30 or more hours per week) and half-time care (15-29 hours per week).

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

With data collected through its 2020 market rate survey on the number of children in each care type (center and home-based child care), geographic location (urban and rural), and age of child, along with the number of providers in each care type, the LA modeled 28 scenarios to calculate and analyze the cost of care based on the average numbers of children by age in each care type, quality level, and geographic location using the Office of Child Care's Provider Cost of Quality Calculator.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

The Office of Child Care's Provider Cost of Quality Calculator (PCQC) includes fields in each scenario that requires responses to address the various cost drivers including licensing/regulatory/QRIS requirements, personnel and non-personnel costs such as ratios and group size by child's age, salaries/benefits for each position, training and professional development costs, and an extensive list of costs per child, classroom, staff, and site. The LA of the PCQC default values that are based on average expenditures for the various cost items across sizes and types of programs in each state. Our scenarios included increased salaries and benefits to attract and retain a qualified caregiver workforce that can respond to the critical need for child care during and following the pandemic to adequately support the reopening of the economy.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

The Office of Child Care's Provider Cost of Quality Calculator (PCQC) includes fields in each scenario that enabled the LA to customize the costs for each level of quality in our QRIS, including average salaries, ratios, group size, additional cost drivers such as health insurance for employees, weekly subsidy rates that increase with the quality level of care, payments for substitutes, etc. The LA estimated additional quality expenses that may be incurred as quality levels increase based on the LA's ABC Quality threshold scoring that uses a point system for scoring providers' quality achievements.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

The 28 scenarios modeled by the LA using the Office of Child Care's Provider Cost of Quality Calculator (PCQC) reflects the gaps between the revenue generated from child care tuition paid by private-paying families and subsidy payments for

children with SC Vouchers in comparison to the costs/expenses incurred by each type of child care provider, at each level of quality in our QRIS, and by geographic region. The 28 revenue and expense scenarios are based on the number of children served by age by the number of providers who responded to our 2020 market rate survey. The LA is using the 28 revenue/expense scenarios that included existing subsidy payment rates to adjust future subsidy payment rates that will be effective October 1, 2021. Analyses of the 28 revenue/expense scenarios has revealed that because SC Voucher subsidy payments only represent between 5.2% to 47.4% of payments for child care in South Carolina, with the remaining 52.6% to 94.8% being from private-paying families, it will take more than adjustments to subsidy payment rates to make up for the gap between estimated costs/expenses incurred by child care providers and revenue generated from both private-paying families and SC Voucher subsidy payments. The LA is considering how to reduce the gap using a combination of subsidy payment rate adjustments and investments from the American Rescue Plan Act funds.

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)**

The Lead Agency 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 Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into

consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. 4/28/2021

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

<https://scchildcare.org/media/74193/SC-Child-Care-2020-Market-Rate-Survey-Final-Report-March-2021-with-Narrow-Cost-Analysis-Addendum.pdf>

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The LA convened a virtual meeting of 38 stakeholders on September 23, 2020 to obtain their views and comments for the development of the MRS and process. The LA's detailed report of the MRS includes a description of issues that were discussed during the meeting. These included the impact that the Covid-19 pandemic has been having on child care providers and families they serve and how that is affecting their services, the types and frequency of the fees that providers charge in addition to their rates for child care services, and whether providers charge families if there is a difference between the rates they charge and the subsidy payment and copayment. Based on the stakeholders' input during and after the meeting, the MRS questions and processed were finalized September 25, 2020, programming for the on-line version of the survey was completed, and providers of each type of care (centers, group and family child care homes) pre-tested the survey and process. Based on providers' input during the pre-test, revisions were made, resulting in the final survey questionnaire and instructions. Market rate survey packets were mailed to 2,121 child care providers between September 30 and October 2, 2020. 3 to about 10 weeks later through November, 2020, telephone calls were made by trained interviewers to nonresponding child care providers to complete the survey. MRS questions specifically focused on child care services during the month of September 2020, when it was hoped that the Covid-19 pandemic would be subsiding and child care services would more likely be closer to their normal operations.

## 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

### **4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might

exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:213

Full-time weekly base payment rate: 213

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:213

Full-time weekly base payment rate: 213

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:191

Full-time weekly base payment rate: 191

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:165

Full-time weekly base payment rate: 165

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:150

Full-time weekly base payment rate: 150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:150

Full-time weekly base payment rate: 150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:140

Full-time weekly base payment rate: 140

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:100

Full-time weekly base payment rate: 100

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

N/A

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care: 30 or more hours per week calculated as 30 hours/week x 52 weeks; part-time care: 15-29 hours per week calculated as 15-29 hours/week x 52 weeks.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 10/1/2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Twenty-one (21) of South Carolina's 46 counties were designated as urban for the child care market rate survey, from which subsidy payment rates have been determined. The most populous urban counties are in all areas of the state (coastal, midlands and upstate), and include Charleston, Richland, and Greenville counties.

f. Provide the citation, or link, if available, to the payment rates

<https://scchildcare.org/library/sc-voucher-documents-resources.aspx>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

The final SC Voucher Maximum Payments for October 1, 2021 - September 30, 2022 are posted at <https://scchildcare.org/library/sc-voucher-documents-resources.aspx>

#### 4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

The LA differentiates payment rates based on MRS variations identified for child care providers in urban and rural geographic locations.

b. Type of provider.

Describe:

The LA differentiates payment rates based on MRS variations identified for child care centers, group child care homes, and family child care homes.

c. Age of child.

Describe:

The LA differentiates payment rates based on MRS variations identified for children under age 1, and ages 1, 2, 3, 4, 5 not in kindergarten, and 5 through 12 in school.

d. Quality level.

Describe:

The LA differentiates payment rates based on the quality level the provider has achieved in ABC Quality, SC's QRIS. SC's payment rates are 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 decades ago to incentivize the opportunity for more children with child care subsidies to have access to higher quality care. Since 1992, SC's Lead Agency has used voluntary standards higher than state regulatory requirements in conjunction with financial incentives to recognize and promote quality, ranging from Level C (foundational level meeting basic health and safety regulations) to A+ (the highest level of quality criteria).

e. Other.

Describe:

LA uses a payment rate add-on that is \$20 more than rates for other children in a specific type of care when requested by providers to support their efforts to accommodate and care for children with special needs. The LA also uses a payment rate add on for children in foster care that is \$30 more than rates for other children in a specific type of care. A differential payment will be assessed for non-traditional arrangements. Amount to be determined.

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a 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). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).**

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

A differential payment for non-traditional hours will be implemented within the federal fiscal year 2022.

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

LA uses a payment rate add-on that is \$20 more than rates for other children in a specific type of care when requested by providers to support their efforts to accommodate and care for children with special needs. The base rates are determined based on the use of the most recent MRS.

d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

f. Differential rate for higher quality, as defined by the state/territory.

Describe:

The LA differentiates payment rates based on the quality level the provider has achieved in ABC Quality, SC's QRIS. SC's payment rates are 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 decades ago to incentivize the opportunity for more children with child care subsidies to have access to higher quality care. Since 1992, SC's Lead Agency has used voluntary standards higher than state regulatory requirements in conjunction with financial incentives to recognize and promote quality, ranging from Level C (foundational level meeting basic health and safety regulations) to A+ (the highest level of quality criteria). These rates are determined based on the use of the most recent MRS.

g. [Other differential rates or tiered rates.](#)

[Describe:](#)

Other differential payments: add on for children in foster care that is \$30 more than subsidy payments for other children in a specific type of care will be added to new subsidy payments that are based on the market rate survey.

#### [4.3.4 Establishment of adequate payment rates.](#)

a. [Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan \(CAP\). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble \(81 FR p. 67512\), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.](#)

In addition to establishing base subsidy payments at the 75th percentile of the most recent 2020 MRS, the LA is paying for the costs of many of the health and safety requirements (Health and Safety Preservice training, PFA/CPR training of all staff of providers serving children with CCDF-funded subsidies, along with the cost of their background checks). The LA also provides scholarships for staff of providers serving children with CCDF-funded subsidies to participate in professional development opportunities through training, coursework, and conferences. With all of this, providers would be able to direct more funding to CCDF staffing requirements. The rates will be effective October 1, 2021.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The LA compared its existing base payment rates to the 75th percentile of the most recent MRS conducted in 2020 and analyzed in 2021 for each type of care (centers and homes), age of child, geographic location, full-time and half-time care. Increases in the base payment rates to correspond to the 75th percentile are being proposed to become effective 10/1/2021. Incremental increases above the 75th percentile are also being proposed for the higher quality levels of care in the LA's QRIS. The LA analyzed the cost of care for the 28 types and quality levels in SC using the Office of Child Care's Provider Cost of Quality Calculator. Additional costs were estimated for increasing quality levels and minimizing the risk of COVID-19 transmission. Considering CDC findings that the COVID-19 precautions had decreased the transmission of other viruses including influenzas, continuing the increased health precautions after COVID-19 may be warranted. In analyzing the results of the 2020 MRS and the 28 Provider Cost of Quality Calculator scenarios, the LA recognizes that because subsidies only account for between 5.2% and 47.4% of payments for child care in SC, with the remaining 52.16% to 94.8% being from private-paying families, adjustments to subsidy payments won't be sufficient to make up for gaps between costs and revenue. The LA is considering how to reduce the gaps using a combination of subsidy payment rate adjustments and investments from the American Rescue Plan Act funds.

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

The LA factored in additional costs of higher quality into the scenarios modeled through the Office of Child Care's Provider Cost of Quality Calculator by using the percentage of scoring differentials for the incremental QRIS levels.

**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

In addition to proposing base payment rates at the 75th percentile for the foundational level of quality in its QRIS (level C), the payment rates for each higher quality level are also being proposed to be increased incrementally to the 95th percentile. The LA factored into the cost estimation modeling hourly wages at \$15, along with health insurance for all caregivers and support personnel, along with draws to cover the hours worked by family child care owners at the same \$15 per hour to incentivize employment in the child care field throughout SC. Initially, the LA included a significant amount of additional cleaning, supplies and PPE for COVID-19 to its cost estimations using the Office of Child Care's Provider Cost of Quality calculator. With later findings that COVID-19 occurs through an air-borne transmission, those costs were subsequently reduced.

## 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

**4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Child care payments are made within four to five working days after receipt of the on-line SVL or within 12-14 days to provider who do not submit their SVL through the on-line payment system.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

The LA pays by the week and not by the day and allows up to 31 absences per 52-week eligibility period. 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-funded subsidies.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Providers are paid on a full-time basis for 30 or more hours per week of child care services and part-time basis for between 15-29 hours per week.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

An annual registration fee per child is paid by LA after the third week of paid child care services for children with CCDF-funded subsidies.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

Providers are paid in accordance with written provider enrollment agreements that include payment policies, approved payment rates, schedules, fees, and the dispute resolution process. This information is also included in child-specific service connection letters that are sent to families and providers when a family chooses a provider as their child(ren)'s caregiver.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

When a family's eligibility for child care services will end due to an adverse action or changes in eligibility status, the LA sends a termination notice to the provider and family two weeks prior to services ending to give ample notice of that adverse action. In that termination notice, the parent is informed of their rights to an appeal if they disagree with the decision. Sixty (60) days prior to the end of child care services, the LA sends an "end of services" notice to the provider and family to remind them of the last day of their current services. That end of service notice specifies the date that services end and that payments for that eligible child will stop on that ending date.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

When a provider has a payment discrepancy, they call the 1(800) number to the SC Child Care control center. Many payment issues can be resolved prior to the need for an appeal. Payment issues may include, a child has been connected incorrectly, a registration fee needs to be assessed, incorrect start date, etc. If there are child attendance issues between two different providers, the control center will request a copy of the provider's attendance roster to compare and make a determination of payment for the provider.

A provider has the right to request a fair hearing regarding any negative action taken by the SC Voucher Program. Negative actions include, but are not limited to termination from the ABC Program and de-enrollment 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 staff are responsible for representing the SC Voucher Program at fair hearings for:

- Level A, B and C Providers

State Office Child Care Services staff are responsible for representing the SC Voucher Program at fair hearings for:

- All FFN Providers

The files are pulled and reviewed by that designated staff person and a response is made back to Individual and Provider Rights. If cases are reviewed and it is determined that a case can be reinstated or other resolutions made, Individual and Provider Rights will notify the client of the outcome. If upon the review, the adverse action is upheld, Individual and Provider Rights will notify the client and will proceed with scheduling a hearing if desired.

g. Other. Describe:

N/A

#### 4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.  
 Yes, the practices vary across areas.

Describe:

#### 4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

The LA's payment practices support equal access to a full range of providers by providing funding stability through timely, consistently dependable payments for child care services by the week. Subsidy payment rates will be increased effective 10/1/2021 at or above the 75th percentile of the 2020 MRS for providers serving children with CCDF-funded subsidies (75th percentile for base quality Level C and progressively increasing by quality level to the 95th percentile for the highest quality Level A+). SC's 2020 Market Rate Survey determined that 52% of child care centers, 72% of group child care homes, and 27% of family child care homes in the state were enrolled in the subsidy system during the survey period, further evidencing that the LA's timely, reliable, and adequate payment practices incentivizes child

care providers' participation in the subsidy system.

#### 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

Family copayments are based on a sliding fee scale dependent on family size and income ranging from \$6 to \$20 per child per week. These copayments are among the lowest in the region and the nation and have remained the same since October 2008.

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

Family copayments represent between 2% to 5% of family income.

- c. Minimize 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 3.2.5.

- d. Other.

**Describe:**

In response to the COVID-19 pandemic, during the month of April 2021, co-pays were suspended to remove barriers for children in care to reduce the financial burden on families and providers.

**4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?**

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

There has been a long-standing policy for providers to charge families more if their private-pay rates are more than the subsidy and copayment. With subsidy payment increases effective 10/1/2021, starting at the 75th percentile of the 2020 market rate survey for the base level of quality and rising to the 95th percentile for the highest level of quality, the LA seeks to minimize additional amounts charged to families by providers.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

The LA provided information for Level C since that is the level for the base subsidy payment rates that were required for responses to 4.3.1 in the Plan. Additional amounts charged to families by Level A providers range from an average of \$34.51 for infants under age 1 in Level A urban centers to \$0.00 in Level B+ family child care homes, the highest current level for family child care homes. For a child age 2, average amounts range from \$27.80 in Level A urban centers to \$0.00 in Level B+ urban family child care homes. For a child age 4, average amounts range from \$16.28 in Level A urban centers to \$0.00 in Level B+ urban family child care homes. For a child age 6, average amounts range from \$6 in Level A urban centers to \$0.00 in Level B+ urban family child care homes. For infants under age 1,

average amounts range from \$23.73 in Level B urban centers to \$6 in Level B urban family child care homes. For children age 2, average amounts range from \$24.87 in Level B urban centers to \$6 in Level B urban family child care homes. For children age 4, average amounts range from \$21.88 in Level B urban centers to \$8 in Level B urban family child care homes. For children age 6, average amounts range from \$29.12 in Level B urban centers to \$10 in Level B urban family child care homes.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

With the proposed increase of SC Voucher subsidy payments to the 75th percentile of the 2020 market rate survey for the foundational quality Level C and incrementally increasing up to the 95th percentile for the highest quality level A+ effective 10/1/2021, the LA seeks to minimize the additional amounts charged to families by providers.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F));

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.**

a. Center-based child care.

i. Identify the providers subject to licensing:

Please see the additional definitions of child care, child care facilities and child care center: "Childcare" means the care, supervision, or guidance of a child or children, unaccompanied by the parent, guardian, or custodian, on a regular basis, for periods of less than twenty-four hours per day, but more than four hours, in a place other than the child's or the children's own home or homes.

(3) "Childcare center" means any facility which regularly receives thirteen or more children for childcare. (4) "Childcare facilities" means a facility which provides care, supervision, or guidance for a minor child who is not related by blood, marriage, or adoption to the owner or operator of the facility whether or not the facility is operated for profit and whether or not the facility makes a charge for services offered by it. This definition includes, but is not limited to, day nurseries, nursery schools, childcare centers, group childcare homes, and family childcare homes. The term does not include: (a) an educational facility, whether private or public, which operates solely for educational purposes in grade one or above; (b) five-year-old kindergarten programs; (c) kindergartens or 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; (d) facilities operated for more than four hours a day in connection with a shopping center or service or other similar facility, where the same children are cared for less than four hours a day and not on a regular basis as defined in this chapter while parents or custodians of the children are occupied on the premises or are in the immediate vicinity and immediately available; however, these facilities must meet local fire and sanitation requirements and maintain documentation on these requirements on file at the facility available for public inspection; (e) 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 weeks; (f) summer resident camps for children; (g) bible schools normally conducted during vacation periods; (h) facilities for persons with intellectual disability provided for in Chapter 21, Title 44; (i) facilities for the mentally ill as provided for in Chapter 17, Title 44; (j) childcare centers and group childcare homes owned and operated by a local church congregation or an established religious denomination or a religious college or university which does not receive state or federal financial assistance for childcare services; however, these facilities must comply with the provisions of Article 9, and Sections 63-13-60 and 63-13-110 and that these facilities voluntarily may elect to become licensed according to the process as set forth in Article 3 and Sections 63-13-30, 63-13-40, 63-13-70, 63-13-80, 63-13-90, 63-13-100, 63-13-160, and 63-13-170.

**ii. Describe the licensing requirements:**

i. Private for Profit and public entities- Facilities to be licensed must meet the following criteria: 1. Center Director/Co-Director must be at least 21 years old and meet one of the following requirements: 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 and six months experience working with children in a licensed, approved or registered child care facility; iii. An associate 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 credential (CDA) and one-year work experience in a licensed, approved or registered child care facility; or v. A High School diploma or GED, and Early Childhood Development (ECD) 101, with 3 years' experience in a licensed, approved or registered child care facility. One year shall include supervision of child care staff. 2. Zoning Approval 3. Architectural Plans to be submitted to DSS Fire &Health Safety Chief at Central Office 4. Fire &Health Inspection 5. Child Care Licensing Inspection 6. State and Federal Criminal Background Checks through Live Scan (Fees are required) 7. Three Letters of Reference 8. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation 9. DSS Form 2924 - Central

Registry Release of Information (Fees are required) 10. Policies as described in the SC Child Care Regulations for CCC Approved Child Care Centers The South Carolina Department of Social Services approves all child care centers that are publicly funded by federal, state, county or city monies. Requirements for approval are the same as licensing requirements stated above. --Child Care Centers Operated by Religious Bodies or Groups (Faith-Based Centers) -- A child care facility sponsored by a religious body has the option of becoming licensed or registered. If this type of facility chooses to become licensed, it must meet the licensing requirements listed above for a Licensed Child Care Center. If this type of facility chooses to become registered, it must meet the licensing requirements listed below: 1. Center Director/Co-Director(s) - Requirements are the same as licensing stated above. 2. Zoning Approval 3. Architectural Plans to be submitted to DSS Fire &Health Safety Chief at Central Office Fire &Health Inspection 4. Child Care Licensing Inspection 5. State and Federal Criminal Background Checks through Live Scan (Fees are required) 6. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation 7. DSS Form 2924 - Central Registry Release of Information (Fees are required) 8. Policies as described in the SC Child Care Regulations for Faith Based Facilities.

**iii. Provide the citation:**

Section 63-13-410 through 63-13-610 and 63-13-1010 of the Child Care Licensing Law, SC Child Care Licensing Center Regulations 114-500 through 114-509. SC Child Care Licensing Religious Entities Regulations 114-520 through 114-529.

**b. Family child care. Describe and provide the citation:**

**i. Identify the providers subject to licensing:**

Group Child Care Home (GCCH) - (7-12 children) A GCCH is defined as a residence occupied by the operator in which he/she regularly provides child care 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 child care who are related to the resident teacher/caregiver. Care may be provided for eight children without an additional caregiver within a residence occupied by the operator. When the attendance reaches nine or there are more than three children under the age of 24 months, an additional caregiver must be present at all times. Family Child Care Home (FCCH) - (Up to six children at any given time) A FCCH provides care for more than one unrelated family of children within a residence occupied by the operator on a

regular basis for no more than six children including operator's own or related children.

FCCH has the option of becoming licensed or registered.

For the purpose of applying for a license/approval, the family day care home applicant shall comply with the South Carolina Department of Social Services Suggested Standards for Family Day Care Homes which means that we will issue a regular license/regular approval if all provisions of the regulations, suggested standards and statute for the operation of a licensed/approved family day care home have been met. The provisions include following the process for applying for a license which are to request in writing that health and fire officials make inspections of the facility and shall comply with the South Carolina Department of Social Services Suggested Standards for Family Day Care Homes. For the purpose of applying for a registration, a family child care home applicant does not have to comply with the SC DSS Suggested Standards for Family Day Care Homes nor are they required to get an fire or health inspection. Currently ABC Quality allows registered family child care homes to participate in the QRIS due to the registration status addressed under CCL state regulations. Clear direction from the OCC is needed as to the eligibility of registered family child care homes to participate in CCDF as a regulated provider.

**ii. Describe the licensing requirements:**

A Group Child Care Home must be licensed and meet the following criteria: 1. Operator - Requirements are the same as licensing requirements stated above 2. Zoning Approval 3. Architectural Plans to be submitted to DSS Fire & Health Safety Chief at Central Office 4. Fire & Health Inspection 5. Child Care Licensing Inspection 6. State and Federal Criminal Background Checks through LiveScan (Fees are required) 7. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation 8. DSS Form 2924 - Central Registry Release of Information (Fees are required) 9. Policies as described in the SC Child Care Regulations for GCCH --Licensed Family Child Care Home (LFCCH)-- The following is required: • Fire and Health inspection • Child care licensing inspection • First Aid and infant/child CPR certification 1. Zoning Approval from their local Zoning Board 2. Three Letters of Reference 3. Working, Listed Telephone Number 4. State and Federal Criminal Background Checks through Live Scan on operator, caregiver and all household members 15 years and older. (Fees are required) 5. DSS Form 2924 - Central Registry Release of Information must

be submitted on operator, caregivers and household member 18 years and older (Fees are required) 6. Child Care Licensing Pre-service Inspection 7. 10 hours of Approved Training ---Regular licenses expire two years from the date of issuance. -- Registered Family Child Care Home (RFCCH)-- must meet the following criteria: 1. Zoning Approval from their local Zoning Board 2. Three Letters of Reference 3. Working, Listed Telephone Number 4. State and Federal Criminal Background Checks through Live Scan on operator, caregiver and all household members 15 years and older. (Fees are required) 5. DSS Form 2924 - Central Registry Release of Information must be submitted on operator, caregivers and household member 18 years and older (Fees are required) 6. Child Care Licensing Pre-service Inspection 7. 10 hours of Approved Training Regular registrations expire one year from the date of issuance.

iii. Provide the citation:

Section 63-13-410 of the Child Care Licensing Law for large Family Child Care (Group Child Care Homes) and Regulations 114-510 through 114-519 for Group Child Care Home. Section 63-13-810 of the Child Care Licensing Law for small Family Child Care Homes and Licensed and Registered Family Child Care Home 114-528 and the Suggested Standards. The Suggested Standards are mandatory for small Family Providers who elect to become Licensed.

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children**

**(658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

The Child Care Licensing Law determines the following types of providers that 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) and (e) South Carolina Department of Social Services Regulations for Private and Public Child Care Centers). License-exempt child care centers that participate in ABC Quality must meet the definition of License-exempt as defined by SC Child Care Licensing. This means that license-exempt centers participating in ABC Quality cannot operate more than four hours per day during the school year. This includes time allowed for transportation and late pick up by parents. License-exempt centers that participate in ABC Quality cannot serve children under the age of five years old. License-exempt centers that participate in ABC Quality and offer summer camp must limit their sessions to three weeks each.

ii. Provide the citation to this policy:

SC Licensing Law, 63-13-20 (4) (a-f), [ABC Quality Provider Business Procedures](#), XI. History of Compliance, 1. Definitions, B. For License-exempt Providers.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

License-exempt centers that participate in ABC Quality must meet all eligibility criteria. The eligibility criteria requirements include; verification of centers exemption status, no

history of active Out of Home Abuse and Neglect (OHAN) reports and no history of operating illegally pursuant to SC Child Care Licensing Laws; all staff responsible for the care of children have current Pediatric First Aid and Child CPR certification and completion of the SC Health and Safety Pre-service certification/ECD 101 (any new staff must be in compliance within 90 days of hire); all staff annually sign a discipline policy prohibiting the use of corporal punishment and acknowledgement of ABC Quality Code of Ethical Conduct; verification of minimum staff education/qualifications, TB test and Health Assessment for all staff; all child care staff members complete a Comprehensive Background check (SLED/FBI fingerprints, in-state and out-of-state Abuse and Neglect checks, State Sex Offender checks); on-site Health and Safety Inspection of program; and written mandatory policies and procedures (Medication, Emergency Medical, Emergency Preparedness, Child Abuse and Neglect, Swimming, Transportation and Outdoor Time policies). These requirements are verified prior to enrollment and during the annual unannounced visit. These visits include validation of eligibility criteria and Health and Safety Inspection

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

A family, friend, and neighbor (FFN) is a provider who is unregulated and is not required to meet licensing/regulatory requirements. The provider must be related to the child in one of the following ways: An aunt or uncle, first generation only, sibling, grandparent or great grandparent, all of whom do not reside in the same household as the child. FFN are not considered a part of the quality rating and improvement system in SC (ABC Quality) but the ABC Quality assessors have been assigned the responsibility of providing on-site assessments of these providers using a protocol to assess completion of background checks, CPR and First Aid certification, and the abbreviated health and safety pre-service certificate as well as to make onsite inspections to evaluate the home to ensure compliance with basic standards of health and safety for the children enrolled. This is an informal care type that does not meet criteria of ABC Quality. The LA has requested technical assistance on roles and

responsibilities for assessing this type of care, including specific recommendations on how to frame this informal form of care. The definition of non-related FFN is an exception to family child care home: Family facility within a residence occupied by operator in which child care is regularly provided for no more than 6 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. Exception: however, an occupied residence in which child care is provided only for a child or children related to the resident caregiver or for the child or children of one unrelated family or only for a combination of these children is not a family child care home. SC Child Care Licensing Law Section 63-13-20 (13).

ii. [Provide the citation to this policy:](#)

ABC Quality License Exempt Manual; ABC Quality Business Procedures

iii. [Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.](#)

Non-related Family, Friend and Neighbor providers who are CCDF eligible must meet requirements to receive funding. These requirements include background checks, CPR First Aid Certification, training and an onsite inspection to evaluate the home. DECE ensures compliance with these requirements in order to participate.

c. [In-home care \(care in the child's own home by a non-relative\): Describe and provide the citation by answering the questions below.](#)

i. [Identify the CCDF-eligible in-home child care \(care in the child's own home by a non-relative\) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.](#)

These requirements include; a Comprehensive Background Check, Pediatric First Aid and Child CPR training, and SC Family, Friend and Neighbor Health and Safety Pre-service Certification. Topic areas covered in the SC FFN Health and Safety Pre-service Certification are infectious disease control and bloodborne pathogens, Sudden Infant Death Syndrome and prevention of Shaken Baby Syndrome and abusive head trauma, administering medication to children, emergency preparedness, environmental safety (premises), transportation safety, and child developmental

milestones. ABC Quality Assessors make an onsite visit to review health and safety practices and provide technical assistance within 90 days of enrollment and subsequent visits are made annually.

ii. Provide the citation to this policy:

SC Voucher Manual, Section 5.7.3

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Non-related in-home child care providers who are CCDF eligible must meet requirements to receive funding. These requirements include background checks, CPR First Aid Certification, training and an onsite inspection to evaluate the home. DECE ensures compliance with these requirements in order to participate.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### **5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.**

a. Infant. Describe:

A child under 12 months of age.

b. Toddler. Describe:

A child of 12 months of age or older but younger than 24 months of age. Also, the Two-

year-old State/Territory age definition: A child 24 months of age or older, but younger than 36 months of age.

**c. Preschool. Describe:**

A child of three or four years of age or older but not yet eligible for public kindergarten.

**d. School-Age. Describe:**

A child old enough to enroll in public kindergarten.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

**a) Licensed CCDF center-based care**

**i. Infant**

**A. Ratio:**

1 teacher to 5 infants

ABC Quality best practice ratio; 1 adult: 4 children.

**B. Group size:**

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A (1)

ABC Quality best practice group size; 8 children.

**ii. Toddler**

**A. Ratio:**

1 teacher to 6 toddlers

ABC Quality best practice ratio; 1 adult: 5 children.

**B. Group size:**

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A (1)

ABC Quality best practice group size; 10 children.

**iii. Preschool**

**A. Ratio:**

1 teacher to 12 children

ABC Quality best practice ratio; 1 adult: 11 children.

**B. Group size:**

ABC Quality best practice group size; 22 children.

**iv. School-age**

**A. Ratio:**

1 teacher to 20 children (5-6-year old) and 1 teacher to 23 children (6-12-year old)

ABC Quality best practice ratios; 1 adult: 15 children (age 5-6), 1 adult: 18 children (age 6-9) and 1 adult: 20 children (age 9-13).

**B. Group size:**

ABC Quality best practice for mixed-age group ratios; ratios are based on the youngest child in the group.

**v. Mixed-Age Groups (if applicable)**

**A. Ratio:**

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 best practice for mixed-age group ratios; ratios are based on the youngest child in the group.

**B. Group size:**

ABC Quality best practice for mixed-age group size; group size is based on the youngest child in the group.

**vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.**

Licensed-exempt centers that participate in ABC Quality must meet ratio requirements as outlined in the ABC Quality Business Procedures. Child to staff ratios apply at all times when children are present on the premises and during activities away from the facility; for children age 5-6, staff: child ratios are 1: 20, for children age 6-12, staff: child ratios are 1: 23. Ratios for when children are at the pool or on an outing with water; for children age 5, staff: child ratios are 1: 6, for children age 6 and older, 2: 25. The ratios requirement as described is an eligibility to participate criteria and can jeopardize a license-exempt center's history of compliance. Group size is not required. However, adequate supervision requires staff awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements, and children's needs and accountability for their care.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

**b. Licensed CCDF family child care home providers:**

**i. Mixed-Age Groups**

**A. Ratio:**

Large Family -1 caregiver to 4 children younger than 2 years old. Small Family - 1caregiver to 6 children.

**B. Group size:**

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.

**ii. Infant**

**A. Ratio:**

Large Family -1 caregiver to 4 children younger than 2 years old. Small Family -1 caregiver to 6 children

**B. Group size:**

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.

**iii. Toddler**

**A. Ratio:**

Large Family -1 caregiver to 4 children younger than 2 years old. Small Family -1 caregiver to 6 children

**B. Group size:**

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.

**iv. Preschool**

**A. Ratio:**

Large family - capacity set at 12; Small Family - capacity is set at 6.

**B. Group size:**

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.

v. School-age

A. Ratio:

Large family - capacity set at 12; Small Family - capacity is set at 6.

B. Group size:

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.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

For Family, Friend, and Neighbor arrangements, only children from one un-related family can be served. If there is a second un-related family in need of care, the provider must become regulated.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

c. Licensed in-home care (care in the child's own home):

i. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

### **5.2.3 Provide the teacher/caregiver qualifications for each category of care.**

## a. Licensed Center-Based Care

### i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

(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. ABC Quality CCDF

center-based care earn additional points in their Structural Quality portfolio based on the educational qualifications of their staff. Educational qualifications are evaluated for teachers employed at the program. The education tiers are divided in three areas; entry, skilled and accomplished. Percentages of the teachers' educational tiers are calculated towards the program's total score to earn a quality level. DECE's workforce registry (SC Endeavors) through New World Now/Insight measures a ECE professional's education through a career leveling system. This system will integrate with ABC Quality through the child care program's submission of an automated structural quality portfolio. This system will ensure the accuracy and consistency of awarding career levels, educational tier placement and quality level score calculations.

**ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:**

Center Director/Co-Director Must be at least 21 years old and meet one of the following requirements: 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 and six months experience working with children in a licensed, approved or registered child care facility; iii. An associate 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 credential (CDA) and one-year work experience in a licensed, approved or registered child care facility; or v. A High School diploma or GED, and Early Childhood Development (ECD) 101, with 3 years' experience in a licensed, approved or registered child care facility. One year shall include supervision of child care staff. ABC Quality CCDF center-based programs earn additional points in their Structural Quality portfolio based on the educational qualifications of directors (administrators/leadership). Educational qualifications are evaluated for teachers employed at the program. The education tiers are divided in three areas; entry, skilled and accomplished. Percentages of the administrator/leadership's educational tiers are

calculated towards the programs total score to earn a quality level. DECE's workforce registry (SC Endeavors) through New World Now/Insight measures a ECE professional's education through a career leveling system. This system will integrate with ABC Quality through the child care program's submission of an automated structural quality portfolio. This system will ensure the accuracy and consistency of awarding career levels, educational tier placement and quality level score calculations.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Teachers and directors in license-exempt child care centers that participate in ABC Quality must meet qualified staff requirements as outlined in the ABC Quality Business Procedures and ABC Quality License Exempt Manual. In order for staff to be considered qualified they must be a minimum age of 18 and have a valid high school diploma/GED and six months experience, a physician Health Statement and TB test with negative results, clear comprehensive background check (SLED/FBI, Central Registry, In-state & out-of-state abuse and neglect and sex offender checks, current Pediatric First Aid and Child CPR, certification of SC Health and Safety Preservice Orientation/ECD 101. (If swimming activities are provided a certified lifeguard must provide supervision.)

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<https://scchildcare.org/media/59009/2018-CCC-regulations-updated.pdf>.

ABC Quality has multiple documents that outline the requirements for center-based teacher and director qualifications found in the ABC Quality library at <https://www.scchildcare.org/library.aspx>. References to staff qualifications can be found in Understanding ABC Quality, ABC Quality License-exempt Manual, ABC Quality Business Procedures and ABC Quality Structural Quality Clarification Guide.

## b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

**Large Family - 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.**

**Small Family - 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 accordance 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. Licensed family child care home and group providers that participate must meet licensing requirements to participate in ABC Quality. Licensed family child care home and group providers applying for Level C must meet eligibility criteria that includes; a current regular license with child care licensing and history of compliance, certification of completion of SC Health and Safety Preservice for all staff, current certification of Pediatric First Aid and Child CPR for all staff, no corporal punishment statement for all staff, physician statement for all staff and TB test for all staff. Licensed family child care home and group providers applying for Level B must meet all the same eligibility criteria as providers applying for Level C and additional requirements to include staff qualifications for director and assistant caregiver. Director must be 21 years old, have a high school diploma or GED, completed ECD 101/signed plan to complete ECD 101 and 10 hours of annual training. Assistant caregiver must be 18 years old and have 10 hours of annual training.**

**ii. [If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:](#)**

This provider type (FFN inhome non-regulated and FFN out of home non-regulated) does not receive a quality level through ABC Quality. The FFN must be 21 years of age or older. FFN providers are not required to be licensed or registered according to SC Law.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://scchildcare.org/media/595/114510.pdf>

<https://scchildcare.org/media/613/Family-Child-Care-Home-Regulations.pdf>

<https://scchildcare.org/media/619/Suggested-Standards.pdf>

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

We do not regulate or register in-home care and this why N/A was entered. We used 5.3.2b.ii to input our license-exempt in-home care.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

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:

A. 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

B. Families who need care for children with special needs or medical conditions (CCDF State Plan).

FNI providers related to the child may be approved to provide care; however, the relationship must be verified by a client statement. If relationship status is

questionable, the child care worker will require verification through birth certificates, marriage license, or other legal documents. The provider must be related to the child in one of the following ways: An aunt or uncle, first generation only, sibling, grandparent or great grandparent, all of whom do not reside in the same household as the child.

Non-related in-home child care providers who are CCDF eligible must meet requirements to receive funding. These requirements include background checks, CPR First Aid Certification, training and an onsite inspection to evaluate the home. DECE ensures compliance with these requirements in order to participate.

## 5.3 Health and Safety Standards and Training for CCDF Providers

### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This standard is defined in the Center-Based set forth in 2018 and Group Child Care Homes Child Care Licensing Regulations set forth in 2005. Family Child Care Home providers have the option of being licensed or registered. All licensed family child care providers must comply with these regulations. The prevention and control of infectious diseases (including immunizations) can be found in several places throughout the regulations. A current certificate of immunization must be kept in the child's record. Several regulations in the section for Health, Sanitation, and Safety address the prevention and control of infectious diseases, including a section on the child's health, sanitation at the facility, diapering procedures, staff's health, the facility's water supply including the maintenance and cleanliness of the water fountain, and bathrooms and children's rest equipment. All Licensed Centers and Group Child Care Homes must attend, annually, a training related to Blood Borne Pathogens. This training teaches staff how bloodborne pathogens are spread, how to avoid exposure and what to do if exposed to infectious material. This section also requires all food be from a source

approved by the health authority and be clean, unspoiled, free from contamination, properly labeled and safe for human consumption. All Licensed providers must adhere to the Exclusion List from our public health agency, DHEC. This section also covers the proper storage of food to protect against contamination, including the temperature for refrigeration and insulated facilities, the cleaning and handling of utensils and equipment, the care of infants and toddlers along with the mildly ill children for their safety and the safety of others. The FCCH Guide to Success for small FCCHs addresses several topics related to controlling the spread of infectious diseases, such as Handwashing and Diapering procedures. Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. The health and safety standard for Prevention and control of infectious diseases for FFNs is included in the questions on these forms about having a clean and safe environment for the child(ren) in care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The CCL regulations above are described by category. There are limited requirements for CCDF license-exempt providers. There is a separate set of regulations for infants and toddlers to address some of their specific needs as related to their care. They are addressed in the regulations above. There is also the health and safety training requirements for FCCH's required by law. ABC Quality License-exempt centers are inspected prior to enrollment and annually during the program's unannounced visit. The health and safety inspections consist of evaluating the internal/external environmental hazards contained at the facility. ABC Quality Assessors are inspecting the license-exempt program's health, sanitation and safety practices that prevent and control the spread of infectious diseases. ABC Quality License-exempt center staff (directors and teachers) are required to attend annual training on Blood Borne Pathogens. The results of the License-exempt Health and Safety Inspection are posted on the SC child care website. There are no variations for FFN arrangements. All FFNs must meet the same standard regardless of the age of the child.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Regulation: 114-503G(6) (a-c)-Child's Record: 114-505A- Children's Health;114-505B-Sanitation; 114-505F(3-15)-Diapering Procedures; 114-404G-Staff Health;114-507A(6)-Water Supply; 114-507D(2) Rest Equipment; 114-508A(4-6) Meal Requirements; 114-508(D) &E)-Storage and Cleaning; Storage and handling of utensils and equipment; 114-509(a)(3)(a)-Feeding, Eating, and Drinking; 114-509(B)- Care for mildly ill children; Group Child Care Home Regulations 114-513G(6)(a-c)- Child's Record, 114-515A-Children' Health, 114-515B-Sanitation; 114-515F(1-6)- Diapering Procedure, 114-515G-Staff's Health,114-517A(6)-Water Supply, 114- 517D(2)-Rest Equipment, 114-508A(4-6) Meal Requirements, 114-508(D)&E)-Storage and Cleaning, Storage and handling of utensils and equipment; 114-409(A)(3)(a)- Feeding Eating and Drinking; 114-509(B)-Care for mildly ill children. Children's Code of Law-Title 63, Section 63-13-830E(1)(a) and 63-13-840 A(1) related to health and safety of children. The Child Care Licensing Law describes health and safety inspections for Family Child Care Homes. We make inspections to FCCHs against this law to ensure the health and safety of children in their care and to Licensed provider annually against the regulations to all categories of care. The Family Child Care Home Guide to Success for small FCCHs describes the training options which include Blood Borne Pathogens training. [ABC Quality Business Procedures, XI. History of Compliance to Regulatory Requirements, 1. Definitions, B. For Licensed-exempt Providers, 7. Environments \(Indoors/Outdoors\) and ABC Quality License Exempt Manual.](#) <https://www.scchildcare.org/library/abc-quality-documents.aspx>. Non-related FFNs are monitored by SC Voucher and ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

114-503 K 5 (b and c), <https://scchildcare.org/media/59009/2018-CCC-regulations-updated.pdf>; 114-513 K 5 (b and c), <https://scchildcare.org/media/595/114510.pdf>; 63-13-825, <https://scchildcare.org/media/66224/Childcare-facilites-002-.pdf>. Eligibility to participate in ABC Quality requires all staff responsible for the supervision of children

to complete the SC Health and Safety Preservice Certification/ECD 101. New staff must complete this training within 90 days of hire. License-exempt centers that participate in ABC Quality have annual training requirements.

<https://www.scchildcare.org/library/abc-quality-documents.aspx> The course titled, *Infectious Disease Control and Bloodborne Pathogens: Kick Those Germs to the Curb* found in the online SC Health and Safety Preservice Certification and ECD 101 textbook *Foundations of Early Childhood: Teaching Children in a Diverse Society* by Janet Gonzalez-Mena, 6th Edition and facilitator guide Chapter 2. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All Licensed Centers, Large Family Child Care Homes, Licensed Small Family Child Care Homes are required to take the same health and safety training. Small Registered Family Child Care Homes, are not required to take this specific training but they are required to take training on health and safety topics. License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. The Health and Safety Pre-Service training for non-related FFNs is different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Infectious Disease Control and Blood borne Pathogens: Kick Those Germs to the Curb!" LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

CCL: Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide updates related Early Care and Education updates. We coordinate with SC DHEC or CDC to provide public health information as necessary. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. Additionally, we were able to supply providers with PPE's and had to make contact via email and or by phone to coordinate the shipment of the supplies to them. We have also called providers to provide updated information to them or to provide them with new training opportunities.

ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>. FFNs are provided updates through the mail and phone calls.

### **5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCL: Licensing Regulations for Centers set forth in 2018. All others set forth in 2005. All licensed Centers must adhere to all requirements related to safe sleep practices including specific requirements for infant care and rest equipment. All Licensed family child care providers must comply with these regulations. Safe sleep practices aim to reduce the risk of Sudden Infant Death Syndrome (SIDS), align with Caring for Our Children, 3rd edition, 2011. The prevention of SIDS and use of safe-sleep practices are addressed in the regulations. Safe sleep practices are described through the use of appropriate sleep/rest equipment by ensuring that cribs meet the requirements of the US Consumer Products Safety Commission (CPSC) as well as ensuring that children are held while feeding, and infants are placed on their backs to sleep with no items in the crib that could cause strangulation or suffocation of the child. Sleep arrangements for children 12 months and under must have appropriate cribs for sleeping. In addition, in FCCH, large and small, sleep locations are checked to determine if it is located on a different floor from where care is provided to ensure appropriate supervision for those children related to sleep. No Pack and Plays for sleep are allowed. Additionally, in the Child Care Licensing Law, it addresses health and safety of the children in a small Registered Family Child Care Home. Therefore, we provide the small Family Child Care Homes information annually through a Family Child Care Home Guide to Success. The guide addresses both the appropriate sleep practice and sudden infant death prevention. The Licensing Specialist reviews this information at the pre-registration visit with the small Family Child Care Home provider during a new application and a renewal.

ABC Quality: All programs types (licensed child care centers, licensed-exempt child care centers, licensed/registered family child care homes, licensed group child care homes) that participate in ABC Quality must meet eligibility criteria. Completion of the SC Health and Safety Preservice/ECD 101 training. Content covered in both certifications cover information pertains to prevention of SIDS and use of safe-sleep practices. Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. This health and safety standard is included in the question on these forms about having a place to sleep for the child(ren) in care and

question around discipline.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are variations by category of care. The CCL regulations above are described by categories. There is a separate set of regulations for infants and toddlers to address specific needs as related to their care. They are addressed in the regulations and the FCCH Guide to Success as mentioned above. There is also the health and safety training requirements for FCCH's required by law. Prevention of SIDS and use of safe-sleep practices are standards appropriate for young children in child care programs, because license-exempt centers serve children of school-age, ABC Quality does not inspect this standard as part of the Health and Safety Inspection. There are no variations for FFN arrangements. All FFNs must meet the same standard regardless of the age of the child.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center based regulations: 114-507A(5)(g) (i,ii,iii)-Environmental hazards, 114-507D-Rest Equipment; 114-509A(1)(a) infant and toddler care; 114-509A(3)(c)- Feeding, eating and drinking; 114-509A(5) Sleeping. Group Child Care Home: 114-517A(5)(g) (i,ii,ii)-Environmental hazards; 114-517D-Rest Equipment; 114-519A(1)(a) infant and toddler care; 114-519A(3)(c)-Feeding, eating, and drinking; 114-519A(5)-Sleeping. 63-13-840 (A) (1) Health and safety of children for FCC. We provide the small Family Child Care Homes information annually through a Family Child Care Home Guide to Success and the guide addresses both the appropriate sleep practice and sudden infant death prevention. The Licensing Specialist reviews this information at the pre-registration visit with the small Family Child Care Home provider during a new application and/or a renewal visit. Children's Code of Law-Title 63, Section 63-13-830E(1)(a) and 63-13-840 A(1) related to health and safety of children. The Child Care Licensing Law describes health and safety inspections for Family Child Care Homes. We make inspections to FCCHs against this law to ensure the health and safety of children in their care and to Licensed provider annually against the regulations to all categories of care. ABC Quality: health and safety standard is in effect and enforced

through monitoring for license-exempt providers as appropriate for the age of child. Non-related FFNs are monitored by ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

ABC Quality Provider Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. The course titled, *Sudden Infant Death Syndrome (SIDS) and Prevention of Shaken Baby Syndrome and Abusive Head Trauma*, is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook *Foundations of Early Childhood: Teaching Children in a Diverse Society* by Janet Gonzalez-Mena, 6th Edition and facilitator guide Chapter 10. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are variations by category of care. The CCL regulations above are described by categories. There is a separate set of regulations for infants and toddlers to address specific needs as related to their care. They are addressed in the regulations and the FCCH Guide to Success above. There is also the health and safety training requirements for FCCH's required by law. All programs types (licensed child care centers, license-exempt centers, licensed/registered family child care homes and licensed child care group homes) that participate in ABC Quality are required to complete the SC Health and Safety Preservice Certification upon enrollment and within 90 days of hire for new staff. The eligibility requirements are outlined in ABC Quality Provider Business Procedures, Understanding ABC Quality, and ABC Quality License Exempt Manual. License-exempt centers that participate in ABC Quality have annual training requirements. Directors/on-site supervisors must obtain 20 clock hours of training annually. At least one hour must be on Blood Borne Pathogens and at least 2 hours must be related to health and safety. CPR and FA are not included in the 20-hour requirement. Caregivers/teachers must obtain 15 clock hours of training annually.

At least 1 hour must be in Blood Borne Pathogens and at least 2 hours to health and safety. CPR and FA are not included in the 15-hour requirement. Because SIDS and use of safe-sleep is appropriate for young child and License-exempt providers serve children of school-age, topics for health and safety on-going training are chosen by the program that are more appropriate for the ages served. The Health and Safety Pre-Service training for non-related FFNs if different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Sudden Infant Death Syndrome (SIDS) and Prevention of Shaken Baby Syndrome and Abusive Head Trauma!" LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

CCL: Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide information related to Early Care and Education updates. We coordinated with SC DHEC to provide health information related to safe sleep as a statewide agenda and CCL staff participated in this project. We make videos available to promote safe sleep practices for children as required and post those videos on our website and present them in regulations trainings we may have with providers, as necessary. We ensure that providers can maintain and update the health and safety practices as described above

by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities.

ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx> FFNs are provided updates through the mail and phone calls.

### **5.3.3 Administration of medication, consistent with standards for parental consent.**

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

SC Code of Laws, Child Care Licensing Law, Section 63-13-185 addresses this standard for all Licensed center-based, Licensed group child care homes and Licensed or Registered Family child care homes. Child care 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 child care 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. Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

CCL: There is no variation for all Licensed and registered child care facilities by category of care or age of the children in care.

ABC Quality: All license-exempt providers must meet this standard. All program types (licensed child care centers, licensed-exempt child care centers, licensed/registered family child care homes, licensed group child care homes) that participate in ABC Quality must meet eligibility criteria. License-exempt providers that participate in ABC Quality must have written policies that address the administration of any prescription or over the counter medication. Policies must include parental consent. ABC Quality verifies compliance to administration of medication, consistent with parental consent of participating license-exempt providers through annual unannounced reviews to verify the program compliance to the standards.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For Licensed and registered child care facilities

<https://www.scchildcare.org/media/59009/2018-CCC-regulations-updated.pdf>. GCCH

114-515 D (1) and 115-515 D (3) <https://www.scchildcare.org/media/595/114510.pdf>;

These policies are found in ABC Quality Business Procedures, VIII. Records, 8.

Policies/Requirements for License-Exempt Only, Policies: Medication and ABC Quality License-exempt Manual. [https://www.scchildcare.org/library/abc-quality-](https://www.scchildcare.org/library/abc-quality-documents.aspx)

[documents.aspx](https://www.scchildcare.org/library/abc-quality-documents.aspx) .Non-related FFNs are monitored by SC Voucher and ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

<https://www.scchildcare.org/media/59009/2018-CCC-regulations-updated.pdf> 114-505

H (3), <https://www.scchildcare.org/media/595/114510.pdf> 114-513 H (2). All program

types (licensed child care centers, license-exempt centers, licensed/registered family child care homes and licensed group child care homes) that participate in ABC Quality

are required to complete the SC Health and Safety Preservice Certification upon enrollment and within 90 days of hire for new staff. Directors/on-site supervisors,

caregivers/teachers in license-exempt centers that participate in ABC Quality can

choose the topic areas of annual training obtained provided hours are in health and safety and one hour is in Blood Borne Pathogens. The course titled, *Administering*

*Medication in Child Care Settings*, is found in the online SC Health and Safety

Preservice Certification and ECD 101 facilitator guide Unit 2, Section 3.Pre-Service

Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All Licensed Centers and Large Family Child Care Homes are required to train staff on

procedures for Medical Emergencies which includes medication within their Emergency Plans as per the regulation. Small Registered Family Child Care Homes are not required to take this specific training, but they are required to take training on health and safety topics.

ABC Quality: There is no variation in license-exempt providers that participate in ABC Quality. The Health and Safety Pre-Service training for non-related FFNs is different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Administering Medication in Child Care Setting." LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities. Any changes to

standards regarding updates to health and safety practices are sent to license-exempt programs through email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>

#### **5.3.4 Prevention of and response to emergencies due to food and allergic reactions.**

##### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

CCL: This standard is defined throughout the Center-based and Group Child Care Homes Child Care Licensing Regulations set forth in 2018. The regulations that address meal requirements stipulate that the facility must get written permission for dietary modifications signed by the child's health care providers or parent.

For ABC Quality providers, there are structural standards that represent best practices and provide evidence for the indicators that they meet. ABC Quality Structural Quality Indicators Standard III.A.1 Nutrition and Standard III.A.2 Nutrition. Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

**ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.**

There are no variations by category of care or the ages of children in care. License standards do not apply to license-exempt providers. License-exempt providers that participate in ABC Quality have written policies that address the prevention of and response to emergencies due to food allergies. Policies must include parental

consent. ABC Quality verifies compliance to the prevention of and response to emergencies due to food allergies of participating license-exempt providers through annual unannounced visits to verify the programs compliance to eligibility criteria.

All ABC Quality license-exempt providers must meet this standard. License-exempt providers that participate in ABC Quality license-exempt programs must have written policies that address the administration of any prescription or over the counter medication. Policies must include parental consent. ABC Quality verifies compliance to administration of medication, consistent with parental consent of participating license-exempt providers through annual unannounced reviews to verify the program compliance to the standards.

iii. [The Lead Agency must certify that the identified health and safety standard\(s\) is\(are\) in effect and enforced through monitoring. Provide the citation\(s\) for the standard\(s\), including citations for both licensed and license-exempt providers.](#)

114-508A (9) (10)-Meal Requirements; Group Child Care Home Regulations 114-518A(6)(7). These policies are part of ABC Quality's eligibility criteria for participation and are found in ABC Quality Provider Business Procedures, VIII. Records, 8. Policies/Requirements for License-Exempt Only, Policies: Emergency Medical Plan and ABC Quality License-exempt Manual. <https://www.scchildcare.org/library/abc-quality-documents.aspx> Non-related FFNs are monitored by ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

#### b. Pre-Service and Ongoing Training

i. [Provide the citation\(s\) for these training requirements, including citations for both licensed and license-exempt providers.](#)

<https://www.scchildcare.org/media/59009/2018-CCC-regulations-updated.pdf> 114-505 H (3), <https://www.scchildcare.org/media/595/114510.pdf> 114-513 H (2). ABC Quality Provider Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. The course titled , *Food Allergies: Recognizing Allergic Reactions and Meal Planning in the Child Care Setting*, is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th

Edition, Chapter 10 and facilitator guide Unit 2, Section 3. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All Licensed Centers and Large Family Child Care Homes are required to train staff on procedures for Medical Emergencies which includes emergencies due to food and allergic reactions within their Emergency Plans as per the regulation. Small Registered Family Child Care Homes are not required to take this specific training, but they are required to take training on health and safety topics. License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Responding to Medical Emergencies." LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

CCL: Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide updates related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints visits. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities. ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

### **5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCL: The entire section of the Center Regulation and the GCCH regulations is about building safety on the physical premises. There are requirements for indoor space and their conditions that child care providers must adhere to if they have the spaces in their facilities to include ventilation, lighting, environmental hazards, water supply, temperature, sanitation, doors and bathrooms. There are also requirements for outdoor space. These requirements must also be implemented by child care programs that include safe sleep requirements for their rest equipment used to provide sleeping/napping for children and environmental hazards requirements for the outdoor space. Licensed Small FCCHs must adhere to the Suggested Standards requirement related to Sanitation and Safety Provisions indicated. Small FCCHs are also advised

to safeguard their homes prior to accepting children to ensure indoor areas are child proofed and outdoor areas are maintained appropriately.

Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. There are questions on the Certification form that will ask about physical premises safety. The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

ABC Quality: All CCDF providers must comply with this requirement. License-exempt providers that participate in ABC Quality have written policies that address building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic. Policies must include water safety ratios, environmental hazards, and transportation. ABC Quality verifies compliance to the safety of a hazardous free environment, water safety supervision and ratios and transportation of children of participating license-exempt providers through an annual unannounced visit to verify the program's compliance to eligibility criteria. ABC Quality verifies compliance to building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic of participating license-exempt providers through an annual unannounced visit to verify the program's compliance to eligibility criteria.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For Licensed Centers 114-507, <https://www.scchildcare.org/media/59009/2018-CCC-regulations-updated.pdf> Licensed GCCHs 114-517,

<https://www.scchildcare.org/media/595/114510.pdf>; Licensed FCCHs IV. Sanitation and Safety Provisions, <https://www.scchildcare.org/media/619/Suggested-Standards.pdf>.

These policies are part of ABC Quality's eligibility criteria for participation and are found in ABC Quality Provider Business Procedures, XI. History

of Compliance to Regulatory Requirements, 1. Definitions, B. For License-exempt Providers, 2. Ratios: Water Safety Ratios, 6. Transportation of Children, 7. Environment (Indoor/Outdoor), and ABC Quality License-exempt Manual; ; <https://www.scchildcare.org/library/abc-quality-documents.aspx>. Non-related FFNs are monitored by ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

ABC Quality Provider Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. The course titled , *Water Safety: Preventing Injury and Illness and Keeping Children Safe: Building and Classroom Safety* is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th Edition, Chapter 2 and 8, and facilitator guide Unit 2, Section 3. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual section 5.7.3 - 5.7.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. The Health and Safety Pre-Service training for non-related FFNs is different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Keeping Children Safe: Building and Classroom Safety." LA is re-evaluating the policy and procedures for this category of

care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide updates related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities. Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

### **5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCL: Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children by inspecting to ensure no evidence of child abuse, and enrollment is being within the limits specified in the Children's Code of Law-Title 63, Section 63-13-840. This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018.

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 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 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.

Discipline and behavior management (1) The facility's discipline policy shall outline methods of guidance appropriate to the ages of the children. Positive, non-violent, non-abusive methods for managing behavior shall be implemented. (2) All teacher/caregivers shall sign a facility agreement to implement the discipline and behavior management policy, with a statement that specifies no corporal punishment. (3) Emotional abuse is also prohibited, including but not limited to: profane, harsh, demeaning or humiliating language in the presence of children. Threatening, humiliating, ignoring, corrupting, terrorizing, or rejecting a child is prohibited. (4) Withholding, forcing, or threatening to withhold or force food, sleep or toileting is prohibited. (5) Unsupervised isolation of a child shall not be allowed. The child shall be within sight of staff if isolation from the group is used. (6) The use of children to discipline other children is prohibited. (7) Children shall not be restrained through drugs or mechanical restraints. Family Child Care Homes DSS Regulation No. 114-528. H. (6) (d). Any child protective services reports involving the operator, household member(s), substitute caregiver(s), emergency person(s) or volunteer(s). DSS Regulation 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 114-528. H.(7)(b) Release records of children and staff as requested; DSS Regulation 114-528. H.(7)(c) Allow access to facility premises for inspection upon request.

Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are variations as listed above by category of care however, no variations based on the ages of the children in care. Because of the age of children served in License-exempt child care centers that participate in ABC Quality, standards pertaining to shaken baby syndrome are not relevant. Information pertaining to abusive head trauma and child maltreatment are covered as a topic area in the Health and Safety Preservice Certification which is a requirement of participation. Emphasis is made for License-exempt child care centers participating in ABC Quality in terms of supervision to include tracking of children throughout their activities at the center. Standards are in place for License-exempt providers participating in ABC Quality that address policies and procedures pertaining identification, reporting and training to abuse and neglect, supervision and tracking of children.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center-based Child Care Licensing Regulations: 114-503C-Child Abuse; 114-506 B-Discipline and Behavior management. Group Child Care Home Regulations 114-513 C-Child Abuse; 114-516B-Discipline and Behavior management; Regulations for

FCCHs 114-528 H(7); License standards do not apply to license-exempt providers. The Child Care Licensing Law for small FCCHs, 63-13-840 A (2) require that there is no evidence of child abuse in the home. The Licensing Specialist is required to visit to ensure during inspections that there are no evidence of abuse or neglect in the FCCH. ABC Quality Provider Business Procedures, VIII. Records, 8. Written Policies for License-exempt Only, Child Abuse and Neglect; XI. History of Compliance to Regulatory Requirements, 1. Definitions, B. For License-exempt Providers, 3. Supervision; <https://www.scchildcare.org/library/abc-quality-documents.aspx>. Non-related FFNs are monitored by the SC Voucher program and ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

**b. Pre-Service and Ongoing Training**

**i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.**

ABC Quality Provider Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. <https://www.scchildcare.org/library/abc-quality-documents.aspx>. ABC Quality: All license-exempt centers enrolled in ABC Quality are required to have written mandatory policies that identify the procedure for reporting suspected child abuse or neglect to DSS' Office of Child Protective and Preventative Services, The Office of Out of Home Abuse and Neglect (OHAN). The policy must include what to do when staff suspect abuse/neglect at home or the facility. Procedures must be outlined for training staff as mandated reporters. ABC Eligibility Requirements require the completion of the SC Health and Safety Preservice Certification or ECD 101 upon enrollment and within 90 days of hire for new staff. The course titled , *Sudden Infant Death Syndrome (SIDS) and Prevention of Shaken Baby Syndrome and Abusive Head Trauma* is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th Edition Chapter 6, and facilitator guide Unit 1, Section 6. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

**ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status**

(i.e. licensed, license-exempt), or the age of the children in care?

License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. The Health and Safety Pre-Service training for non-related FFNs if different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Sudden Infant Death Syndrome (SIDS) and Prevention of Shaken Baby Syndrome and Abusive Head Trauma." LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

CCL: Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide updates related to Early Care and Education. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information,

inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities.

ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

**5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-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)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.**

**a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

Fire safety and emergency preparedness: (1) Private and public child care centers shall comply with the regulations and codes of the State Fire Marshal. (2) In the event of a natural disaster or unscheduled closing of a child care center, the capacity may be exceeded temporarily to accommodate the displaced children. The director shall notify the Department of the situation and maintain appropriate staff: child ratios at all times. Required records shall be kept on file for the new enrollees. (3) The facility shall have an up to date written plan for evacuating in case of fire, a natural disaster, or other threatening situation that may pose a health or safety hazard. The facility shall

also include procedures for staff training in this emergency plan. Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

CCL: There are no variations by category of care or by the ages of the children in care.

ABC Quality verifies compliance of license-exempt providers to emergency preparedness and response planning (at the child care provider level) to include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for children with disabilities, and children with chronic medical conditions of participating license-exempt providers through annual unannounced to verify the programs compliance to eligibility criteria. In addition, License-exempt child care centers are provided an Emergency Plan Template to ensure that all programs plan for evacuation, relocation, shelter-in-place and lockdown; staff and volunteer training and practice drill; communication and reunification with families; continuity of operations; and accommodations for children with disabilities, and children with chronic medical conditions.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Regulations: 114-505H Fire safety and Emergency Preparedness. Group Child Care Home Regulations: 114-515H Fire Safety and Emergency preparedness. Children's Code of Law-Title 63, Section 63-13-830 E(1)(a). ABC Quality Provider Business Procedures and ABC Quality License-exempt Manual. Emergency Plan Template for License-Exempt Child Care Centers, Library, Emergency Preparedness Resources, [www.schildcare.org](http://www.schildcare.org); <https://www.scchildcare.org/library/abc-quality->

[documents.aspx](#) Non-related FFNs are monitored by ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

**b. Pre-Service and Ongoing Training**

**i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.**

ABC Quality Provider Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. <https://www.scchildcare.org/library/abc-quality-documents.aspx> The course titled , *Emergency Preparedness: Better Safe Than Sorry!* is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th Edition Chapter 2, and facilitator guide Unit 1, Section 2. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

**ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?**

License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. The Health and Safety Pre-Service training for non-related FFNs is different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Emergency Preparedness: Better Safe than Sorry!" LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities.

ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

### **5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810. This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018. Environmental hazards (1) Poisons or harmful agents (a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children. (b) Poisons or harmful agents shall be purchased in childproof containers, if available. (c) Play materials, including arts and crafts, shall be non-poisonous. (d) Poisonous plants are not permitted. (e) Pesticides shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site accessible only to authorized staff. Licensed Small FCCHs must adhere to the Suggested Standards requirement related to Sanitation and Safety Provisions indicated. Small FCCHs are also advised to safeguard their homes prior to accepting children to ensure indoor areas are child proofed and outdoor areas are maintained appropriately. They must take training on blood-borne pathogens annually. Included in the inspection are items relating to Environmental Hazards Indoor space that include items: Facility free of hazards and litter; Facility free of insects, rodents and other vermin; All cleaning supplies/poisonous chemicals stored away from food and inaccessible to children; Furniture, toys and equipment are clean, good repair and meet Consumer Safety Product Council (CPSC); Animals are healthy, do not cause threat, are clean, properly housed, fed and cared for; Usable fire extinguishers, smoke alarms and practice drill reports. Environmental Hazards Outdoor space include items: Playground area and playground equipment maintained and safe; Cushioning material in fall zones; Children restricted from unsafe areas; Swimming on/off premises follows safety precautions (supervision, ratio, fencing, and certified lifeguards. All license-exempt

centers that participate in ABC Quality are required to complete the SC Health and Safety Preservice Certification upon enrollment and within 90 days of hire for new staff. Completion of the SC Health and Safety Preservice/ECD 101 training. The course titled, MyPlate: Helping children Make Healthy Food choices and Infectious Disease Control and Bloodborne Pathogens: Kick those Germs to the Curb! Is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th Edition Chapter 2, Chapter 8 and facilitator guide Unit 1, Section 2. Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774. The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All CCDF providers must comply with this standard. ABC Quality verifies compliance to handling and storage of hazardous materials and the appropriate disposal of bio-contaminants of participating license-exempt providers through annual unannounced to verify the programs compliance to eligibility criteria and indoor/outdoor environmental hazards through the Health and Safety Inspection. The completed Health and Safety Inspection Report is posted on the website

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center-based Regulation: 114-507E-Environmental Hazards. Group Child Care Home Regulations: 114-517E-Environmental Hazards. Children's Code of Law-Title 63 Section 63-13-830 E(1)(a). Licensed FCCs IV. Sanitation and Safety Provisions, <https://www.scchildcare.org/media/619/Suggested-Standards.pdf>; ABC Quality Provider Business Procedures, XI. History of Compliance to Regulatory Requirements, B. For License-exempt Providers, 7. Environment Indoor/Outdoor and ABC Quality License Exempt Manual; <https://www.scchildcare.org/library/abc-quality-documents.aspx>. Non-related FFNs are monitored by ABC Quality to ensure

compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed Center 114-504 K (5) (b) (c). License -exempt centers that participate in ABC Quality are required to complete the SC Health and Safety Preservice Certification upon enrollment and within 90 days of hire for new staff. Completion of the SC Health and Safety Preservice/ECD 101 training. The course titled, MyPlate: Helping children Make Healthy Food choices and Infectious Disease Control and Bloodborne Pathogens: Kick those Germs to the Curb! Is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th Edition Chapter 2, Chapter 8 and facilitator guide Unit 1, Section 2. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. LA is re-evaluating the policy and procedures for the FFN category of care to include training requirements.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities.

ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

### 5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

ABC Quality uses the CCL regulations as the foundation for health and safety

standards for CCDF providers. These standards are defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018.

Transportation (1) If the center provides or arranges for transportation through contract, the following transportation requirements apply: (a) The staffing ratios specified in 114-504.B.(1) through (3) apply. The driver of the vehicle shall not be counted in the ratios for infants or toddlers. (b) Each child shall be secured in an individual, age-appropriate safety restraint at all times the vehicle is in motion. (c) Safety restraints shall be used in accordance with the manufacturer's instructions. (d) A child shall not be left unattended in a vehicle. (e) Transportation placement of children in the vehicle shall be in accordance with all applicable state and federal laws. (f) The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 20-7-2725 (A) (4) of the Code of Laws of 1976. (g) There shall be a first aid kit and emergency information on each child in the vehicle. (h) Use of tobacco products is prohibited in the vehicle. (i) Written consent from the parent is required prior to transportation. (j) When the facility provides transportation to and from the child's home, the facility staff shall be responsible for picking the child up and returning the child to a designated location. (k) The director and/or staff of the center shall provide the driver of the vehicle with a record that lists the name, address, and telephone number of the center, as well as names of children being transported. (2) The following requirements apply for safe pick-up and drop-off: (a) The center shall have safe crossways and pick-up and drop-off locations and communicate these locations to the parents. (b) Children shall be directly supervised during boarding and exiting vehicles. (c) The director and/or staff shall have on file, in the facility, written permission from parent(s)/guardian(s) for transporting children to and from the home, school, or other designated places, including center-planned field trips and activities. (d) Written transportation plans for routine travel shall be on file. Plans shall include a checklist to account for the loading and unloading of children at every location. The statutes for FCCH's indicate a reason for denial of their application if health and safety standards exist. Additionally, we are to inspect a FCCH for health and safety concerns including transportation safety concerns, if applicable. The Department of Motor Vehicles (DMV) requires that anyone who plans to drive students in the State of South Carolina must follow their information found on their website. Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776, completed by the provider and the parent. Conditions of participation are also in the FFN Provider Agreement, DSS Form 3774.

The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There is a variation by category of care. For Group Child Care Home care, the driver of the vehicle shall not be counted in the ratios. License standards do not apply to license-exempt providers. All CCDF providers must comply with this standard. Jacob's Law indicates no 15 passenger vans shall be used. There is a variation by age of the children in that the driver of the vehicle shall not be counted in the ratios for infants or toddlers. Also, DMV has variations related to the number of children and the type of vehicle required. For Daycare, a School bus\* is required, (any size). No CDL is required, but driver will need an USDOT Medical Certificate to transport 10-15 children; and 16 or more children, a CDL is required with passenger endorsement required, either a Class B or Class C, depending on the gross vehicle weight registered of the vehicle. ABC Quality verifies compliance to precautions in transporting children of participating license-exempt providers through annual unannounced visits to verify the program's compliance to eligibility criteria using Health and Safety Inspection Visit checklist. This criterion includes: appropriate constraint of children during transport; tracking; and valid driver's license reviewed.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center Regulations: 114-505I-Transportation; Group Child Care Home

Regulation:114-515I. 63-13-830 E. 1 (a) and 63-13-840 A (1)

<http://scdmvonline.com/Driver-Services/Transporting-Students>

<http://www.scdmvonline.com/Driver-Services/Commercial-Licenses/Getting-Your-First-CDL>.

ABC Quality: ABC Quality Provider Business Procedures, XI. History of Compliance to Regulatory Requirements, B. For License-exempt Providers, 6. Transportation of Children and ABC Quality License-exempt Manual;

<https://www.scchildcare.org/library/abc-quality-documents.aspx> Non-related FFNs are monitored by ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

<http://scdmvonline.com/Driver-Services/Transporting-Students>

<http://www.scdmvonline.com/Driver-Services/Commercial-Licenses/Getting-Your-First-CDL> <http://www.scdmvonline.com/Driver-Services/Commercial-Licenses/Renew-Or-Upgrade-Your-CDL>;

ABC Quality Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. Completion of the SC Health and Safety Preservice/ECD 101 training. The course titled, Transportation Safety Basics in SC is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th Edition Chapter 10 and facilitator guide Unit 2, Section 3. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Also, DMV has variations related to the number of children and the type of vehicle required. 16 or more children, a CDL is required with passenger endorsement required, either a Class B or Class C, depending on the gross vehicle weight registered of the vehicle, a written test and a driver's test is required at the first CDL application and the renewal. License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. The Health and Safety Pre-Service training for non-related FFNs is different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related

FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Transportation Safety Basics in South Carolina." LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities. ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

### 5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All "formal" categories of ABC Quality child care meeting the definitions of child care center, license-exempt center, licensed/registered family child care home and licensed family child care group are required to have all staff supervising or caring for children meet the 15 hour ABC Quality defined Health and Safety Pre-Service Certificate and to complete CPR/PFA.

To accommodate families with difficulties finding child care to meet their needs, the LA has allowed the use of informal care providers known as Family, Friend and Neighbor. This is traditionally a more transient form of care lasting a year or less. A shorter version of the Health and Safety Pre-Service Certificate was adopted for this care type only and FFNs are allowed to choose their CPR/PFA provider. They are given 90 days to complete the Health and Safety Pre-Service Certificate and the CPR/PFA. Review of this provider type is split between SC Voucher and ABC Quality. SC Voucher enrolls the FFNs, providing them with the code for the shortened 7-hour Health and Safety Pre-Service Certificate and processes required background checks. ABC Quality assessors are notified of the new enrollment via the monthly Provider Report and make an on-site TA visit during the first 90 days of enrollment to answer any questions and review the limited requirements. Failure to complete the abbreviated Health and Safety Pre-Service Certificate and/or CPR/PFA within the initial 90-day period results in termination by SC Voucher. Following that initial 90-day period, an on-site review of the FFN is conducted by ABC Quality annually. The LA has requested federal technical assistance for guidance for this care type.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care for Licensed and registered providers. All

CCDF providers must meet this requirement and all staff responsible for caring for or supervising children must have current pediatric first aid and infant/child CPR certification. There are no variations by age of the children. ABC Quality requires all participating provider types (licensed centers, licensed-exempt centers, licensed/registered family child care homes and licensed family child care groups) as part of the eligibility criteria to have current PFACPR for all staff responsible for responsible for the supervision of children. Any new staff must have been in compliance within 90 days of hire. programs participating in ABC Quality requires that all staff responsible for the supervision of children have current PFACPR prior to enrollment and verification during the annual unannounced visit. There are no variations by category of care for Licensed and registered providers. All CCDF providers must meet this requirement and all staff responsible for caring for or supervising children must have current pediatric first aid and infant/child CPR certification. There are no variations by age of the children. ABC Quality requires all participating provider types (licensed centers, licensed-exempt centers, licensed/registered family child care homes and licensed family child care groups) as part of the eligibility criteria to have current PFACPR for all staff responsible for responsible for the supervision of children. Any new staff must have been in compliance within 90 days of hire. programs participating in ABC Quality requires that all staff responsible for the supervision of children have current PFACPR prior to enrollment and verification during the annual unannounced visit.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

SC Code of Laws: Child Care Licensing Law. 63-13-110, Understanding ABC Quality, ABC Quality License-exempt Manual; Eligibility Criteria to Participate and ABC Quality Provider Business Procedures, XI. History of Compliance To Regulatory Requirements, B. License-exempt Providers, 5. Qualified Staff.

<https://www.scchildcare.org/library/abc-quality-documents.aspx>. Non-related FFNs are monitored by ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776. SC Voucher monitors the receipt of First Aid/CPR certification for FFNs.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

For Licensed providers, 114-503 K (5) (h),

<https://www.scchildcare.org/media/59009/2018-CCC-regulations-updated.pdf>; 114-

513 K (5) (g) <https://www.scchildcare.org/media/595/114510.pdf>, Understanding ABC

Quality, ABC Quality License-exempt Manual; Eligibility to Participate,

[www.schildcare.org](http://www.schildcare.org), Library, ABC Quality Library;

<https://www.scchildcare.org/library/abc-quality-documents.aspx>. Pre-Service Training

citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For all new enrollments to ABC Quality, all provider staff supervising or caring for children must obtain the health and safety pre-service certificate prior to enrollment as part of the eligibility requirements. Individual staff being hired to supervise or be responsible for children following program enrollment and during ongoing ABC participation are allowed to complete the 15-hour health and safety pre-service certificate within 90 days of hire.

License-exempt child care centers participating in ABC Quality must meet eligibility criteria to include; all staff responsible for supervision of children must have current PFACPR, any new staff must receive certification within 90 days of hire. Certification in PFACPR is one of the requirements for staff to be considered qualified. The Health and Safety Pre-Service training for non-related FFNs if different from the 15-hour Pre-service training for the CCDF regulated and licensed exempt centers. Non-Related FFNs are required to take a seven-hour Health and Safety Pre-service training within 90 days of enrollment. This training includes a course on "Responding to Medical Emergencies." LA is re-evaluating the policy and procedures for this category of care as well as the on-going training requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities.

ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention**

## and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

For CCL, we comply by ensuring that all Licensed and Registered providers are provided a copy of Chapter 7 Statute, Domestic Relations, 63-7-310, that describes the mandatory requirements of reporting instances of child abuse and neglect at every new application and at every renewal. This information is reviewed with the provider at their pre-licensure appointment with CCL. Additionally, it is identified in statute that the child care staff professionals who are required to report instances of suspected child maltreatment. This statute 63-7-310 also address reporting by other persons, the responsibilities of institutions in making reports, standards for making a report, and confidentiality of the reporter's identity. Additionally, the CCL regulations (114-503 C (1) and 114-513 C (1)) indicate that the Center/group 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 the SC Code Annotated Section 63-7-310 which is the Domestic Relations mentioned. Also, reporting of child abuse and neglect is a mandatory requirement of the regulations under Reporting of Incidents 114-503 D.(2)(h) and 114-513 D (2)(g)for any instances of abuse and neglect by owner, director, or staff.

The ABC Quality License Exempt Manual 2020 (9/16/20) states the written mandatory policies and procedures required for participation in ABC Quality that must be met and maintained. These include written mandatory policies and procedures (including child abuse reporting requirements) as follows:

Medication policy that addresses the administration of prescription/non-prescription medication with parental consent.

- Detailed emergency medical plan that addresses medical conditions which emergency/medical care and treatment are warranted. Plan includes, steps to follow in the emergency, hospital/source of health care utilized, transportation used and emergency staffing plan.

- Emergency preparedness plan in case of fire, a natural disaster or other threatening situations that may pose a health/safety hazard.

- Child Abuse and Neglect policy identifies the procedure for reporting suspected child abuse or neglect to DSS' Office of Child Protective and Preventative Services, The Office of Out of Home Abuse and Neglect (OHAN). Policy should include, what to do when staff suspect abuse/neglect at home or facility. Procedures are outlined for training staff as mandated reporters.
- Swimming policy if program offers swimming on or off the premises. Policy includes maintaining ratios and supervision during swim activities and restrictions on the use of hot tubs, spas, or saunas.
- Transportation policy addresses supervision and ratios, written consent from parents prior to travel, drop-off/pick up plan from home and route followed during transport.
- Outdoor time policy describes the opportunity for daily outdoor play, weather permitting. Policy includes inclement weather policy. All policy requirements are detailed in the ABC Quality Provider Business Procedures. Refer to this document when developing your policies. (Page 7 of ABC Quality License Exempt Manual).

ABC Quality Provider Business Procedures (page 18)

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There is no variation in the standard. ABC Quality verifies compliance to recognition and reporting of child abuse and neglect of participating license-exempt providers through the annual unannounced visit to verify the programs compliance to eligibility criteria. License-exempt program's policies must address the Child Abuse and Neglect Law (Public Law 93-247), procedures for reporting suspected child abuse and neglect, procedures for reporting child abuse and neglect, Mandated Reporter Law Section 63-7-310, training of all staff as mandated reporters, and release of records to appropriate agencies/authorities.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For Licensed providers, 63-13-40 A, D, Center regulation 114-503 K. 1 (a) (b) (c); For Licensed GCCH, (large Family) 114-513K 1 (a)(b)(c); For small FCCH 63-13-830 C1, Children's Code, Chapter 7, <https://www.scchildcare.org/media/604/ChildrensCode->

[Article7-DomesticRelations.pdf](#), ABC Quality Provider Business Procedures, VIII. Records, 8, Policies/Requirements for License-exempt Only, Child Abuse and Neglect and ABC Quality License-exempt Manual; <https://www.scchildcare.org/library/abc-quality-documents.aspx>. Non-related FFNs are monitored by ABC Quality to ensure compliance with the standards of operation using the FFN Child Care Certification Form, DSS Form 3776.

**b. Pre-Service and Ongoing Training**

**i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.**

ABC Quality Provider Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. <https://www.scchildcare.org/library/abc-quality-documents.aspx>. The course titled , *Recognizing and Reporting Suspected Child Abuse in South Carolina* is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook *Foundations of Early Childhood: Teaching Children in a Diverse Society* by Janet Gonzalez-Mena, 6th Edition pgs. 32-33 and facilitator guide Unit 1, Section 1.Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 - 5.7.5.

**ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?**

License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement.

FFN providers are allowed 90 days to obtain the required health and safety training after enrollment. If training is not completed within the required time frame, they are terminated as a provider. The LA is re-evaluating the policy and procedures for the FFN category of care to include training requirements which include recognition of

child abuse and neglect. Part of the re-evaluation process is to catch any omissions in the training requirements. In the interim before completion of the re-evaluation process, all FFNs will be required to obtain the 15 hour health and safety pre-service training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

CCL: Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities. ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>

**5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

**a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

**i. Please enter 'NA' below**

Licensed Center Directors and Caregivers, Large Family (GCCH) and Small Family Child Care Home providers are governed by regulations requiring annual ongoing training to include child growth and development. This training is tracked by SC Endeavors in the State workforce registry. ABC Quality staff is able to review individual training records housed by SC Endeavors. ABC Quality requires the Child Care Licensing Regulations relating to training for all providers participating in ABC Quality including the license-exempt centers. Additional points can be earned in the QRIS for professional development indicators. A variety of training sessions are offered to providers (including FFN) at no charge through conference participation, online training, virtual sessions and on-site sessions. Everyone completing the initial 15-hour Health and Safety Pre-Service Certificate meets the professional development requirement for the first year. Staff can then complete an additional 12 hours of training through online ProSolutions courses to cover most of the training requirements for a second year of professional development at no cost to the participant. An online Blood Borne Pathogens course (1 hour of credit) is available to be taken annually. Note: during the introduction year, license-exempt was listed on the form as TA; it is not required.

**ii. Please enter 'NA' below**

NA

**iii. Please enter 'NA' below**

NA

**5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of**

cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

## b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Licensed Center Regulations 114-503 K 5 (b) 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 and/or health and safety excluding first aid and CPR training. The remaining hours shall come from the following areas: Curriculum, Nutrition, Special Needs, Child Guidance, Professional Development, or other areas approved by the Department, and must include blood-borne pathogens training as required by OSHA ;

(c) 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. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, Health and 16 Safety, Nutrition, Special Needs, Professional Development, Program Administration, or other areas approved by the Department, and must include blood-borne pathogens training as required by OSHA. Large Family (GCCH) 114-513 K 5 (b) The operator shall participate in at least fifteen (15) 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: Safety, Health, Nutrition, Guidance, or Professional Development and must include blood-borne pathogens training as required by the Occupational Safety and Health Administration (OSHA). (c) All staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least ten (10) clock hours of training annually. At least four clock hours shall be in child growth and development and at least four (4) clock hours shall be in curriculum activities for children 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 bloodborne pathogens training as required by OSHA. Small Family Child Care Homes <https://www.scchildcare.org/media/66224/Childcare-facilites-002-.pdf>, 63-13-825. ABC Quality: All program types (licensed child care

centers, license-exempt centers, licensed/registered family child care homes and licensed group child care homes) that participate in ABC Quality are required to complete the 15-hour Health and Safety Preservice Certification upon enrollment and within 90 days of hire for new staff. Completion of the SC Health and Safety Preservice/ECD 101 training is an Eligibility Requirement; it satisfies the Child Care Licensing requirement of 15 hours of annual training for the calendar year in which it is completed. The course titled , *Child Development Milestones: Birth to Age 12* is found in the online SC Health and Safety Preservice Certification and ECD 101 textbook Foundations of Early Childhood: Teaching Children in a Diverse Society by Janet Gonzalez-Mena, 6th Edition Chapter 11 and facilitator guide Unit 1, Section 1. Completion of the 15 hour SC Health and Safety Preservice Certificate opens an additional 12 hours of online training that can be used to meet child care licensing annual training requirements during the second year. The LA offers scholarships for ABC Quality providers to professional association conferences on an annual basis to provide ongoing training in these areas. Future plans include expansion of online training opportunities for ABC Quality caregivers and directors. Citations include: ABC Quality Provider Business Procedures; ABC Quality License-exempt Manual; Understanding ABC Quality. <https://www.scchildcare.org/library/abc-quality-documents.aspx>. Pre-Service Training citation for the non-related FFNs found in the SC Voucher Policy manual in section 5.7.3 and 5.7.5.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Small Family Child Care Homes do not specify the type of training required (Child care licensing). License-exempt providers meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually, at least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety; PFACPR is not included in the 20-hour requirement; caregivers/teachers must obtain 15 clock hours of training annually, at least one hour must be in Blood Borne Pathogens and at least two hours to health and safety; PFACPR is not included in the 15-hour requirement. LA is re-evaluating the policy and procedures for the FFN category of care to include training requirements.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

CCL: Providers receive updated information through various ways. They may receive updates in their renewal packets. We use the email system to provide related Early Care and Education updates. Information is also placed on our website for providers to review. We ensure that providers can maintain and update the health and safety practices as described above by making visits to them through information, inspections or complaints. If special opportunities arise, we are able to make contact via email and or by phone to coordinate as necessary. We have also called providers to provide updated information to them or to provide them with new training opportunities. ABC Quality: Any changes to standards regarding updates to health and safety practices are sent to license-exempt programs through, email, letters, SCDSS DECE newsletters and through contacts from assigned quality assessors. Any updated documents can be found on our website in the ABC Quality Library at <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

### **5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

a. Licensed child care centers:

15 hours

**b. License-exempt child care centers:**

License-exempt centers that participate in ABC Quality have annual training requirements. Directors/on-site supervisors must obtain 20 clock hours of training annually. At least one hour must be on Blood Borne Pathogens and at least two hours must be related to health and safety. CPR and FA are not included in the 20-hour requirement. Caregivers/teachers must obtain 15 clock hours of training annually. At least one hour must be in Blood Borne Pathogens and at least two hours to health and safety. CPR and FA are not included in the 15-hour requirement. One hour of training on Blood Borne Pathogens is required annually; this training is available for ABC Quality providers at no cost annually.

**c. Licensed family child care homes:**

All Licensed Large Family and Licensed and Registered Small Family Homes must have 10 hours.

**d. License-exempt family child care homes:**

The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care.

**e. Regulated or registered In-home child care:**

N/A

**f. Non-regulated or registered in-home child care:**

N/A

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

**a. Nutrition:**

Describe:

CCL: Center Regulations, 114-503 K 5 (c), 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. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, Health and Safety, Nutrition, Special Needs, Professional Development, Program Administration, or other areas approved by the Department, and must include blood-borne pathogens training as required by OSHA. 114-513 K 5 (c), All staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least ten (10) clock hours of training annually. At least four clock hours shall be in child growth and development and at least four (4) clock hours shall be in curriculum activities for children 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 bloodborne pathogens training as required by OSHA.

ABC Quality: Licensed child care centers and license-exempt child care centers that participate in ABC Quality are monitored upon enrollment and annually (unannounced visit) for USDA compliance. In addition, ABC Quality standards measure a program's ability to meet nutritional standards. These standards include evaluation of programs menus, policies and activities that support healthy child nutrition. ABC Quality has Health Educators that provide targeted technical assistance and professional development pertaining to nutrition. The planned use of virtual badges is a strategy to recognize high performing providers. One hour of training related to nutrition each calendar year for all staff earns one point in the ABC Quality Structural Quality section. ABC Quality Structural Quality Clarification Guide, Standard II.C.12 <https://www.scchildcare.org/library/abc-quality-documents.aspx>. The LA is re-evaluating the policy and procedures for the FFN category of care as well as the standards of care.

**b. Access to physical activity:**

**Describe:**

CCL: 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. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, Health and Safety, Nutrition, Special Needs, Professional Development, Program Administration, or other areas approved

by the Department, and must include blood-borne pathogens training as required by OSHA.

ABC Quality: Licensed child care centers and license-exempt child care centers that participate in ABC Quality are monitored upon enrollment and annually (unannounced visit) monitors areas that children use during physical activity requirements. In addition, ABC Quality standards measure a program's ability to meet physical activity. These standards include evaluation of program's daily schedules, inclement weather plans, policies and activities that support physical activity for children. ABC Quality has Health Educators that provide targeted technical assistance and professional development pertaining to physical activity. The planned use of virtual badges is a strategy to recognize high performing providers. The development of this recognition program and related virtual badge further highlights for child care providers the importance of physical activity to a child's overall growth and development. One hour of training related to children's movement/physical activity each calendar year for all staff earns one point in the ABC Quality Structural Quality section. ABC Quality Structural Quality Clarification Guide, Standard II.C.13.

<https://www.scchildcare.org/library/abc-quality-documents.aspx>. The LA is re-evaluating the policy and procedures for the FFN category of care as well as the standards of care.

**c. Caring for children with special needs:**

**Describe:**

CCL: 114-503 K 5 (e); 114-513 K 5 (d) 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. ABC Quality uses the CCL regulations as the foundation for health and safety standards for all CCDF providers. Effective immediately, addendums will be added to the ABC Quality provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABC Quality. This standard is defined through the Center and Group Child Care Home Licensing Regulations as set forth in 2018. Access to and within the center, and physical site accommodations and equipment, shall be provided for children with disabilities to meet their health and safety needs in accordance with applicable state and federal laws. ABC Quality

Program Manual addresses policies and procedures for Inclusive Practices Policy, page 16.

ABC Quality: Licensed child care centers and license-exempt child care centers that participate in ABC Quality standards measure a program's ability meet policies and procedures relating to the care of children. These standards include evaluation of program's policies pertaining to ADA guidelines and inclusion policies. The South Carolina Child Care Inclusion Collaborative (SCIC) provides training, coaching, and consultation to support the inclusion of children with disabilities in early care and education settings. SCIC uses multiple professional development methods to support programs to meet ABC Quality standards. SCIC has created online training modules related to (1) developmental screening and developmental monitoring and (2) inclusion and understanding and meeting the provisions of the Americans with Disabilities Act as they pertain to child care programs. In addition, SCIC provides program specific consultation to support the development of policies related to child guidance, developmental screening, inclusive practices. Training, coaching, and consultation are provided to programs to implement inclusive teaching practices that are aligned with the ABC Quality Intentional Teaching Tool. The LA is re-evaluating the policy and procedures for the FFN category of care as well as the standards of care.

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

114-503 K 5 (f); 114-513 K 5 (e) All staff shall receive information regarding the developmental abilities of the age group(s) with whom the teacher/caregiver will be working.

## 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

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 and for Private and Public Child Care in 2018 in the state of South Carolina. These laws and regulations ensure compliance to the health and safety requirements for licensed providers through the annual unannounced on-site inspection by CCL. All program types (licensed child care centers, license-exempt centers, licensed/registered family child care homes, and licensed family child care groups) participating in ABC Quality must meet all eligibility criteria prior to enrollment and are verified for compliance annually during the unannounced on-site visit. License-exempt centers enrolled in ABC Quality must comply with health and safety standards at the annual unannounced on-site visit. If compliance is not maintained, they will be placed on a corrective action plan.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

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 and for Private and Public Child Care in 2018 in the state of South Carolina. These laws and regulations ensure compliance to the health and safety requirements for licensed providers through the annual unannounced on-site inspection by CCL. All program types (licensed child

care centers, license-exempt centers, licensed/registered family child care homes, and licensed family child care groups) participating in ABC Quality must meet all eligibility criteria prior to enrollment and are verified for compliance annually during the unannounced on-site visit. License-exempt centers enrolled in ABC Quality must comply with health and safety standards at the annual unannounced on-site visit. If compliance is not maintained, they will be placed on a corrective action plan that could result in termination.

**c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.**

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 and for Private and Public Child Care in 2018 in the state of South Carolina. These laws and regulations ensure compliance to the health and safety requirements for licensed providers through the annual unannounced on-site inspection by CCL. All program types (licensed child care centers, license-exempt centers, licensed/registered family child care homes, and licensed family child care groups) participating in ABC Quality must meet all eligibility criteria prior to enrollment and are verified for compliance annually during the unannounced on-site visit. License-exempt centers enrolled in ABC Quality must comply with health and safety standards at the annual unannounced on-site visit. If compliance is not maintained, they will be placed on a corrective action plan that could result in termination.

#### **5.4.2 Inspections for licensed CCDF providers.**

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for

compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

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. 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. 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.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

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.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Unannounced inspections are conducted annually to regulated child care facilities. A designated inspection checklist is used and includes regulatory requirements that are considered most critical to children's safety and well-being that statistically indicate compliance with the all of the regulatory requirements. These visits may also require additional unannounced follow up visits to ensure compliance concerns are resolved. The child care regulations include Fire Safety regulations that are checked at the annual inspections in a child care center related to the physical site at the center. There are also regulations that discuss Fire Safety and Emergency preparedness. Fire code regulations are also checked as it relates to the Infant Care whether the infant room has the appropriate capacity and if all of the infants are in the designated rooms as indicated by the Fire Marshal. The regulations indicate that private and public childcare centers shall comply with the regulations and codes of the State Fire Marshal and they are accounted for in the annual inspection of a child care center.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### **b. Licensed CCDF family child care home**

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

Group Child Care Homes- After giving the applicant at least two working days' notice, Department staff shall arrange a licensing study during an on-site visit to the proposed group child care home to determine compliance with applicable regulations. Health and fire officials shall inspect the group child care home to determine compliance with appropriate regulations and shall put in writing on appropriate forms the results of their inspections. The Department shall review the completed application form, completed licensing 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.

Licensed Family Child Care Homes- After giving the applicant prior notice, Department staff shall make an on-site visit to the proposed family daycare home to determine compliance with appropriate regulations by completing a licensing/approval study. Health and fire officials shall inspect the facility to determine compliance with appropriate regulations and shall put their results in writing on the appropriate forms. Department staff shall review the findings of the complete application.

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."

[ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.](#)

i. 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.

[iii. Identify the frequency of unannounced inspections:](#)

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Unannounced inspections are conducted annually to regulated child care facilities. A designated inspection checklist that is used and includes regulatory requirements that are considered most critical to children's safety and well-being that statistically indicate compliance with the all the regulatory requirements. The designated checklist also includes checking to ensure the registered family provider has smoke detectors and fire extinguishers present. If the FCCH is licensed, then a full fire inspection is conducted by the DSS Fire Marshal pursuant to their renewal which is conducted every two years. Group Child Care Homes are licensed and therefore, they are inspected by the Fire Marshal at their renewal as well which is based on the regulations. These visits could also require additional follow up visits to ensure compliance concerns are resolved.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Statute 63-13-80 (A); Regulations 114-512A (3)(4)(5), Regulation 114-512C (1)(2)(3); Regulations 114-528 E (4)(5)(6).

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

N/A

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

N/A

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

N/A

### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Child Care Licensing is responsible for conducting pre-licensure and unannounced inspections for all licensed CCDF providers.

### **5.4.3 Inspections for license-exempt center-based and family child care providers.**

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

ABC Quality conducts an on-site Health and Safety Inspection to ensure the compliance of health, safety and fire standards. The Health and Safety Inspection includes inspection of areas pertaining to current training hours of staff, child: teacher ratios, supervision of children transportation, environmental hazards indoors and outdoors, food storage, preparation and safety, and serious injury and/death to child. This inspection includes looking at the environment, policies and procedure, and program records. This inspection is a requirement for participation as part of ABC Quality's eligibility criteria. License-exempt child care centers participating in ABC Quality are inspected prior to enrollment and during the programs annual unannounced on-site visit. Health and Safety Inspections are posted on the website.

i. Provide the citation(s) for this policy or procedure

ABC Quality License-exempt Manual, Eligibility Criteria and ABC Quality Provider Business Procedures, IX. Quality Assessment Visits and Scores, Center-Based Providers. C. License-exempt Only. <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

License-exempt family child care CCDF providers are not considered a part of ABC Quality, the state quality rating and improvement system. These providers are described in South Carolina as family, friend, or neighbor (FFN) and are allowed by SC Voucher as a choice for families having difficulty locating formal child care arrangements or other extenuating circumstances. FFNs are allowed to care for the children of one family only; rates are set at the lowest payment rate; there is no marketing on the website for this care type. Caregivers serving children from two or more families are required to become registered with CCL. Differential requirements and monitoring is used. Differential requirements and monitoring is required. An abbreviated online health and safety course was developed by the contractor for the SC Health and Safety Preservice Certificate for

this group. The protocol for reviewing this provider type is for SC Voucher to enroll the provider and give them the code for the abbreviated online health and safety course. ABC Quality is notified of the new provider and makes contact to make a visit to go over policies, review the abbreviated monitoring tool developed for this setting, answer any questions, and remind the FFN that the health and safety preservice course is required to be completed within 90 days of providing services. If the FFN does not complete the health and safety preservice course within the 90-day period, SC Voucher terminates the provider. ABC Quality conducts a review following the initial 90-day period for those who complete the Health and Safety Preservice Certificate. Successful completion of requirements is very low and participation and compliance for this care type fluctuates but remains low. This is an area that will be addressed critically to formalize the procedures to be used.

**i. Provide the citation(s) for this policy or procedure**

The LA is re-evaluating the policy and procedures for this category of care as well as the standards of care Non-related FFNs are monitored for compliance with background checks, CPR/First Aid certification and Health and Safety Pre-Service Training. Citation in the SC Voucher Policy manual in section 5.7.3 and 5.7.5.

#### **5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more

frequently than once per year, and if differential monitoring procedures are used.

The LA is re-evaluating the policy and procedures for the FFN category of care to include standards of care, training requirements and monitoring requirements. Technical assistance has been requested.

b. Provide the citation(s) for this policy or procedure.

The LA is re-evaluating the policy and procedures for the FFN category of care to include standards of care, training requirements and monitoring requirements. Technical assistance has been requested.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

ABC Quality staff are responsible for conducting inspections of license-exempt non-relative in-home providers.

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

The LA 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 LA 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 National Association for Regulatory Administration (NARA). CCL has also conducted training internally based on NARA's curriculum for training staff. ABC Quality: ABC Quality assessors are hired in the position of Program Coordinator II within DECE in the ABC Quality office of SCDSS. The preferred requirement for the position is a Master's degree in early childhood education or related field. ABC Quality assessors are trained one on one upon hire on manuals, standards, health and safety inspections, Business Procedures, and other key documents. They shadow multiple assessors, conduct parallel assessments, complete inter-rater reliability, and prepares to conduct reviews independently with cell phone access to senior staff if there is an unusual scenario not encountered during training. They must have a broad understanding of developmentally appropriate practice and best practice observed in a wide variety of settings and quality levels. They must master the Process Quality assessment tool which is an intensive on-site observation tool for classrooms of children age birth through 12 years, a Structural Quality portfolio that addresses key elements of program policies and procedures, and mandatory Eligibility Requirements. They must conduct reviews using a tablet pc and master an integrated data system to enter their findings. ABC Quality assessors are provided regular updates and changes at monthly staff meetings or called meetings. A protocol is followed for inter-rater reliability on a continuing basis to assure consistency of reviews.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

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 National Association for Regulatory Administration (NARA). CCL has also conducted training internally based on NARA's curriculum for training staff. Training is provided on 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 National Association for Regulatory Administration (NARA). CCL has also conducted training internally based on NARA's curriculum for training staff. The training that is provided to staff addresses the regulations which is crucial to inspecting the child care facilities across the state. The Licensing Specialist's role is to enforce the regulations to ensure that providers meet the health and safety requirements set forth in the regulations for all licensed and registered provider settings and for children of all ages 0-12 years old. ABC Quality assessors are trained one on one upon hire on manuals, standards, health and safety inspections, Business Procedures, and other key documents. They shadow multiple assessors, conduct parallel assessments, complete inter-rater reliability, and prepare to conduct reviews independently with cell phone access to senior staff if there is an unusual scenario not encountered during training. They are

trained to have a broad understanding of developmentally appropriate practice and best practice observed in a wide variety of settings, age groups, and quality levels. They must master the Process Quality assessment tool which is an intensive on-site observation tool for classrooms of children age birth through 12 years, a Structural Quality portfolio that addresses key elements of program policies and procedures, and mandatory Eligibility Requirements. They must conduct reviews using a tablet pc and master an integrated data system to enter their findings. ABC Quality assessors are provided regular updates and changes at monthly staff meetings or called meetings. A protocol is followed for inter-rater reliability to complete the initial training and then on a continuing basis to assure consistency of reviews.

**c. Provide the citation(s) for this policy or procedure.**

There is no statutory requirement at the state level. Authorized position classifications found in the State government system.

The LA hires CCL licensing specialists in the positions of Human Service Specialist II within DECE in the CCL Office of SCDSS. Position descriptions are developed from the Human Service Specialist II classification within the State government system. Additionally, South Carolina was selected to participate in the Best Practices in Child Care Regulation, phase two individualized technical assistance opportunity offered by the ECQA Center in partnership with ECQA's consultants at the National Association for Regulatory Administration (NARA) which began in June 2018. From this TA, we developed an Orientation Process for the Division of Early Care and Education for the onboarding of newly hired staff in the Division.

ABC Quality assessors are hired in the position of Program Coordinator II within DECE in the ABC Quality office of SCDSS. The preferred requirement for the position is a Master's degree in early childhood education or related field. Position descriptions are developed from the Program Coordinator II classification within the State government system. Position Description approved by LA Human Resources provided.

**5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective**

**inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Numbers presented above are for the ratio of child care licensing inspectors to child care providers only. ABC Quality is currently restructuring its organizational structure due to a complete revision of the ABC Quality Program Standards, development of a new integrated data system, commitment to inter-rater reliability and significant increases in provider enrollments during the pandemic. As of May 2021, there were 17 Quality Assessors and 1,146 programs currently enrolled in ABC Quality. This places the average caseload at 67 programs. Approximately 100 Head Start programs were anticipated to enroll by the end of September 2021. This would increase the caseload size to 73. Child Care Licensing establishes caseload sizes by best practices recommended by the National Association of Regulatory Agencies (NARA). Each program that is assessed by ABC Quality receives a detailed report on the program as a whole (Structural Quality) as well as each classroom observation (Process Quality). At least 4 anchors are also needed to assure reliability. Recommendations to the LA include a caseload of no more than 50 programs, similar to Child Care Licensing. To adequately ensure timely and quality visits, it is estimated that a minimum of 25 Quality Assessors and 4 anchors are needed as well as other staff to support the varied responsibilities of ABC Quality. Continued growth will require recalculations.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Licensing and Public Regulation of Early Childhood Programs - A position statement of the National Association for the Education of Young Children. Adopted 1983; revised 1992 and 1997

National Association of Regulatory Agencies (NARA)

There is no citation available by the LA at this time. It is under development.

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

### a. Components of In-State Background Checks

#### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check**

**components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

63-13-40

All other providers eligible to deliver CCDF Services

Citation:

63-13-40

### **5.5.2 Procedures for a Provider to Request a Background Check.**

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The provider will send the child care staff for fingerprint scans with our Vendor. The provider must also have the staff person complete the DSS Form 1706, which provides demographic information and information regarding where the staff may have lived in the previous 5 years. This form is sent to the DSS Office of Inspector General. The vendor sends the digital scans to the FBI and to the SC Law Enforcement Division. At the Vendor, a picture identification is required to complete the digital scan. This digital scan is forwarded electronically to the FBI and to the SC Law Enforcement Division who later submits the applicant's RAP sheet to our Office of Inspector General to research. The results of those scans are forwarded to the DSS Office of Inspector General for review and research against the prohibition set forth in the law. If the DSS form 1706 is a form to help complete an extensive background check with NCIC that includes information that if the child care staff has lived in another state, the DSS Office of Inspector General will research their information with the states listed on the DSS form 1706. Once the

information is received, the provider and the child care staff member are notified of the results and that staff person's ability to work in child care is indicated.

For the abuse and neglect central Registry and database check: The provider will send the child care staff's completed DSS Form 2924, Consent to Release Statement and Compliance, (or a DSS Form 2924 ABC, or the DSS Form for FFNs) which gives consent for us to check the central registry and universe database in SC. and in another state if they If the staff person listed any addresses on this form that includes from another state, a request is made to that state . The abuse and neglect records are checked for SC and if the results are clear, we will provide the child care provider a letter provisionally clearing the child care staff to work until the results from the other state where they lived previously are returned. We send the request to the state where the child care staff member may have lived for a review of their records. If the review of the records from the other State is clear, we will provide the child care provider a letter fully clearing the child care staff abuse and neglect check. If at any point the staff person received an unfavorable result or if the person is listed in SC or the other state that staff person will be unable to work in child care.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The SC State Law Enforcement Division is responsible for setting the cost of fingerprint background checks that are based on the SC Code of Laws. The state fingerprinting vendor must comply with these charges. 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>.

Centers

CHILD CARE BACKGROUND CHECK FEES SCHEDULE, effective JUNE 2019

Facility Status SLED Fees FBI Fees Live Scan Fees Total Cost

For Profit(regular) \$13.25 \$13.25 \$13.50 \$40.00  
 For Profit (volunteer) \$11.25 \$11.25 \$13.50 \$36.00  
 Non-Profit, charitable (regular) \$8.00 \$13.25 \$13.50 \$34.75  
 Non-Profit, charitable (volunteer) \$8.00 \$11.25 \$13.50 \$32.75

FCCH/GCCH CHILD CARE BACKGROUND CHECK FEES SCHEDULE, effective JUNE 2019

Facility Status	SLED Fees	FBI Fees	Live Scan Fees	Total Cost
FCCH & GCCH(regular)	\$13.25	\$13.25	\$13.50	\$40.00
FCCH & GCCH (volunteer)	\$11.25	\$11.25	\$13.50	\$36.00

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

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 and the SLED or Federal Bureau of Investigation fingerprint-based background checks, until such time as the remaining fingerprint-based background check 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, and in the presence of a nonprovisional employed person at all times when providing direct care to children. 63-13-40 D (5).

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

As a part of the comprehensive background check process the Office of Inspector General (OIG) reviews the DSS Form 1706 to determine if staff have lived in another

state within the previous 5 years. If they have the previous address, the OIG will conduct all background checks in all previous states indicated.

For the Fingerprint check: The provider will send the child care staff for fingerprint scans with our Vendor. The provider must also have the staff person complete the DSS Form 1706, which provides demographic information and information regarding where the staff may have lived in the previous 5 years. This form is sent to the DSS Office of Inspector General. The vendor sends the digital scans to the FBI and to the SC Law Enforcement Division. The results of those scans are forwarded to the DSS Office of Inspector General for review and research against the prohibition set forth in the law. If the DSS form 1706 is a form to help complete an extensive background check with NCIC that includes information that if the child care staff has lived in another state, the DSS Office of Inspector General will research their information with the states listed on the DSS form 1706. Once the information is received, the provider and the child care staff member are notified of the results and that staff person's ability to work in child care is indicated.

For the abuse and neglect central Registry and database check: The provider will send the child care staff's completed DSS Form 2924, Consent to Release Statement and Compliance, (or a DSS Form 2924 ABC, or the DSS Form for FFNs) which gives consent for us to check the central registry and universe database in SC. and in another state if they If the staff person listed any addresses on this form that includes from another state, a request is made to that state . The abuse and neglect records are checked for SC and if the results are clear, we will provide the child care provider a letter provisionally clearing the child care staff to work until the results from the other state where they lived previously are returned. We send the request to the state where the child care staff member may have lived for a review of their records. If the review of the records from the other State is clear, we will provide the child care provider a letter fully clearing the child care staff abuse and neglect check. If at any point the staff person received an unfavorable result or if the person is listed in SC or the other state that staff person will be unable to work in child care.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only

covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

For In-state and out of state Fingerprint check: All licensed center, group child care homes (large family child care) and Licensed family child care homes may be renewed upon application and approval every 2 years. All registered family child care homes may be renewed according to the procedures developed by the department every year. During the renewal process for all licensed and registered providers, a review of the providers fingerprint information is reviewed. All fingerprint information must be current before a licensed can be issued. Additionally the CCSS Licensing database will notify the Licensing Specialist if a fingerprint of a provider in their caseload has expired. The Licensing Specialist will notify the provider in writing 60 days prior to the expiration to allow the provider time to get the fingerprint completed and to avoid delays in the issuance of their License. The provider will then send the staff for fingerprint scans with our vendor. The provider must also have the staff person complete the DSS Form 1706, which provides demographic information and information regarding where the staff may have lived in the previous 5 years. This form is sent to the DSS Office of Inspector General. The vendor sends the digital scans to the FBI and to the SC Law Enforcement Division. The results of those scans are forwarded to the DSS Office of Inspector General for review and research against the prohibition set forth in the law. If the DSS form 1706 includes information that the child care staff has lived in another state, the DSS Office of Inspector General will research their information with the states listed on the DSS form 1706. Once the information is received and cleared, the provider and the child care staff member are notified of the results and that staff person's ability to work in child care is indicated. If the results do not clear the staff person, then the provider is sent a letter indicating that the child care staff is excluded from working. The Licensing Specialist follows up with the provider if a staff person is excluded to get written notification that the provider is aware and also that this excluded person cannot be employed.

For the abuse and neglect central Registry and database check: All licensed center, group child care homes (large family child care) and Licensed family child care homes may be renewed upon application and approval every 2 years. All registered family child care homes may be renewed according to the procedures developed by the department every year. During the renewal process for all licensed and registered providers, a check

of the abuse and neglect central registry and database check is performed. The provider will send the child care staff's completed DSS Form 2924 (or a DSS Form 2924 ABC, or the DSS Form for FFNs) which gives consent for us to check the central registry and database in SC and in another state if they listed any addresses on this form that includes another state. The abuse and neglect records are checked for SC and if the results are clear, we will provide the child care provider a letter provisionally clearing the child care staff to work until the results from the state where they lived previously are returned. We send the abuse and neglect request to the state where the child care staff member may have lived for a review of their records. If the review of the records from the other State is clear, we will provide the child care provider an letter fully clearing the child care staff abuse and neglect check. If the results do not clear the staff person, then the provider is sent a letter indicating that the child care staff is prohibited from working. The Licensing Specialist follows up with the provider if a staff person is excluded to get written notification that the provider is aware and also that this excluded person cannot be employed.

[f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.](#)

If a child care staff or provider are separated from employment for more than 180 consecutive days, they are required to get a complete and full background check review as per the law 63-13-40 D (6). It reads: The results of the fingerprint-based background checks are valid and reviews are to be repeated every five years. The fingerprint checks must be repeated if a person is not employed by or does not provide caregiver services in a childcare center, group childcare home, family childcare home, church or religious childcare center, or childcare provider that delivers services for which Child Care and Development Fund financial assistance is provided for six months or longer.

The child care staff must complete new comprehensive background checks which includes a fingerprints reviews and an abuse and neglect central registry and database check prior to employment if their last day of employment shows a break in service longer than 6 months. The licensing specialist confirms the last day of employment with the last provider before any background checks can be transferred. Additionally, the licensing database maintains personnel history to include background check information (fingerprint and child abuse and neglect), all providers where that person has worked, and start and ending dates of employment. If this database shows a person's ending

dates of employment were beyond 6 months, then the licensing specialist notifies the provider that this staff person will need to have new comprehensive background checks completed before working.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://www.scchildcare.org/providers/background-checks.aspx>

### **5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.**

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The in-state criminal registry or repository checks are currently conducted for all new and

existing child care staff in the Upstate Region and the Midland's Region including licensed-exempt CCDF eligible providers. We experienced a delay in completing the re-fingerprint check of existing providers in the Lowcountry and Pee Dee Regions of the state due to COVID-19 pandemic, however, we anticipate completing those areas by September 2021. The Comprehensive Criminal Background Check law passed and in May 2019. This new state law brought our state law in alignment with the Federal CCDF regulations. The Child Care Licensing (CCL) database named CCSS also allows licensed-exempt providers enrolled in the ABC Quality program to obtain fingerprints processed through the electronic fingerprinting system and properly linked back to the SCDSS Office of Inspector General's (OIG) database which properly links to the appropriate childcare provider file in the CCSS. A Questionnaire (CCDBG Criminal Background Check Questionnaire, DSS Form 1706) was also developed by OIG for directors, caregivers/staff, emergency person or household member (depending on the type of child care arrangement) to complete upon requesting a background check. This form captures information about all the states the person has lived in the previous five years. The form is currently to be mailed or emailed to the OIG office at SCDSS within two days of completing the digital fingerprint scan. When OIG obtains the fingerprint results from (SLED), they are paired with the person's Questionnaire. If there are additional states listed on the Questionnaire, the OIG staff gather additional Background Check results from those states as appropriate and updates are made to the CCSS Integrated system. The results are then mailed or emailed to the provider and the child care staff member which notifies them of their eligibility to work in child care. We are currently working on a process to automate the collection of the information from the DSS Form 1706 for easier collection of provider/caregiver/teacher information as well as easier processing of the information collected to streamline the process for providing the results of the comprehensive background check.

Yes we will be in compliance by September 30, 2021.

[b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

N/A

[c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. \(Note this response should detail how a state](#)

conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The interstate criminal registry or repository checks are currently being conducted for all new and existing child care staff in the Upstate Region and the Midland's Region including licensed-exempt CCDF eligible providers. We experienced a delay in completing the re-fingerprint check of existing providers in the Lowcountry and Pee Dee Regions of the state due to COVID-19 pandemic, however, we anticipate completing those areas by September 2021. The Comprehensive Criminal Background Check law passed and in May 2019. This new state law brought our state law in alignment with the Federal CCDF regulations. The Child Care Licensing (CCL) database named CCSS also allows licensed-exempt providers enrolled in the ABC Quality program to obtain fingerprints processed through the electronic fingerprinting system and properly linked back to the SCDSS Office of Inspector General's (OIG) database which properly links to the appropriate childcare provider file in the CCSS. A Questionnaire (CCDBG Criminal Background Check Questionnaire, DSS Form 1706) was also developed by OIG for directors, caregivers/staff, emergency person or household member (depending on the type of child care arrangement) to complete upon requesting a background check. This form captures information about all the states the person has lived in the previous five years. The form is mailed or emailed to the OIG office at SCDSS within 2 days of completing the digital fingerprint scan. When OIG obtains the fingerprint results from (SLED), they are paired with the person's Questionnaire. If there are additional states listed on the Questionnaire, the OIG staff will gather additional Background Check results from those states as appropriate and updates are made to the CCSS Integrated system. The results are then mailed or emailed to the provider and the child care staff member which notifies them of their eligibility to work in child care. We are currently working on a process to automate the collection of the information from the DSS Form 1706 for easier collection of provider/caregiver/teacher information as well as easier processing of the information collected to streamline the process for providing the results of the comprehensive background check.

Yes we will be in compliance by September 30, 2021.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

If all components of a background investigation are not received within the 45-day time frame, the background investigator contacts the facility and/or the applicant to obtain the missing information by phone, email, or both. If the information is not received within 5 business days, the background investigator makes a second request for the information. The facility is given 5 additional business days to provide the information/documentation. If not received within the requested time frame, the background investigation is closed as unresolved, and the person would not be allowed to work in the child care facility.

**e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.**

For Fingerprint and NCIC checks: The staff member is provided a "Safe Form" from the provider and they must make an appointment to the vendor in SC for a fingerprint check. The DSS Form 1706 which is a questionnaire to gather demographic information and addresses must be submitted to the Office of Inspector General within 2 days of the fingerprint is completed. The OIG obtains the fingerprint results from the South Carolina Law Enforcement Division (SLED) and conducts the research for SC and for their state of residence. If the results are clear, this information is provided to the provider and the child care staff person. If the results are unfavorable, the provider and the child care staff person is sent a letter indicating they are excluded.

For Abuse and Neglect and sex offender check: The provider will send the child care staff's completed DSS Form 2924 (or a DSS Form 2924 ABC, or the DSS Form for FFNs) which gives consent for us to check the central registry in SC and in another state if they listed any addresses on this form that includes another state. The abuse and neglect records are checked for SC and if the results are clear, we will provide the child care provider a letter provisionally clearing the child care staff to work until the results from the state where they lived previously are returned. We send the request to the state where the child care staff member lives for a review of their records. If the review of the records from the other State is clear, we will provide the child care provider an letter fully clearing the child care staff abuse and neglect check.

#### 5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

#### 5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state

entity for civil purpose (i.e., for purposes of determining employment eligibility).

All information released due to civil fingerprint searches follows guidelines and requirements for the National Prevention and Privacy Compact Council. South Carolina has ratified this compact and adheres to the by-laws contained in the charter. South Carolina is an open record state, criminal history name-based searches can be performed directly to the state system via the fee-based web access for the public."

#### b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

If a person currently resides in another state, previously lived in SC, and seeking employment in child care, the staff person will need to complete the appropriate DSS Form regarding a Release of Information for Out of State Agencies. This form also includes a Sex Offender check. Once this form is received back from the State with the appropriate fee, we will process the request. They are provided the results of the check as to whether they are clear or not clear typically within 5 days after receiving their request.

#### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

If a person currently resides in another state, previously lived in SC, and seeking employment in child care, the staff person will need to complete the appropriate DSS Form regarding a Release of Information for Out of State Agencies. Once this form is received back from the State with the appropriate fee, we will process the request. They are provided the results of the check as to whether they are clear or not clear typically within 5 days after receiving their request.

## 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

**Note: The links provided below should be a part of your consumer education website identified in 2.3.11.**

### **a. Interstate Criminal Background Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email

- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.scchildcare.org/providers/background-checks.aspx>.

Information on obtaining an Interstate background check will be added to new website as of 10/01/21.

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms

ix. Fees

Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.scchildcare.org/providers/background-checks.aspx>

Information on obtaining an Interstate background check will be added to new website as of 10/01/21.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

i. Agency Name

ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

iii. Address

iv. Phone Number

v. Email

vi. FAX

vii. Website

viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

ix. Forms

x. Fees

xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.scchildcare.org/providers/background-checks.aspx>.

**5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).**

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

(A)(1) A licensed, approved, or registered childcare facility, or any childcare provider that delivers services for which Child Care and Development Fund financial assistance is provided, may not employ a childcare caregiver or other staff member if that person is required to register or is registered with the National Crime Information Center National Sex Offender Registry, the state sex offender registry pursuant to Section 23-3-430, or the Central Registry of Child Abuse and Neglect or has been convicted of: (a) a crime listed in Chapter 3, Title 16, Offenses Against the Person; (b) a crime listed in Chapter 15, Title 16, Offenses Against Morality and Decency; (c) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490; (d) unlawful conduct toward a child, as provided for in Section 63-5-70; (e) cruelty to children, as provided for in Section 63-5-80; (f) child endangerment, as provided for in Section 56-5-2947; (g)(i) 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 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; (ii) 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 6 § 63-13-40 SOUTH CAROLINA CHILDREN'S CODE childcare home, family childcare home, or church or religious childcare center; (iii) 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; (h) the offenses enumerated in Section 16-1-10(D) if the crime was a felony or if the victim was a minor; (i) a violent crime listed in Section 16-1-60 if the crime was a felony or if the victim was a minor; or (j) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law. (2) 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. Additionally, 63-13-1110. Sex offender employment

prohibitions. (A) Notwithstanding another provision of law to the contrary, it is unlawful for a person required to register pursuant to Article 7, Chapter 3, Title 23 to work for any person or as a sole proprietor, with or without compensation, at any location where a minor is present and the person's responsibilities or activities would include instruction, supervision, or care of a minor or minors, unless his employment or volunteer service is approved by a circuit court order and recorded in his sex offender registry file. (B) All court costs and fees associated with the provisions contained in subsection (A) must be paid by the offender. (C) A person who violates this provision is guilty of a felony and, upon conviction, must be imprisoned not more than five years.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The provider is informed if the applicant is eligible to work or that they are excluded from working for the fingerprint information. For CAN, they are informed that the provider is clear to work or is prohibited to work.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

SC Child Care Licensing law mandates that 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 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; (ii) 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 6 § 63-13-40 SOUTH CAROLINA CHILDREN'S CODE childcare home, family childcare home, or church or religious childcare center; (iii) 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.

### **5.5.8 Appeals Processes for Background Checks**

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights

available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

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. The Abuse and Neglect appeal process requires the staff person to reach out to the county that indicated their case for abuse and neglect for appeal of what is determined in the abuse and neglect registry. If an error is determined, it will be corrected as necessary, upon review. Additionally, if they need to appeal the SOR, they must do so in the county or city by which they were determined.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

If the child care staff needs to appeal the results, they may do so by notifying the Office of Inspector General within the SC Department of Social Services and the State Law Enforcement Division. The Office of Inspector General will provide a letter to the applicant which provides information on how to challenge the record on file through the FBI. They must notify OIG by phone within 15 days of the staff persons notification they want to challenge the completeness and accuracy of the results.

### c. Interstate Child Abuse and Neglect (CAN) Registry Check:

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 Inspector General within the SC Department of Social Services and the State Law Enforcement Division. The Abuse and Neglect appeal process requires the staff person to contact the State that indicated their case for abuse and neglect for appeal of what is determined in the abuse and neglect registry. If an error is determined, it will be corrected as necessary, upon review. Additionally, if they need to appeal the determination, they must do so in the county or city by which the case was determined.

When there's an unfavorable result the State provides an appeal or ways to contact them for the history.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.

- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

### **5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)**

- a. Relative providers are exempt from all health and safety standard requirements

- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

### **5.6.3 Health and Safety Training (as described in Section 5.3)**

- a. Relative providers are exempt from all health and safety training requirements.

- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

### **5.6.4 Monitoring and Enforcement (as described in Section 5.4)**

- a. Relative providers are exempt from all monitoring and enforcement requirements.

- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency
  - iv. FBI fingerprint check
  - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. 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. During the upcoming plan period, SC Endeavors will convene a work team in the spring of 2022 to begin developing plans to review and update the Core Competencies as appropriate. The document may be downloaded from the SC Endeavors website: <https://www.scendeavors.org/resources/publications/>. This document will be evaluated for revisions during this plan period.

**ii. Career pathways. Describe:**

The career pathway is one element in the plan for a comprehensive professional development system for early care and education professionals in SC, including a training registry, core competencies, training opportunities, and other professional development resources available through the state's Workforce Registry within SC Endeavors. Since implementing the workforce registry in November 2019, in coordination with key stakeholders, SC developed a new career ladder to assist professionals in charting their progress in education. The career ladder provides a structure based on academic coursework for individuals to obtain levels based on formal education. The ladder also encompasses the state's early childhood credentials. Within this plan period, SC Endeavors will continue to expand the use of the career ladder placements within the system.

**iii. Advisory structure. Describe:**

SC Endeavors 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 our early childhood workforce. Early Childhood Coordinators from all sixteen technical colleges work collaboratively with staff at SC Endeavors 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. In addition, SC Endeavors has been involved

with T.E.A.C.H. National to form a group of stakeholders regarding barriers to higher education. The group meets regularly and determines goals to work collaboratively for resolutions. The year two group has been formed and is now called Moving the Needle.

#### [iv. Articulation. Describe:](#)

As a means to promote college coursework and ECE Advance Degrees for child care staff who work with children, SC Endeavors 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 ten articulation agreements with the following colleges and Universities: University of South Carolina - Columbia, Columbia College, Southern Wesleyan University, University of South Carolina - Upstate, University of South Carolina - Aiken, Francis Marion University, Lander University, Coastal Carolina University, Newberry College, and Winthrop University. One of the goals of the Moving the Needle workgroup is to increase and update articulation agreements. During this plan period, the LA (SC Endeavors) has given priority to renew and reestablish articulation agreements with technical colleges and four-year institutions.

#### [v. Workforce information. Describe:](#)

SC Endeavors is the professional development entity for South Carolina. The expanded system documents the training, education, and experience within SC's workforce. Child Care professionals working in regulated programs are required to meet South Carolina Department of Social Services (DSS) licensing obligations, which require documented contact hours. To ensure compliance, the registry system 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. In November 2019, SC Endeavors implemented the state's first ever workforce registry which expanded the role from training registry to workforce registry to include comprehensive information regarding education and employment. The enhanced system was developed using the software development expertise of New World Now. During this plan period, SC Endeavors will continue to enhance features of the workforce registry to improve the user experience, as well as provide streamlined processes for staff, stakeholders, and for data collection.

vi. Financing. Describe:

The state's professional development system is fully funded with CCDF funds.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

SC Endeavors documents all training hours within the registry system through an approval process. A variety of college courses have been approved for professional development credit in the system. All online training provided free of charge by the LA offers CEU credit. Certified trainers and International Accreditor for Continuing Education and Training (IACET) accredited training providers can display courses within the online training calendar. Many IACET accredited training vendors also provide CEU credits. SC's Health and Safety Pre-service Training hours are documented in the registry system. CEUs are offered that child care providers can use to meet CCL training hours requirements. The training is provided at no cost to child care providers.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

SC Endeavors provides opportunities for all trainers and technical assistance providers to enhance their skills by attending annual professional development opportunities on a variety of adult learning topics. In addition, SC Endeavors provides an annual Early Childhood Leadership Institute for the 16 technical colleges to collaborate on early childhood workforce needs and issues. Finally, the T.E.A.C.H. Advisory board is a group of diverse stakeholders including representatives from the DECE LA, State Technical College system, private child care providers, Head Start, and DECE funded partners. This group meets bi-annually to discuss updates and needs of the workforce.

- iii. Other

Describe:

**6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.**

The infrastructure for the state's training registry for child care directors was created in 1992 as the SC Center for Child Care Career Development (CCCCD). The training registry was expanded to include registries for child care directors and caregivers, trainers and technical assistance providers, the TEACH scholarship program, the early childhood credentialing, and related professional initiatives; all built on the initial foundation. It was developed under the leadership of Health and Human Services Finance Commission (the original designated Child Care Administrator lead agency). The CCCC training registry enhanced the child care licensing regulations by providing a systematic infrastructure to manage required annual training for child caregivers and directors.

In November 2019, CCCC was re-named SC Endeavors and launched the state's first workforce registry, expanding the role in professional development initiatives. The new system provides enhanced features for documenting training and technical assistance, tracking the education and employment information of the workforce, and serves as a central hub for additional features including the ABC Quality Rating System module and the SC CCR&R module. The robust reporting features will inform the DECE about services being offered and the child care workforce, provide information that can be used to create opportunities to enhance initiatives, determine gaps in services, and create additional policies and/or programs that will help guide decisions about program effectiveness. In addition, SC Endeavors convenes leading early childhood professionals from across South Carolina to attend the annual Early Childhood Institute. Discussions center around professional development of the early childhood workforce. Discussions and information sharing during the Institute are used to inform DECE's decisions about the professional development framework. The SC State Advisory Council on Early Childhood is staffed by SCFS office. During the past two years, the council has progressed in becoming established and coordinating with other ECE private and public entities. SC Endeavors has been involved with T.E.A.C.H. National to form a group of stakeholders regarding barriers to

higher education to include representatives from SCFS, Head Start, Higher Education, Technical Colleges, and child care providers. Some of these representatives are a part of the ECAC. The group meets regularly and determines goals to work collaboratively for resolutions. The year two group has been formed and is now called Moving the Needle.

In addition, SC Endeavors has been involved with T.E.A.C.H. National to form a group of stakeholders regarding barriers to higher education to include representatives from SCFS, Head Start, Higher Education, Technical Colleges, and child care providers. Some of these representatives are a part of the ECAC. The group meets regularly and determines goals to work collaboratively for resolutions. The year two group has been formed and is now called Moving the Needle. One major goal of this group is to revise the articulation agreements between the technical colleges and universities in SC.

The ECAC will be consulted to ensure all members of the State Advisory Council are aware of the Professional Development system and to allow for input into the system.

### **6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).**

The state's Early Care and Education Professional Development System is managed by the SC Endeavors which is a department within the DECE and is fully funded by the LA. The professional development system includes the Teacher Education and Compensation Helps (T.E.A.C.H) scholarship program and the SC Early Care & Education Credentialing system. The T.E.A.C.H. scholarship program provides funding for individuals 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. 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. During the previous plan period, T.E.A.C.H. created a laptop grant program to provide recipients with computers to complete coursework. T.E.A.C.H. will continue to explore ways to expand this program to increase technology access for course completions. The South Carolina Early Care and Education Credentialing system provides a foundation in early

childhood coursework and recognition of completed professional development. Coursework required to earn credentials is offered through 16 technical and community colleges. Individuals who work in a regulated child care program and complete leveled credentials through the technical colleges, are eligible to apply for financial incentives through the Smart Money Bonus program. By providing resources, recognition and guidance to individuals and programs that serve young children in South Carolina, SC Endeavors 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 all our state's children and their families. With PDG funds, we were able to implement a pilot "Building for our Future." In March 2020, SC Endeavors launched the expanded career ladder through a pilot with ABC Quality. The goal is to continue expanding the use of the career ladder so that individuals can be acknowledged for their educational achievements and provide a roadmap for increasing their education. The data received through participation in the career ladder can help DECE explore ways to compensate individuals for participating, increasing education, and remaining within the field.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be 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 funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### 6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

All content-based certified training for LA credit hours must be cross walked to the ELS.

Training for certified trainers has been provided. In coordination with the ELS workgroup, SC Endeavors created requirements within each content-based outline to incorporate the ELS into each training provided to early childhood teachers. The requirements include:

Referenced within the learning objectives – objectives should specifically relate to the goal of a domain or subdomain. The training should include one domain from the SC Early Learning Standards.

- Specifically referenced in the training outline – trainer must intentionally reference the ELS within their training sessions. Example, a trainer developing a session regarding math activities would use the ELS as a reference tool as well as include specific information within the outline such as domain information and strategies.

- Properly cited – (correct alpha/numeric code) For example, when referencing a standard: APL-2f - this includes the domain of Approaches to Play and Learning (APL), the goal number (2), and the indicator letter (f). For more information, review pages 7-14.

- Content/domain meets the identified topic area – content should align with the DSS topic areas (Curriculum, Growth & Development, Health & Safety, Nutrition, Child Guidance, Special Needs).

- Addresses age/developmentally appropriate practice – Content should align with the age identified as the target audience. The content should also show the continuum of development across the age range. For example, a training session targeted for infants and

toddlers should include age range information from 0-3.

- Includes information & practices for children that are culturally, linguistically, and/or ability diverse – Information and strategies are identified within the ELS document that provides guidance within this requirement.

SC Endeavors developed a rubric to score these components to ensure the requirement is implemented. Incorporating the ELS content into each training helps ensure the continued use of the document within early childhood programs.

In addition, all ABC Quality enrolled providers are required to complete the SC 15-Hour Health and Safety Pre-Certificate. This course is free to South Carolina citizens and provides CEU credit. Upon completion of the SC 15-Hour Health and Safety Preservice Certificate and the evaluation survey, the student's account is loaded with an additional 12 course hours available for a period of one and a half years. Additionally, the LA has funded a Blood Borne Pathogens course that can be taken annually by child care providers at no cost and other relevant course modules related to Inclusion, ABC Quality Standards, and the SC ELS that can be taken for CCL and CEU credit. The LA is sponsoring initiatives to support professional development for social-emotional/behavioral and early childhood mental health intervention models which could be used for CCL training hour requirements. A robust training calendar is available through the SC Endeavors registry which allows individuals to filter by numerous characteristics including key words, topic areas, location, etc. for increased accessibility. South Carolina Infant Mental Health Association (SCIMHA) Infant and Early Childhood Mental Health Consultation (IECMH) model, developed in partnership with the Georgetown University Center of Excellence for Infant and Early Childhood Mental Health Consultation, includes the central IECMH consultation components that have an evidence base for impacting a reduction in preschool expulsion and suspension. The LA will the expand South Carolina's Landing Page in order to add additional training opportunities in these areas.

ABC Quality's standards promote learning about social-emotional /behavioral and mental health intervention models for young children by embedding indicators in the ABC Quality Structural Quality Assessment Tool including Indicator IIC.11 on specific training for social-emotional development (Standard II.C Staff Evaluation and Ongoing Professional Development, p.4) as well as 5 indicators (Indicators III.C.1 – III.C.5) in Standard III.C: Mental Health (Healthy Social-Emotional Development, p.6). Indicators and Standards in the

Assessment Tool drive topics for professional development offered at conferences and by certified trainers.

**6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).**

Training and professional development requirements are accessible to providers statewide including the Catawba Indian Nation.

**6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:**

**a) with limited English proficiency**

The LA will use the SC Endeavors workforce registry which captures individual's languages spoken and preferred language as part of the profile creation to identify provider's who's primary language is not English. Contact will be made with these providers if they are not enrolled in the ABC Quality program. The LA will also use the Child Care Licensing Orientation meetings to identify providers that meet this criteria. Information about enrolling in the ABC Quality program will be presented to this provider. Assistance and incentives will be made available for provider to enroll.

**b) who have disabilities**

The LA will use the Child Care Licensing Orientation meetings to identify providers who have disabilities. Information about enrolling in the ABC Quality program will be presented to this

provider. Assistance and incentives will be made available for provider to enroll.

**6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care 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 developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).**

The CCL requirements specify annual professional development within the following topic areas: Curriculum, Growth & Development, Health & Safety, Professional Development, Program Administration, Nutrition, Special Needs, and Child Guidance. These established topic areas were developed to encompass a variety of content areas to enhance the knowledge of providers working with all children. In addition, trainers develop specific training sessions that incorporate best practices in early care and education. If serving a child with a developmental delay or disability, licensing requirements indicate that providers must have training in making accommodations and modifications to meet the specific needs of the children in their care. Optional services include access to SC CCR&R services that provide training and resources to child care providers working with dual language learners. SCIC provides resources and training for providers regarding developmental delays, disabilities, and behavioral challenges. Additionally, ABC Quality defines best practices regarding developmental screening, making referrals, and serving dual language learners. Finally, The SC Early Care and Education Credentialing System documents completion of specific early childhood academic coursework within specific age groups including infant/toddler, preschool, and school-age. The credentialing system includes a Level Two Infant/Toddler Credential. Individuals interested in obtaining this credential must enroll at a local technical college and successfully complete coursework for the Level One Early Childhood Credential (ECD 101 Introduction to Early Childhood) before taking courses to obtain the Level Two Infant/Toddler Credential. Upon successful completion of the coursework for either credential, individuals may apply for a Smart Money Bonus. During this plan period, we will explore the state credentialing system for potential re-advisement.

There are approved culturally responsive training online via the Pyramid Model and Program for Infants and Toddlers. More specific training is in development.

**6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).**

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The SC CCR&R Homeless Support Initiative provides targeted technical assistance to programs and organizations on supporting families that may be experiencing homelessness. The Homeless Support Liaison provides individualized consultation with programs regarding working with families and children experiencing homelessness which may include providing training on the impact of Adverse Childhood Experiences (ACES), strategies to empower communities to prevent ACEs, providing information and assistance on the SC Voucher process for homeless families, and community resources to support the needs of these "at-risk" families.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The SC CCR&R through its Homeless Support Initiative collaborates with the SCDSS-DECE, SC Voucher Program that oversees the distribution of the homelessness vouchers to discuss eligibility enrollment, assist with completion and collection of appropriate paperwork, and collaborate with voucher staff to enroll families. The SC CCR&R Homeless Support Initiative provides support to families trying to locate a program by providing referrals to child care programs that may meet the families need for care and enrolled in ABC Quality to accept the homeless voucher. The SC CCR&R provides targeted outreach and information to child care programs across the state about the availability of voucher support to families that may be experiencing homelessness. The SC CCR&R also coordinates its outreach efforts with the DECE staff to support other initiatives in the state, including the lead

coordinator of McKinney-Vento Act at the SDE and the four SC homeless coalitions.

**6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.**

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

DECE/CCL will participate in Strengthening Business Practices with the National Center on Early Childhood Quality Assurance. The goal is to develop a cadre of Strengthening Business Practices in Child Care trainers to help new programs better understand finances, marketing, and personnel practices. Another goal is to develop a model for start-up grants for child care providers (small businesses) to help providers become licensed by considering benchmarks (e.g., completing orientation, training, enrolling in the Child and Adult Care Food Program, and the ABC Quality program) for providers to meet, which could be tied to supports to assist them in maintaining a positive regulatory status. In partnership with DECE, a copy of the handbook "Guide to Success in Family Child Care" is made available to potential child care program. The handbook includes information on the following business practices: budgeting for your child care business protecting your child care business, homeowner or business liability Insurance, and community resources. The SC CCR&R will be working in coordination with DECE/CCL to provide targeted training and technical assistance to these providers involved with these start-up initiatives. Director Credentials from SC Endeavors 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. Quality coaches from the SC CCR&R attend provider orientation meetings for potentially new family-based and/or center-based childcare programs to provide an overview of SC CCR&R services. The discussion includes a review of training, technical assistance, and effective business practices in child care programs. Quality coaches' follow-up with each potential provider

to further discuss SC CCR&R services and how they can assist them with implementing effective business practices and possibly schedule an onsite visit. In partnership with DECE, a copy of the handbook "Guide to Success in Family Child Care" or "Guide to Success in Child Care Center" is made available to potential child care program. The handbook includes information on the following business practices: budgeting for your child care business, protecting your child care business, homeowner or business liability Insurance, and community resources. SC CCR&R services are provided statewide. The SC CCR&R information is provided to participants during the PowerPoint. In addition, SC Endeavors staff certifies all technical assistance providers (TAP) in the state who provide coaching, mentoring, and reflective collaboration with child care programs and staff. TAPs meet educational/professional requirements and adhere to specific professional competencies when working with programs. In the previous plan period, SC Endeavors, in coordination with SCIC, SC CCR&R, SC PITC, and ABC Quality, developed a new technical assistance module within the registry to capture TA events with programs. During this plan period, the TA document will continue revision to align with the current system. In addition, further development of this module will include continuous quality improvement cases for better management, increased data collection and reporting capacities, and visibility to programs for TA services. The SC CCR&R supports individual and child care programs work to strengthen business practices and build capacity through training, technical assistance, and outreach. The SC CCR&R offers trainings to help programs strengthen their business capacity including but not limited to "Business Marketing Strategies & Tools", "Director's 101", "Promoting Your Child Care Program", and "Orientation to the Regulations 101". These trainings are offered statewide to child care programs and built into customized action plans with programs receiving technical assistance from the SC CCR&R. The SC CCR&R provides consultation and advisement to individuals interested in opening child care programs throughout the state before they begin the formal licensing process by providing information on areas where child programs are limited, general overview of the licensing process, business plans, and local/state resources that can help with their development. The SC Endeavors Registry system will enable these start-ups to be tracked through the technical assistance module used by the SC CCR&R. In addition, through funding provided by DSS, the SC CCR&R contracts with Palmetto Shared Services Alliance (PSSA) to provide free services to all child care programs that are working with the SC CCR&R. These services are available to provide on-going support to help build programs infrastructure including access to four on-line trainings that focus business practice supports including marketing, staffing,

financial reports and budget planning, conduct regional Community of Practice sessions with child care directors, provide monthly newsletter with resources and information and the programs have access to an on-line platform with trainings, resources, cost-savings on materials, supplies and access to a job posting board. The SC CCR&R plans to increase its outreach efforts to include focus on community engagement and development by nurturing relationships with local employers, community organizations, non-profits and Chamber of Commerce's to engage them in process to promote and expand high-quality child care.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

All approved trainings are developed incorporating the SC Early Learning Standards (SCELS) based on current research and evidence-based content. Training provided within the social, emotional development of children incorporate information with the Emotional and Social Development domain within the ELS. Content includes developing a sense of self, helping children identify, manage, and express feelings, and forming relationships with adults and peers. Content for nutrition and physical activity aligns with the Health and Physical Development domain within the ELS and includes information physical growth and motor development including large and small muscle development, helping children develop healthy eating habits, and physical play, both indoors and out. Training is also available on best practices and ideas for planning indoor and outdoor areas, materials, and activities to encourage children's physical development. Training opportunities have been provided about the System of Inquiry. Participants learn to observe and develop nutrition lesson plan items that are connected to the SC ELS standards. ABC Quality Health Educators provide training and technical assistance to support child care providers to meet ABC Quality nutrition and physical activity standards. Statewide training and PD services are available through contracted partners SCIC, SC CCR&R, SCPITC, and SCIMHA IECMH Consultation Network (funded by PDG 0-5). Trainings and PD services address all topics listed. Cognitive development training aligns with the Cognitive Development domain within the ELS and includes information regarding children's construction of knowledge, creative expression, social connections, and scientific exploration and knowledge. Trainings are provided with the support of CCDF funds.

Which type of providers are included in these training and professional

development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Training content included within behavior management strategies aligns with the Emotional and Social Development ELS domain and includes information related to children's identifying, managing and expressing their feelings. All approved trainings are developed incorporating SC ELS based on current research and evidence-based content. Training content focuses on challenging behavior and behavior management strategies in children. Participants explore child guidance strategies and tools to teach young children how to problem solve behavioral issues in the classroom. Training is provided on the Pyramid Model that focuses on intervention and supports to promote social and emotional competence and prevention of challenging behaviors in young children to reduce and prevent preschool suspension and expulsive. Statewide training and PD services available through contracted partners SC CCR&R, SCPITC, Be Well Care Well, SCIMHA IECMH Consultation Network (funded by PDG 0-5), and SCIC. Trainings are provided with the support of CCDF funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

iii. 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. (98.53(a)(1)(iv)).

Describe the content and funding:

All approved trainings are developed incorporating SC ELS based on current research and evidence-based content. Each domain within the ELS provides information and strategies on engaging parents and families in supporting children culturally, linguistically, and ability diverse ways. Other training content provides information regarding engaging dual language learners and adjusting levels of support for children of all ability levels. Other training topics include effective strategies to communicate with parents and families and work with them in authentic and meaningful ways. Some training topics emphasize the development of contracts with parents, setting program policies and procedures. Training is also available to help participants learn to create an exciting outdoor learning environment that will have children, parents, and teachers enjoying the great outdoors. Training content will help caregivers understand revised ELS and how to relate them within their centers. Attention is given to supporting cultural and linguistic diversities among children. Participants learn ways to provide community-based resources to families in need of services including early intervention services, dual language learners, and health care. SC CCR&R, SC Landing Page (ProSolutions), SCIMHA IECMH Consultation Network funded by PDG 0-5. Trainings are provided with the support of CCDF funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15

(a)(9)).

Describe the content and funding:

Training within this area can be aligned with the Approaches to Learning domain within the ELS. This domain focuses on children as actively seeking to understand the world around them, play and imagination, and problem solving. Strategies are provided in each section for teachers to use as a guide and are incorporated into training topics. In addition, each domain includes a section for strategies for both infants and toddlers and preschoolers. Training content will help caregivers understand revised ELS and how to relate them within their centers. Attention is given to supporting cultural and linguistic diversities among children. This training introduces the SC ELS to help participants with classroom adaptations, meeting needs of children and making connections with observations. Statewide training and PD services available through contracted partners SC CCR&R, SCPITC, and SCIC. Trainings are provided with the support of CCDF funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

All approved trainings are developed incorporating SC ELS based on current research and evidence-based content. The training focuses on how to be prepared to provide community-based resources to families in need of services including early intervention services, dual language learners, health care and much more. Another training opportunity focuses on exploration of fundamentals to develop a marketing plan and explore marketing tools to promote their business in the community. Trainings are provided with the support of CCDF funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

All approved trainings are developed incorporating SC ELS based on current research and evidence-based content. Participants will explore tools to enhance the focus of their program's observations and data gathering on specific knowledge, skills, and behaviors that are expected of a child of that age through all areas of development. An overview of the Program Administration Scale's "Child Assessment" documents is explored. Trainings are provided with the support of CCDF funds. ABC Quality assessors utilize program assessment data to recommend TA partners to help providers improve quality.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

All trainings have been developed incorporating the SC Early Learning standards, based on current research and evidence-based content. All trainings are certified by SC Endeavors and meet all requirements including certification of trainers and

content scoring standards. SC CCR&R is looking to develop more intensive trainings for programs working with specific populations including homeless families and children, dual language learners, and rural families. Multiple approved training courses are available focusing on the emotional-social impact of poverty, unemployment and homelessness. Participants are trained through an overview of teaching children in poverty and techniques for motivating children in poverty to learn. Training content helps caregivers understand how to work with children in poverty to reduce stress and alter behavior. Attendees learn, who is eligible and how to obtain childcare vouchers for families experiencing homelessness according to the McKinney-Vento definition of homelessness. Statewide trainings are provided with support of CCDF funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

All approved trainings are developed incorporating SC ELS based on current research and evidence-based content. Inclusion Specialist provide training about using the Pyramid Model as a guide regarding the foundations for classroom teaching strategies to support Emotional and Social Development in conjunction with the SC ELS. Another training opportunity focuses on Lesson Planning for gross motor using the Cycle of Inquiry and the SC ELS. Trainings are provided with the support of CCDF funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

A variety of topics are offered within the registry for school-age providers including information regarding cultural competency and inclusion with school-age children, inclusion in school-age programs, bullying intervention strategies, ages and stages of school-age children, incorporating STEM in school-age programs, and managing school-age behaviors. Technical colleges offer coursework that focuses on school-age care that leads to the individuals receiving the school-age State Credential. ABC Quality assessors provide training on the school-age program standards for providers. CCDF funds are used to make this coursework available for the child care workforce.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.**

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- iv. Other.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)

Describe:

**6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The ABC Quality Program Standards provide measurable indicators of progress relevant to training and technical assistance in a variety of ways. Program eligibility requirements require all staff engaging with children to complete the 15-Hour Health and Safety Pre-Service Certificate within 90 days of hiring or the program must have all staff complete prior to ABC Quality enrollment. There are five quality levels in ABC Quality: A+, A, B+, B, and C. From a program standpoint, the assignment of the quality level indicates the degree to which a program has demonstrated their adherence to the indicators of quality measured by the review tool. Within each of the quality levels, the program can identify their strengths and weaknesses and choose which indicators they want to target for improvement. Attainment of their continuous quality improvement goals can increase their performance score within a level or by moving to a higher level. Within the tool, individual staff included in the observation can be reviewed by the director to identify staff training needs on an individual basis. The structure of the annual 15 hours of training must include topics from at least three areas but individual staff can choose training in areas in which they seek to improve. The LA provides a variety of educational/training/technical assistance options targeted to individuals or program-wide. Annual training hours are noted on the SC Endeavors website, T.E.A.C.H scholarships are available for a variety of educational options with attainment of degrees tracked. T.E.A.C.H monitors program participation by the three scholarship models:

Credentials, Associates, and Bachelors by College/University. T.E.A.C.H data also captures geographic areas served, scholarship duration, number of child care centers supporting teacher participation and the role of the T.E.A.C.H participants as well as other demographic information. The LA funds three major entities to provide training and technical assistance to both ABC Quality providers and regulated providers. SC Endeavors (formerly the Center for Child Care Career Development or CCCCD), the professional development system for South Carolina's early childhood workforce, continues to enhance professional development opportunities, resources, and tools for early education professionals. In 2019, SC Endeavors established the state's first ECE workforce registry that keeps track of important information about all child care professional endeavors - including training, academic coursework, work experience, and certifications. This information allows for an analysis of participation in all types of professional development including online training, on-site training, and community-based training. This system also serves as a central and comprehensive list of training classes offered to ECE professionals allowing policymakers to use the data to expand the reach of PD opportunities to underserved areas and populations. SC Endeavors will explore the dashboard and reporting features in the new system to make aggregate data available to DECE for planning purposes. Voluntary data is collected from ECE professionals on their employment allowing the analysis of training and PD of the child care workforce by child care facility type and quality level. SC Endeavors will establish clear criteria for incorporating technical assistance provided by CCDF-funded technical assistance agencies such as SC CCR&R, SC PITC, and SCIC into the professional development system to account for the mandated training hours required by child care licensing. SC Endeavors will also report training participation and opportunities by topic areas Curriculum Activities, Child Growth & Development, Child Guidance, Health & Safety, Professional Development, Program Administration, Nutrition and Special Needs. SC Endeavors will explore the dashboard and reporting features in the new system to make aggregate data available to stakeholders for planning purposes. The UofSC CDRC Data Team will assist the DECE in determining further measurable indicators of progress relevant to subsection 6.3.

## 6.4 Early Learning and Developmental Guidelines

**6.4.1 States and territories are required to 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, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.**

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The South Carolina Early Learning Standards (SC-ELS) are based on research regarding the developmentally and culturally appropriate practices as defined by the National Association for the Education of Young Children (NAEYC). The selection and further development of the standards was guided by ten principles that define research-based appropriate practices. Special consideration is given to addressing the needs of all children by ensuring that the SC-ELS provide indicators for a continuum of development across ages and abilities which include specific and intentional teaching strategies on supporting children's home language(s) and culture. The SC-ELS were cross-walked to the pre-existing K-12 standards by the South Carolina Department of Education. Information about the alignment of the two sets of standards is included in the document. The SC-ELS are available on [www.scchildcare.org](http://www.scchildcare.org) in print-ready format and ADA compliant format. It is also available in a print copy. Over 11,250 print copies have been distributed either free of charge or at cost.

#### ii. [Developmentally appropriate.](#)

The SC- ELS address six domains of learning which include 23 subdomains. The expectations for development and learning are defined with 56 goals. Each goal has an age-based continuum of examples that one might observe a child doing when working on the particular goal. The design was adapted from North Carolina as the original authors of the document and was maintained in the SC version.

#### iii. [Culturally and linguistically appropriate.](#)

One of the 10 guiding principles in using the SC-ELS is "each child develops within a culture". The goal of this principle is that all teachers and caregivers seek to know about the backgrounds, histories, heritages, linguistic strengths and communities of the children in the classroom to honor diverse families. In addition, the SC-ELS have adopted the *Guiding Principles for Supporting Young Dual Language Learners* (Espinosa, 2013). Within the SC-ELS "the strategies" included with each domain provide some additional ideas for teaching Dual Language Learners.

#### iv. [Aligned with kindergarten entry.](#)

The SC-ELS are aligned with the expectations for what kindergarten children learn and, at the same time, are appropriate for children up to age five. The focus of the SC-ELS is on the early precursor skills that research suggests lay the foundation for what children learn later. The kindergarten teacher can use the Goals and Developmental Indicators in the SC-ELS as a basis for supporting children's success in kindergarten. The SC-ELS aligned with the SC College and Career Ready Kindergarten Standards. The full standards alignment can be found on pages 155-156 of the SC-ELS.

#### v. [Appropriate for all children from birth to kindergarten entry.](#)

The design allows the standards to be defined in flexible ways that explain development as a continuum and support a teacher in planning curriculum for all ages of children in varying stages of development. Specific age groupings are identified from birth to kindergarten entry to ensure that a continuum of development is represented.

#### vi. [Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The LA partnered with the SDE-Office of Early Learning and Literacy and Head Start

for the current SC ELS which were released in 2018. The standards were adopted, with permission, from the NC Foundations document and include specific edits for South Carolina based on research and feedback from a diverse stakeholder group. The ELS were adopted by the Board of the State Department of Education. SC-ELS are also used by technical and 4-year colleges in development of activities and lesson plans for ECE coursework. Programs such as zoos, libraries and museums in our state that offer activities for young children utilize the SC-ELS to support their development of program offerings.

The adoption of the SC ELS in August 2017 pre-dated the convening of the SC State Advisory Council. A state-level SC ELS inter-agency stakeholder group of 50 representatives was co-chaired by the SC Department of Social Services and the SC Department of Education with a 6-member leadership team. The completed ELS were adopted by the State Board of the Department of Education. Widely distributed to practitioners in the field, it can be found on <http://scchildcare.org> and <http://www.ed.sc.gov>.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

There are three domains that address Cognition, Language Development and Communication (LDC), Mathematical Thinking and Expression (MTE), and Cognitive Development (CD), The SC Department of Education representatives insisted that Mathematical Thinking and Expression be a separate domain to align with the K-12 Standards.

ii. Social development.

There is one domain that addresses Social Development that is combined with Emotional Development: Emotional and Social Development (ESD).

iii. Emotional development.

There is one domain that addresses Emotional Development that is combined with Social Development: Emotional and Social Development (ESD).

iv. Physical development.

There is one domain that addresses Physical Development: Health and Physical Development (HPD).

v. Approaches toward learning.

There is one domain that addresses Approaches toward Learning: Approaches to Play and Learning (APL).

vi. Describe how other optional domains are included, if any:

N/A

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The initial publication date of Good Start Grow Smart: ELS for 3-5-year old was 2009. The SC Infant Toddler Guidelines were adopted from Ohio and published in SC in 2011. Revisions on both sets of standards began in 2013 with a focus on developing one comprehensive set of standards. The revised standards were released in January 2018. Plans are to convene a stakeholder group which includes individuals from varied settings to review the revised standards for updates if appropriate and to determine a plan for a formal cycle of review in concert with the established reviews of the K-12 Standards.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

N/A at this time.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

[https://www.scchildcare.org/media/57847/South-Carolina-Early-Learning-Standards-2017\\_Accessible-Version.pdf](https://www.scchildcare.org/media/57847/South-Carolina-Early-Learning-Standards-2017_Accessible-Version.pdf)

SC-ELS printer version [https://www.scchildcare.org/media/55097//SC\\_ELS-second-edit.pdf](https://www.scchildcare.org/media/55097//SC_ELS-second-edit.pdf)

**6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- 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 program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

**Describe how the state/territory's early learning and developmental guidelines are used.**

The ELS are a common set of expectations about what children should know and be able to do across a continuum of ages and development, while validating individual differences. They are to be used to validate the development of the whole child, promote shared responsibility for a child's early education, emphasize the importance of play as an instructional strategy that promotes learning in early childhood and support appropriate teaching practices. The SC ELS are never to serve as an assessment checklist or evaluation tool used to make "high-stakes" decisions about children's program placement or kindergarten entry. The LA has provided copies for all classrooms in ABC Quality enrolled classrooms, a copy for each licensed center, and has made copies available for ELS partner agencies. After the initial distribution, copies were made available at cost by the contractor managing the project.

**6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

The LA and the South Carolina Department of Education convened representatives of the early childhood community to develop the SC-ELS to describe what children should know and be able to do. The essential domains of early childhood development were determined to be: Approaches to Play and Learning; Emotional and Social Development; Health and Physical Development; Language Development and Communication; Mathematical Thinking and Expression; and Cognitive Development. A section titled “How to Use the South Carolina Early Learning Standards” is included which outlines 10 Guiding Principles for teachers/caregivers to provide positive learning experiences for young children of all ages, starting at birth and continuing through the preschool years. The ABC Quality process quality standards (Intentional Teaching Tool (ITT)) are aligned directly to the SC-ELS. Examples of how to meet the indicator are provided within the ITT Clarification Guide that are taken from the SC-ELS from strategies found for ages addressed after each domain; infant/toddlers and preschool children. The SC-ELS are used statewide by child care providers, ABC Quality providers, public kindergarten, Head Start, and First Steps 4k. Over 11,250 copies have been distributed to date. The SC-ELS is required as a reference in all training and professional development to be approved by SC Endeavors, the state’s workforce registry. Measurable indicators include the number and reach of the SC-ELS distribution, the records from SC Endeavors as to numbers of training approvals granted with reference to SC-ELS; the number of people taking the online training on the SC-ELS. The LA is requesting technical assistance to determine measurable indicators for the early learning standards.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities

supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing 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, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

All quality activities are informed by the commitment to reflective assessment and ongoing continuous quality improvement from within the LA. These activities are aligned with the state's goals to improve the quality of child care services for all children and to increase parental options for and access to high quality child care for children birth through age 12. The LA has developed contracts for researchers to assess the effectiveness of SC's QRIS, ABC Quality (ABCQ). These University of South Carolina (UofSC) College of Education's Research, Evaluation and Measurement Center researchers are guiding the development and implementation of the new ABC Quality revisioning process to demonstrate the validity and reliability of the assessment tool. The Process Quality Observation Tool (Intentional Teaching Tool) has been implemented for infants and toddlers. Both the preschool

standards and school-age standards have been adapted from the infant and toddler standards for developmental appropriateness, developed and reviewed by external expert reviewers both at the state and national level for content, equity, and inclusion. Focus groups will be held to complete the assessment tool package for children birth through age 12. The new assessment tool is expected to launch in fall of 2021. ABC Quality serves as the primary driver to improve access to a diverse array of quality early care and education settings throughout the state. The ABC Quality assessment tool frames the elements of quality and serves as the hub for companion documents and the guide for implementation of activities to support the elements of quality. The ongoing annual assessment and how providers are meeting, exceeding or not meeting quality indicators helps to inform the types and dosage of quality activities such as ongoing professional development, technical assistance and coaching. Assessments of providers also inform the need for quality stipends to specifically support structural quality within participating programs. Through careful evaluation of the provider type distribution of A, B, and C level providers in S.C., we will be able to validate our cut off scores per level to show that we are effectively discriminating between quality levels. Looking carefully at structural quality and process quality scores by indicator, we will also be able to determine the rigor of our QRIS and make needed adjustments. To that end, a new computer system to integrate data shared with SC Endeavors, Child Care Licensing, and TA partners is under construction. This system will better enable the LA to track programs for progress. The LA is also committed to gathering qualitative assessment data from family-based and center-based child care providers, advocates, policymakers, community-based ECE leaders, and other key stakeholders. The LA received an initial Preschool Development Grant Birth-5 for one year and received a renewal grant for three years to implement a variety of activities including: a Statewide Needs Assessment; a Statewide Strategic Plan; activities to maximize parent and family knowledge, choice, and engagement; sharing best practices and professional development; improving overall quality; and data systems, governance and performance evaluation. A wide range of stakeholders have come together to collaborate and work toward implementing new initiatives to improve the quality of life for children birth – five. Funding for this grant is anticipated at \$11.1 million each year for three years and runs from April 30, 2020 through April 29, 2023. Updates to the needs assessment and strategic plan will be made during these three years of renewal. The LA contracts for technical assistance with three major entities including SC CCR&R, SCPITC, and the SCIC to prioritize targeted quality activities based on assessment data to support increased provider quality across the state. Each contractor’s activities and performance are reviewed annually and adjusted as needs change. Additionally, other contracts to provide

related services include Florence First Steps for family home support and the National Safety Council. <https://www.scchildcare.org/media/63976/SC-PDG.pdf>.

**7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.**

The summary of the project description for the PDG grant states: “The Needs Assessment supported SC’s understanding of opportunities to strengthen the state’s integrated ECE system and has been the key informant of our Strategic Plan. SC’s ECE System Strategic Plan was completed in October 2019 and informs ways to implement changes to the ECE system that focus on our greatest need, to maximize the quality and availability of quality ECE options for low income and disadvantaged families. The plan builds on the strengths of SC’s Child Care and Development Fund (CCDF) State Plan, existing successes, and partnerships between public and private entities. The overarching goals of the Strategic Plan include School Readiness, Health and Safety, Family and Community, and Family-centered, coordinated and aligned system. “South Carolina’s PDG B-5 Comprehensive ECE System, p.2 <https://www.scchildcare.org/media/63976/SC-PDG.pdf> SC PDG Needs Assessment can be found at <https://scchildcare.org/media/74187/Designed-SC-Needs-Assessment-Final-Report-11-01-2019-v3.pdf> SC PDG Strategic plan can be found at <https://scchildcare.org/media/74184/SC-ECE-Strategic-Planv5.pdf> .

**7.2 Use of Quality Funds**

**7.2.1 Check the quality improvement activities in which the state/territory is investing**

- a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

- b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

N/A

- c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

PDG Birth - 5 Grant funds used to introduce new incentive infrastructure based on Continuous Quality Improvement (CQI) to enhance the tiered quality rating and improvement system.

- d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

PDG Birth - 5 Grant funds to improve quality of services for infants and toddlers in mixed delivery system with state-funded 4K classrooms.

- e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

PDG Birth - 5 Grant funds to build infrastructure for community of practice strategy for family child care providers.

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

PDG Birth - 5 Grant funds to implement IECMH Consultation and Nemours Foundation funds through partnership with SC Department of Health and Environmental Control to increase providers practicing best practices for outdoor learning.

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

Nemours National Office of Policy & Prevention for Grow Outdoors SC (GO SC), initiative to increase young children's access to naturalized outdoor environments.

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

#### **7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?**

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Administered statewide by LA <https://www.scchildcare.org/library/abc-quality-documents.aspx>.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

### 7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Enrollment in QRIS (ABC Quality) is mandatory to receive subsidy funds (SC Voucher) at all quality levels.

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

Faith-based only if licensed.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The ABC Quality framework is divided into three parts: eligibility, structural quality, and process quality. All programs and provider types are required to meet eligibility. Exempt programs have additional eligibility requirements due to not being a licensed program. Head Start, military installation, and NAEYC accredited programs are provided an accelerated pathway to earn a quality level. These programs are not required to complete the structural quality portfolio portion of the ABC Quality assessment. Their status as Head Start or NAEYC accredited allows them to receive full credit for that portion of the review. School-age only programs have been provided a modified structural quality review which is adapted to a school-age setting. The process quality review for center-based programs consists of three variations of assessment tools which are divided by age groups: infants/toddler, preschool, and school-age. The family child care standards including both structural and process quality are scheduled for revision in 2022 to reflect the home-based setting with mixed age groups and align with the new

hybrid QRIS.

### 7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
  - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - d. Programs that meet all or part of state/territory school-age quality standards.
  - e. Other.

Describe:

N/A

**7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?**

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - b. Embeds licensing into the QRIS
  - c. State/territory license is a "rated" license
  - d. Other.

Describe:

Clarification for a. above: Provider must meet applicable licensing requirements (e.g. license-exempt and Military child care programs can participate).

**7.3.5 Does the state/territory provide 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 that are provided through the QRIS or another system of quality improvement.**

- No
- Yes. If yes, check all that apply
  - a. If yes, indicate in the table below which categories of care receive this support.
    - i. One-time grants, awards, or bonuses
      - Licensed center-based
      - License exempt center-based
      - Licensed family child care home
      - License- exempt family child care home
      - In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

**b. Other:**

LA will incorporate on-going or periodic stipends into our Building For Our Future Initiative. The LA is waiving licensing fees for regulated providers and reimbursing background check fees for all regulated and license-exempted providers.

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

ABC Quality has elected to provide reciprocity for programs that meet federal Head Start Program Performance Standards and programs that meet national accreditation standards (specifically National Association for the Education of Young Children or NAEYC) by awarding them total credit for the Structural Quality portfolio which has been judged to be comparable to Head Start Standards and NAEYC Standards. The weighted value of the Structural Quality component is 20 points. These programs must meet the mandatory Eligibility Requirements and receive a Process Quality assessment. The current rubric rates the Process Quality score at 80% of total points earned for Process Quality, the Structural Quality score at 20% of total points earned for Structural Quality and an added 3 points. Providers earn a final score which determines the quality level of the program (A+, A, B+, B, or C) .

During the transition period for the new standards, providers have been “held harmless” if their quality level decreased. Increases in scores resulting in attainment of a higher level were processed. During 2021-2022, review scores will count and will become measurable indicators of progress. The new integrated data system is expected to provide data on indicators across providers and across levels. The Workforce Registry will be populated with individuals assigned career levels and will attach individual caregivers to the program where they work to yield data on the education and experience of the workforce and to measure the educational progress that is made. A new incentive structure known as “Building for Our Future” has been piloted as a strategy for Continuous Quality Improvement or CQI which is expected to track progress by programs working to improve their quality in measurable ways. This strategy is being tested through use of the PDG B-5 funds.

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.**

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Statewide services available through SC PITC contract administered by UofSC.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Statewide services available through SC PITC contract administered by UofSC.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.**

- e. 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:

Statewide coordination available through SC Inclusion Collaborative under contract with LA.

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home  
 License- exempt family child care home  
 In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Statewide services available to LA through SCPITC contract with USC. QRIS assessment tool sets specific standards for infants and toddlers. Infant Toddler Materials Guide is under revision to align with revised ABC Quality Standards for infants and toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

"Triage" SC PITC specialists are available to each child care licensing regions to provide technical assistance to providers on CAP and serve as resource for interpretation/clarification of child care licensing regulations.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

SC PITC leadership serves on SC Early Learning Standards inter-agency committee.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.**

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

SC PITC leadership provides direction and leadership for consumer information about high-quality infant and toddler care. ABC Quality staff trained with West Ed PITC and SCIMHA develops consumer information for website and other outreach activities.

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home  
 License- exempt family child care home  
 In-home care (care in the child's own home)

- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

ABC Quality staff with WestEd PITC education and training provide leadership for activities to improve the quality of infant and toddler care provided within the state including standards development, best practices, professional development, and aligning components to provide a seamless system.

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home  
 License- exempt family child care home  
 In-home care (care in the child's own home)

- k. Coordinating with child care health consultants.

Describe:

LA has contract with SC Department of Health and Environmental Control (SCDHEC) to assure coordination with health-related issues for early care and education.

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home  
 License- exempt family child care home  
 In-home care (care in the child's own home)

- l. Coordinating with mental health consultants.

Describe:

LA has a grant with SC Infant Mental Health Association which is developing a system for infant - toddler mental health consultation and providing IECMH Consultation to child care programs.

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

SC CCR&R system developed to collect enrollment data from ECE settings by age of child quality level and location of program.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.**

The primary source of technical assistance for infants and toddlers is the SC Program for Infant Toddler Care. This initiative leverages initial investments made in offering the PITC Train the Trainer Certification course at USC by providing a structured framework for certified PITC ITS to deliver their specialized knowledge to infant/toddler programs statewide. SCPITC employs a team of full-time ITS to provide intensive training, mentoring and TA to caregivers and child care program administrators. Using a cohort model, providers join together for monthly trainings for one year. Between those monthly trainings, providers are supported to use the information from the trainings and implement relationship-based care

practices through on-site, individualized, strength-based coaching occurring biweekly, weekly, or monthly depending to the needs of each program. Each cohort has an ITS who provides consistency in all training and coaching activities for the service plan. To measure the overall success of the project, each SCPITC service plan is reviewed and approved by the ITSN Manager and tracked by the SCPITC Program Coordinator to ensure that Infant/Toddler Specialists are delivering services consistently and with fidelity to the SCPITC service delivery model. The following information is tracked to document ITSN activities and progress: 1. Information about programs receiving training to include program name, contact person's name, contact information, number of infants and toddlers served, ABC level, number of SC vouchers, list of caregivers who will attend trainings. 2. Training schedules developed collaboratively between each Infant/Toddler Specialist and the program receiving training. Schedules are recorded electronically and approved by the SCPITC Field Manager. ITS submit weekly progress reports using the database to document each training and technical assistance visit they hold. The progress reports will show service type (plan development, pre-observation, training, technical assistance or post-assessment) dates, times, topics, and the total number of hours spent on each topic. ITS will also report to SC Endeavors so that the SC PITC program assistant can track participant attendance and determine eligibility for incentive awards. 3. At the close of the service plan, SCPITC will audit participation records and verify participants' eligibility for award of certificates and training incentives as evidenced by tracking records in the SCPITC database. 4. Program outcomes data will be collected and analyzed to determine the extent to which program quality might change as a result of services. Data collected through the ABC Quality program, on-site observations and stakeholder completed surveys will be included in the analysis. 5. Caregivers participating in the SCPITC service plans complete a pre- and post-training survey. Evaluations are kept on file and available for review by the LA. The Child Care Data Team (CCDT) at USC – Child Development Research Center (CDRC) can identify areas that are underserved in the state with methodologies developed with funding from the Office of Program, Research and Evaluation (OPRE). This allows the CCDT to inform the supply and demand for child care in the state as well as equity in voucher utilization to target strategies and resources to priority areas and populations in SC. SC Voucher, the state's subsidy program, provides differential rates of payments for urban and rural counties based on the results of periodic Market Rate Survey (MRS). The most recent MRS is under analysis for possible higher payment rates to be made. The LA will analyze child care accessibility in the state and explore options to offer alternative payment rates in areas of low access to high quality child care, especially for infants and toddlers, to improve

supply and quality of child care in those areas. SC requires child care providers to participate in the state's QRIS program to receive subsidy. The implementation of COVID-300 vouchers (eligibility raised to 300% of poverty), provision of enrollment award of \$2,000, and the streamlining of the quality rating process is showing an impact in increased participation in QRIS which, in turn should increase access to high quality child care for all children, including low-income families utilizing child care subsidies. As Head Start programs complete the eligibility process to participate in the QRIS (anticipated by September 30, 2021), this should substantially increase statewide participation in the QRIS especially in the more rural areas of the state. Initiatives in the PDG grant support cross-agency partnerships with multiple state and non-profit organizations designed to facilitate coordination among agencies to identify gaps in supply of child care. ABC Quality will explore the enhancement of the enrollment award to include higher awards for programs which enter ABC Quality with higher levels than Level C (i.e. increasingly higher awards for Level B, B+, A, and A+). Other strategies under consideration will be regular stipends based on quality levels at designated intervals.

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

SC CCR&R's Family Services promotes high-quality, affordable child care options for families through customized referrals to child care programs including centers, family child care, Pre-kindergarten, faith based, Head Start and after school programs. Each family receives information regarding licensing standards, types and hours of care, health and safety standards, group size, adult-child ratios, teacher qualifications, ABC Quality

level and other quality indicators to assist families in their search for programs to meet their individual needs. Families are provided information on free or subsidized child care programs including the SC voucher program, First Steps 4K, Head Start and Early Head Start programs. The SC CCR&R works in coordination with SC Voucher to provide seamless referrals from the parent referral line to voucher staff to assess eligibility for the SC Voucher program. Dual Language families and families experiencing Homelessness have dedicated staff to work specifically with those families on their specific needs in finding care and coordinating with SC Voucher staff to determine eligibility. SC CCR&R Family Services provides information and referrals to other programs, initiatives, and resources that offer other child related services to meet the needs of the family. SC CCR&R's Program Services provides a statewide team of trained Quality Coaches that work directly with family child care providers, child care centers, directors and staff to provide professional development through targeted technical assistance and researched based training. SC CCR&R Technical Assistance services uses a structured, relationship model based upon a customized action plan to address specific goals and objectives for the program. Through on-site, virtual, and off-site technical assistance events, Quality Coaches learn the programs' strengths and challenges; this information allows the coaches and the programs to jointly determine opportunities for quality improvement and work collaboratively on action plans to achieve specific goals. These goals are developed to ensure that children receive high-quality care that is safe, healthy, nutritionally adequate, and developmentally appropriate. Family Child Care providers have two Quality Coaches that work specifically with this type of care and provide customized services to address the different needs of these programs. The Family Child Care Quality Coaches convene the SC Family Child Care Coalition which brings together organizations and programs to improve the quality and accessibility of home-based environments through leadership and support. The SC CCR&R coordinated with SC Child Care Inclusion Collaborative to develop the FCC ASQ-3 Cluster Initiative to identify family child care providers that will be trained in developmental screenings and through support of the quality coaches be able to administer these screenings to children in their care. A Dual Language Quality Coach provides technical assistance to child care programs to help programs better support the needs of dual language families, provide resources and information on dual language learners and provide coaching on how to implement these practices in the classroom. In addition to technical assistance, research-based trainings are developed and offered to child care programs as part of their action plan for improvement and to meet state licensing standards. SC CCR&R trainings are

focused on early care and education topic areas and incorporate SC Early Learning Standards, current early childhood research, application of adult learning principles and promote linkages between theory and practice. The SC CCR&R through Community Outreach Initiatives works at a local, regional, and state level to involve the early care and education community and the public in understanding the importance of high-quality child care. Through these opportunities the SC CCR&R connects early childhood professionals, organizations and the community to information and resources. The SC CCR&R convenes the Technical Assistance Coordination Team (TACT) meetings quarterly. Lead by SC CCR&R staff and attended by other technical assistance and early childhood professionals from SC Child Care Licensing, ABC Quality, SC Endeavors, Head Start, technical and community colleges, SC South Carolina Inclusion, SC Program for Infants & Toddlers, First Steps County Partnerships, etc. the TACT meetings provide a forum for updates, information sharing, guest speakers, and facilitated regional discussions to address statewide and regional needs and coordination of services to the early care and education community. Community Outreach, conferences, and networking meetings provide an opportunity for SC CCR&R to establish and strengthen relationships with organizations, school districts, employers and communities to promote early care and education initiatives and programs. The SC CCR&R offers four regional conferences to provide sessions to provide professional development to local child care programs. These conferences are held within these local communities (when applicable pre/post COVID-19 pandemic restrictions) to engage local businesses, schools & colleges, and other local organizations together to help coordinate and bridge the gap between the local communities and child care programs/staff. These regional conferences provide more rural and isolated populations an opportunity to receive professional development and build connections with those in their community. A fifth SC CCR&R statewide conference is offered for family child care providers. The SC CCR&R Family Child Care conference is the only one of its kind in the state. It provides a unique experience for family child care providers to receive professional development that is specific to their needs, provides a networking opportunity between family child care providers from various regions of the state, and connects the family child care providers to other organizations that may be useful for their program or the families they serve.

[7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the](#)

[state or territory has met these measures.](#)

The SC CCR&R is working with the LA to develop and implement a comprehensive data system in coordination with LA DECE divisions ABC Quality and SC Endeavors and other partner agencies including SC SCIC and SC PITC. This data system will capture the operations, professional development, and progress of technical assistance provided to child care programs motivated to improve their overall quality, participating in ABC Quality, starting a child care program, or engaged in improving health and safety compliance of child care licensing regulations. The system collects data on specific target areas that are aligned with child care licensing and ABC Quality Standards. Analysis of the data will be explored to fully understand the impact of technical assistance, consultation and professional development on the quality of child care programs. Another function of this new system is a SC CCR&R specific child care database that is connected and based on individual child care program's organization profiles listed in SC Endeavors Statewide workforce registry. This information contains licensing information, ABC Quality participation and general program details. A newly developed SC CCR&R profile will be available for programs to complete that provide more detailed information that the programs will supply including enrollment, vacancies, rates, meals, and additional services. These profiles will be accessed by parents searching a web search on the SC CCR&R website and by SC CCR&R staff to provide up-to-date, real time information to parents to assist in their child care search and promote parental choice. This data source will be able to provide an overview of the supply and demand of child care throughout the state and will help to develop initiatives and services to meet better meet the needs of child care programs, families and communities.

## [7.6 Facilitating Compliance With State Standards](#)

[7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.](#)

[Describe:](#)

**7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.**

**Describe:**

Activities funded with CCDF quality funds to facilitate child care providers' compliance with state and territory requirements

include:

- Operating costs of SCs Child Care Licensing system including staffing, travel, and support staff to administer and ensure compliance to State Regulatory Requirements.
  - Operating costs of SC Endeavors which includes staffing, travel and support staff to manage the state workforce registry, the approvals for trainings, certification of trainers and technical assistance providers, the T.E.A.C.H. scholarship program, support for the state's 16 technical colleges offering early childhood coursework leading to workforce credentials to ensure quality professional development for the early care and education workforce.
  - Operating costs of SC Child Care Resource and Referral Network including staff, travel, and support services to provide technical assistance to providers in non-compliance with Child Care Licensing Requirements.
  - Operating costs of SC Inclusion Collaborative including staff, travel, and support services to provide technical assistance to providers on inclusion needs as relates to Child Care Licensing Requirements.
  - Operating costs of SC Program for Infant Toddler Care including staff, travel and support services to provide training and technical assistance to providers serving infants and toddlers as relates to Child Care Licensing Requirements.
  - Support of the SC DSS Office of Inspector General to conduct background checks.
- None of the funds described are ARP supplemental funds.

**7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

NA

**7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

ABC Quality captures compliance with the SC 15-Hour Health and Safety Pre-Service Certificate or completion of ECD 101, both of which satisfy the health and safety requirement. Measurable indicators include the compliance rate for employees in ABC Quality programs. The Health and Safety Pre-Service Certificate is a part of the ABC Eligibility Requirements which must be met in order to enroll in ABC Quality. The new management system from NWN now has the capability to connect individuals in the registry to employers. A goal for ABC Quality in 2022 is to assure that all ABC participants are fully enrolled in the Endeavors system with an assigned career level and connected to their employer. Non-ABC Quality programs can be measured as well. SC Licensing Regulations stipulate one annual unannounced review visit per child care program to ensure compliance with state standards. Compliance with state health and safety requirements, mandatory training requirements, teacher-child ratios, etc. are basic indicators of quality. Similar announced visits are conducted at child care facilities during the application and renewal

processes. Additionally, the state can make a visit to a child care program when the LA has received a complaint. These review/complaint visits are the primary source of data on compliance to state standards. The CCL specialists inspect all elements related to licensing compliance, including but not limited to necessary documentation, teacher/child ratios, and health and safety standards. CCL specialists also document the visit and issue citations of non-compliance when deficiencies are found. Deficiencies and review visits are measurable indicators of compliance to state standards. ABC Quality assessors are assigned responsibility for assuring that license-exempt providers enrolled in ABC Quality are compliant to minimum health and safety requirements. Results of the health and safety checklist are posted on the [www.scchildcare.org](http://www.scchildcare.org) website.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### **7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?**

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

South Carolina measures the quality and effectiveness of child care programs and services offered with the ABC Quality tools. 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 are A+, A, B+, B, and C. The structure and content of the assessment system is undergoing final modifications to update the content to current best practices, to provide a continuum of quality using one assessment tool for all levels, and a redesign of the tool to encourage continuous quality improvement through the use of a points-based system. This revision has

taken place under guidance from the Research, Evaluation and Measurement Center at the College of Education of the University of South Carolina. Both state and national experts have reviewed the tools for content, equity and inclusion. Expected launch date for the finalized version is fall of 2021 for centers. Implementation will be conducted in phases beginning with the centers, followed by family and group providers. Be Well Care Well and SC Program for Infant and Toddler Care (SCPITC) use the Climate of Healthy Interactions for Learning and Development (CHILD) (Gilliam & Reyes, 2017) as part of a focused program evaluation. The CHILD is a comprehensive observational assessment of the mental health (or social and emotional) climate of early care and education settings. A healthy climate is characterized by authentic warmth and friendship, a developmentally appropriate and child-centered pedagogy, the equitable treatment of children, and a focus on fostering children's psychosocial well-being and holistic development. The CHILD looks holistically at children's learning and development, with a focus on social and emotional learning. It was originally designed to support high quality early childhood care and education, primarily through Early Childhood Mental Health Consultation. However, the CHILD can also be used by researchers, program and school administrators, teachers, and other early childhood professionals. In collaboration with the Center for Evidence-Based Practice at the University of South Carolina College of Social Work's Institute for Families in Society, CHILD assessments will be conducted on approximately 25% of classrooms participating in SCPITC's services.

**7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.**

South Carolina measures the quality and effectiveness of child care programs and services being offered with the ABC Quality tools. 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, meaningful learning activities and child centered environment. The five quality levels are A+, A, B+, B, and C. The structure and content of the assessment system are in the final stage of revisions to update

the content to current best practices, to provide a continuum of quality using one assessment tool for all levels, and to redesign the tool to encourage continuous quality improvement through the use of a points-based system. The revision will be implemented in phases beginning with center-based programs in the fall of 2021. The new standards have been built from the existing Level B standards platform with major upgrades and expansion to include Level C as well as Levels A and A+. The Structural Quality Elements 1 through 4 are scored based on a portfolio review and are weighted 20% of the total score. The Process Quality Element is scored through an on-site unannounced visit and is weighted 80% of the total score. The LA has been working with the Research, Evaluation, and Measurement (REM) Center (formerly the Office of Program Evaluation at UofSC since 2012 to provide ongoing evaluation and improvement to ABC Quality. This process has included data collection and analysis to inform revisions of and provide validity evidence for four state-based tools: Infant Toddler Intentional Teaching Tool, Preschool Intentional Teaching Tool, School Age Intentional Teaching Tool, and Family Child Care Intentional Teaching Tool. The goals are to have state-developed tools that 1) are aligned, 2) incorporate awareness and a strengths-based perspective related to diversity, equity, and inclusion, 3) focus on continuous quality improvement to include validity and reliability studies and continued field-based and organizational feedback loops to make rapid revisions, and 4) lead to higher quality early care and education for all South Carolina children. When the Infant and Toddler teaching tool revisions were complete, the REM Center evaluators conducted a concurrent validity study comparing the Infant Toddler Teaching Tool with the Infant Toddler Environment Rating Scale, a nationally recognized QRIS tool that affirmed the quality of the state-developed tool for this age group. The Preschool Intentional Teaching Tool was initially developed and revised in 2019 based on data and feedback from field-based use of the revised Infant Toddler Intentional Teaching Tool. To gain additional feedback to inform content validity, the collaborative sought expert review in three areas: content, diversity/equity, and inclusion. This expert review process was also extended to the Infant Toddler Teaching Tool to continue to explore alignment and best practices across the tools. Ten reviews were completed in 2020 – 2021 representing the Preschool Intentional Teaching Tool and/or the Infant Toddler Intentional Tool. REM Center evaluators coded the expert review comments, and DSS compiled a demographically and geographically diverse internal team to review and discuss the comments. The Preschool Intentional Teaching Tool was updated based on the expert review and prepared for a field-based feedback process to occur from June-August 2021. The field-based feedback process involves data collection from child care center directors and preschool teachers from representative programs across

South Carolina. REM Center evaluators will analyze the feedback gained through surveys and focus groups and provide quantitative and qualitative data to inform revisions to the Preschool Intentional Teaching Tool. In addition to collecting stakeholder feedback, the REM Center is conducting a literature review of outcomes-based research to situate the standards within the literature and is also aligning the Preschool Intentional Teaching Tool with other national and state standards to identify similarities and differences across standards/assessment tools. These include: 1) the National Association for the Education of Young Children (NAEYC) Early Learning Program Accreditation Standards, 2) Head Start Program Performance Standards, 3) South Carolina's Core Competencies for Early Childhood Teachers/Caregivers and Program Administrators, and 4) South Carolina's Early Learning Standards. The School Age Intentional Teaching Tool is embarking on a similar process that included feedback from eight expert reviewers in April 2021, which was coded by REM Center evaluators. A DSS team that is demographically and geographically diverse is incorporating revisions to the tool based on this feedback. A field-based feedback process including a representative sample of centers using multiple data collection methods will occur in August-October 2021. The field-based feedback will be analyzed by REM Center evaluators to inform revisions to the School Age Intentional Teaching Tool. Finally, the Family Child Care Intentional Teaching Tool will use a similar process in 2022. These plans will continue through 2022 with follow-up planned for 2023 and 2024. A new initiative (Building for Our Future) to create a companion CQI infrastructure to incentivize improvement is being implemented through the PDG -Birth-5 grant awarded to the LA. This new CQI process is anticipated to continue with CCDF funds once the infrastructure is created and the PDG Birth-5 grant is completed. All of the assessment indicators are measurable and can be tracked both individually and aggregated.

## [7.8 Accreditation Support](#)

**7.8.1 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?**

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

**7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

N/A – no use of CCDF funds for this. SC does not have plans for supporting accreditation.

## 7.9 Program Standards

**7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:**

**a. Infants and toddlers**

SC supports a variety of efforts to adopt high-quality standards for infants and toddlers, preschool children and school-age children through the establishment of the ABC Quality Program Standards which provide the definition of best practices for the state. The standards are framed by a tiered quality rating and improvement system which provides a continuum for continuous quality improvement and a path through the quality levels based on indicators met and points earned. Strategies to support this system include:

- SC Endeavors workforce registry to track individual caregiver and director progress toward higher educational achievements. The T.E.A.C.H. scholarship program to support individuals employed in child care to attain credentials and degrees in early childhood through the state's technical college system and then in 4-year colleges and universities. (Section 7.2.1a)

- Maintaining the revised SC Early Learning Standards which were adopted in August 2017 by the ELS Task Force membership and the State Board of Education. This was a result of work by a 50-member Task Force convened to consolidate previous documents into one common document that is user-friendly. The LA funded this work and provided funding for three printings of the book totaling over 20,000 copies available to all in the early childhood community. The SC Early Learning Standards is ADA compliant and a Spanish version is under development. ABC Quality alone has distributed copies to all ABC Quality programs with copies for each classroom. Training approvals from SC

Endeavors assure that the SCELS has been linked to all training. (Section 7.2.1b)

- Enhancing a tiered quality rating and improvement system which was first introduced in 1992. ABC Quality is completing a major revision to the system including the adoption of a common assessment process consisting of Eligibility Requirements, Process Quality (on site review of classrooms) and Structural Quality (portfolio review of policies/procedures), revision of indicators to update best practice, revised integrated data system, restructure of ABC Quality organization and staffing. (Section 7.2.1c)

- Improving the supply and quality of child care services for infants and toddlers. The LA continues to fund the SC Program for Infant Toddler Care (SCPITC) to provide in-depth training and technical assistance to programs seeking to improve the quality of care to infants and toddlers as well as other age groups served. (Section 7.2.1d)

- Establishing or expanding a statewide system of CCR&R services. The LA continues to fund the activities including general and specialized technical assistance to improve ABC Quality performance in centers and group and family home providers either seeking to enroll in or participating in ABC Quality. (Section 7.2.1e)

- Facilitating compliance with State Standards. The LA provides services through the SC CCR&R Network funded by the LA to improve child care licensing compliance through general and specialized technical assistance. Additionally, SC CCL is receiving TA to develop a system of rater reliability through a contracted consultant. (Section 7.2.1f)

- Evaluating and assessing the quality and effectiveness of child care services within the state. The LA contracts with Research, Evaluation and Measurement (REM) at UofSC to provide guidance and technical assistance in the development of the ABC Quality program assessment tool which is the primary measure of quality and effectiveness of child care programs. The contract with New World Now provides for the development of an integrated data system that pulls from a variety of sources to link data needed for the ABC Quality assessment tool, manages the technical assistance for the system. The contract with the state Fiscal and Revenue Affairs maintains and upgrades the process quality tool. (Section 7.2.1g)

- Supporting state efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. The LA contracts with the State Department of Health and Environmental Control (DHEC) to support a consultant to advise ABC Quality on health-related best practice issues including prevention of obesity in young children; redesign of outdoor space to promote outdoor learning through a naturalized environment; and development of a program of recognition for child care achievements such as healthy eating, physical activity, and breast-feeding

friendly programs as a model for other areas of recognition. The LA provides a PDG Birth-5 Grant to the South Carolina Infant Mental Health Association (SCIMHA) to develop and implement an infant mental health consultation model to address behaviors in child care that can cause suspension and expulsion. A contract with UofSC implements a team of BeWell CareWell coaches to work with caregivers to diminish their stress which can exacerbate behaviors of children in their care. (Section 7.2.1i)

- Other activities to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, or kindergarten entry is possible. Several strategies are under pilot through the PDG Birth-5 Grant received by the LA. The initiative Building for Our Future is constructing the infrastructure for a new provider incentive program targeting Continuous Quality Improvement (CQI) which is slated for implementation in 2022. Another initiative in the PDG Birth-5 Grant known as Quality Care by Design (QCBD) is designed to upgrade infant/toddler classrooms and 3-year classrooms in centers offering state 4K classrooms. Again, the infrastructure for this initiative is under development and it will be piloted in the last quarter of 2021. SC Endeavors and ABC Quality are partnering on an initiative to populate the workforce registry's career level component which is used in the calculation of the Structural Quality component of the revised ABC assessment tool. (Section 7.2.1j)

#### b. Preschoolers

SC supports a variety of efforts to adopt high-quality standards for infants and toddlers, preschool children and school-age children through the establishment of the ABC Quality Program Standards which provide the definition of best practices for the state. The standards are framed by a tiered quality rating and improvement system which provides a continuum for continuous quality improvement and a path through the quality levels based on indicators met and points earned. Strategies to support this system include:

- SC Endeavors workforce registry to track individual caregiver and director progress toward higher educational achievements. The T.E.A.C.H. scholarship program to support individuals employed in child care to attain credentials and degrees in early childhood through the state's technical college system and then in 4-year colleges and universities. (Section 7.2.1a)

- Maintaining the revised SC Early Learning Standards which were adopted in August 2017 by the ELS Task Force membership and the State Board of Education. This was a result of work by a 50-member Task Force convened to consolidate previous documents into one common document that is user-friendly. The LA funded this work and provided

funding for three printings of the book totaling over 20,000 copies available to all in the early childhood community. The SC Early Learning Standards is ADA compliant and a Spanish version is under development. ABC Quality alone has distributed copies to all ABC Quality programs with copies for each classroom. Training approvals from SC Endeavors assure that the SCELS has been linked to all training. (Section 7.2.1b)

- Enhancing a tiered quality rating and improvement system which was first introduced in 1992. ABC Quality is completing a major revision to the system including the adoption of a common assessment process consisting of Eligibility Requirements, Process Quality (on site review of classrooms) and Structural Quality (portfolio review of policies/procedures), revision of indicators to update best practice, revised integrated data system, restructure of ABC Quality organization and staffing. (Section 7.2.1c)

- Establishing or expanding a statewide system of CCR&R services. The LA continues to fund the activities including general and specialized technical assistance to improve ABC Quality performance in centers and group and family home providers either seeking to enroll in or participating in ABC Quality. (Section 7.2.1e)

- Facilitating compliance with State Standards. The LA provides services through the SC CCR&R Network funded by the LA to improve child care licensing compliance through general and specialized technical assistance. Additionally, SC CCL is receiving TA to develop a system of rater reliability through a contracted consultant. (Section 7.2.1f)

- Evaluating and assessing the quality and effectiveness of child care services within the state. The LA contracts with Research, Evaluation and Measurement (REM) at UofSC to provide guidance and technical assistance in the development of the ABC Quality program assessment tool which is the primary measure of quality and effectiveness of child care programs. The contract with New World Now provides for the development of an integrated data system that pulls from a variety of sources to link data needed for the ABC Quality assessment tool, manages the technical assistance for the system. The contract with the state Fiscal and Revenue Affairs maintains and upgrades the process quality tool. (Section 7.2.1g)

- Supporting state efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. The LA contracts with the State Department of Health and Environmental Control (DHEC) to support a consultant to advise ABC Quality on health-related best practice issues including prevention of obesity in young children; redesign of outdoor space to promote outdoor learning through a naturalized environment; and development of a program of recognition for child care achievements such as healthy eating, physical activity, and breast-feeding

friendly programs as a model for other areas of recognition. The LA provides a PDG Birth-5 Grant to the South Carolina Infant Mental Health Association (SCIMHA) to develop and implement an infant mental health consultation model to address behaviors in child care that can cause suspension and expulsion. A contract with UofSC implements a team of BeWell CareWell coaches to work with caregivers to diminish their stress which can exacerbate behaviors of children in their care. (Section 7.2.1i)

- Other activities to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, or kindergarten entry is possible. Several strategies are under pilot through the PDG Birth-5 Grant received by the LA. The initiative Building for Our Future is constructing the infrastructure for a new provider incentive program targeting Continuous Quality Improvement (CQI) which is slated for implementation in 2022. Another initiative in the PDG Birth-5 Grant known as Quality Care by Design (QCBD) is designed to upgrade infant/toddler classrooms and 3-year classrooms in centers offering state 4K classrooms. Again, the infrastructure for this initiative is under development and it will be piloted in the last quarter of 2021. SC Endeavors and ABC Quality are partnering on an initiative to populate the workforce registry's career level component which is used in the calculation of the Structural Quality component of the revised ABC assessment tool. (Section 7.2.1j)

#### [c. and/or School-age children.](#)

SC supports a variety of efforts to adopt high-quality standards for infants and toddlers, preschool children and school-age children through the establishment of the ABC Quality Program Standards which provide the definition of best practices for the state. The standards are framed by a tiered quality rating and improvement system which provides a continuum for continuous quality improvement and a path through the quality levels based on indicators met and points earned. Strategies to support this system include:

- SC Endeavors workforce registry to track individual caregiver and director progress toward higher educational achievements. The T.E.A.C.H. scholarship program to support individuals employed in child care to attain credentials and degrees in early childhood through the state's technical college system and then in 4-year colleges and universities. (Section 7.2.1a)

- Maintaining the revised SC Early Learning Standards which were adopted in August 2017 by the ELS Task Force membership and the State Board of Education. This was a result of work by a 50-member Task Force convened to consolidate previous documents into one common document that is user-friendly. The LA funded this work and provided

funding for three printings of the book totaling over 20,000 copies available to all in the early childhood community. The SC Early Learning Standards is ADA compliant and a Spanish version is under development. ABC Quality alone has distributed copies to all ABC Quality programs with copies for each classroom. Training approvals from SC Endeavors assure that the SCELS has been linked to all training. (Section 7.2.1b)

- Enhancing a tiered quality rating and improvement system which was first introduced in 1992. ABC Quality is completing a major revision to the system including the adoption of a common assessment process consisting of Eligibility Requirements, Process Quality (on site review of classrooms) and Structural Quality (portfolio review of policies/procedures), revision of indicators to update best practice, revised integrated data system, restructure of ABC Quality organization and staffing. (Section 7.2.1c)

- Establishing or expanding a statewide system of CCR&R services. The LA continues to fund the activities including general and specialized technical assistance to improve ABC Quality performance in centers and group and family home providers either seeking to enroll in or participating in ABC Quality. (Section 7.2.1e)

- Facilitating compliance with State Standards. The LA provides services through the SC CCR&R Network funded by the LA to improve child care licensing compliance through general and specialized technical assistance. Additionally, SC CCL is receiving TA to develop a system of rater reliability through a contracted consultant. (Section 7.2.1f)

- Evaluating and assessing the quality and effectiveness of child care services within the state. The LA contracts with Research, Evaluation and Measurement (REM) at UofSC to provide guidance and technical assistance in the development of the ABC Quality program assessment tool which is the primary measure of quality and effectiveness of child care programs. The contract with New World Now provides for the development of an integrated data system that pulls from a variety of sources to link data needed for the ABC Quality assessment tool, manages the technical assistance for the system. The contract with the state Fiscal and Revenue Affairs maintains and upgrades the process quality tool. (Section 7.2.1g)

- Supporting state efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. The LA contracts with the State Department of Health and Environmental Control (DHEC) to support a consultant to advise ABC Quality on health-related best practice issues including prevention of obesity in young children; redesign of outdoor space to promote outdoor learning through a naturalized environment; and development of a program of recognition for child care achievements such as healthy eating, physical activity, and breast-feeding

friendly programs as a model for other areas of recognition. The LA provides a PDG Birth-5 Grant to the South Carolina Infant Mental Health Association (SCIMHA) to develop and implement an infant mental health consultation model to address behaviors in child care that can cause suspension and expulsion. A contract with UofSC implements a team of BeWell CareWell coaches to work with caregivers to diminish their stress which can exacerbate behaviors of children in their care. (Section 7.2.1i)

- Other activities to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, or kindergarten entry is possible. Several strategies are under pilot through the PDG Birth-5 Grant received by the LA. The initiative Building for Our Future is constructing the infrastructure for a new provider incentive program targeting Continuous Quality Improvement (CQI) which is slated for implementation in 2022. Another initiative in the PDG Birth-5 Grant known as Quality Care by Design (QCBD) is designed to upgrade infant/toddler classrooms and 3-year classrooms in centers offering state 4K classrooms. Again, the infrastructure for this initiative is under development and it will be piloted in the last quarter of 2021. SC Endeavors and ABC Quality are partnering on an initiative to populate the workforce registry's career level component which is used in the calculation of the Structural Quality component of the revised ABC assessment tool. (Section 7.2.1j)

**7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Measurable indicators of progress that capture the quality initiatives in 7.2.1 include:

Section 7.2.1a: Once the workforce registry is populated and a baseline is created, reports from the workforce registry can show individual caregiver and director progress toward higher educational achievements which can be aggregated to show statewide progress of the workforce. The T.E.A.C.H. scholarship initiative can show data on those attaining credentials and degrees in early childhood through the state's technical college system and at 4 year colleges and universities.

Section 7.2.1b: Measurable indicators of progress include: number of ELS copies distributed: number of staff who have attended training related to use of ELS: number of training approvals that have linked the training to ELS domains; number of downloads of

ADA compliant version from the LA website; when completed, information on use of Spanish version of the ELS.

Section 7.2.1c: During the first year of full implementation, establishing a baseline for scores. Separate measures of progress meeting Structural Quality indicators, Process Quality indicators, compliance to Eligibility Requirements including item analysis and overall changes in quality levels. Measures related to impact of technical assistance provided for Continuous Quality Improvement (CQI). Progress on inter-rater reliability for assessors. Measures of caseload levels and status with measures related to organizational changes.

Section 7.2.1d: Number of programs and staff served through intense year-long training and technical assistance including staff turnover and dropouts. Impact of services on ABC Quality assessment scores and quality levels.

Section 7.2.1e: Measures of impact of CCR&R training and technical assistance services on ABC Quality assessment scores and quality levels.

Section 7.2.1f: Measures of impact of CCR&R training and technical assistance services on child care licensing deficiencies and corrective action plans. Measures of progress on inter-rater reliability for child care specialists.

Section 7.2.1g: Measures recommended by REM at UofSC to measure the effectiveness of the ABC Quality program assessment tool. Full use of the New World Now system which is designed to be an integrated data system that pulls from a variety of sources to link data needed for ABC Quality assessment tool and to track all technical assistance reported through the system.

Section 7.2.1i: High-quality program standards relating to health, mental health, nutrition, physical activity, and physical development in many cases are developed in collaboration with state partners and include the use of contracted services in development. These contracts have specific requirements in the scope of work which are reviewed by the LA.

## [7.10 Other Quality Improvement Activities](#)

**7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:**

Section 7.2.1a: Data reports from New World Now system on individual caregiver and director progress toward higher educational achievements. Use of T.E.A.C.H. scholarship program . Number of individuals in Workforce Registry and movement upward through Career Levels.

UofSC Leadership Cohort: The LA has funded cohorts of early childhood leaders (both established and emerging) to enroll in the program of study leading to a M.Ed in early childhood education. This program is designed to provide a strong infrastructure of knowledge and practice within the early childhood field in SC with the purpose of strengthening each person's core early childhood knowledge and skills. Four cohorts have completed the degree and a fifth cohort began fall of 2021. Measurable indicators of progress include: class lists, numbers graduating, career advancement and recognitions.

Third Sector New England (TSNE): The LA has a continuing grant to provide BUILD membership and technical assistance to the LA and a SC inter-agency team to explore new ways of partnering and collaborating to increase services to children and to explore critical issues including equity and inclusion. Regular opportunities are presented to engage with other states experiencing similar issues and challenges in small gatherings with opportunities for discussion and interaction. Other services include specialized consultants and services through other entities through sub-contracts to assist the LA. Measurable indicators of progress are work projects completed and satisfaction surveys to participants.

United Way of South Carolina: The LA has a grant to United Way of South Carolina to increase investment for children and families in local communities to support child care and after-school activities. Measurable indicators of progress are numbers of communities impacted, numbers of children and families served.

AIM: The LA has a grant with Anderson Inter-faith Ministries to provide support for women to complete their education and become gainfully employed through a faith-based ministry in a

local community providing child care scholarships. Measurable indicators of progress are numbers of women served and other outreach provided by AIM.

New World Now: The LA has a sole-source contract with New World Now to develop an integrated data system that will allow more efficient data management, tracking and reporting for SC Endeavors and ABC Quality and reduce duplicate processes for child care providers. Measurable progress indicators will be better and more accurate data available for decision-making by the LA.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

## 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The Service Voucher Log (SVL) is the payment document by which providers are paid for services provided to voucher children. The SVL is computer generated for a provider when there are payments to be made. Once the provider receives the SVL, records hours attended, absences, and any other pertinent information regarding the proposed payments to be made, the SVL is returned either via online or mail to the Finance Division. The finance staff review all SVLs and then submit them for payment. The providers receive their payments within 5-7 days of submission.

- b. Fiscal oversight of grants and contracts

Describe:

All contracts/grants are vendor/contractor agreements with a defined scope of work and include service activities and program deliverables that are determined by the DECE. Services are ancillary to the overall 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 them being paid.

- c. Tracking systems to ensure reasonable and allowable costs

Describe:

d. Other

Describe:

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**

a. Conduct a risk assessment of policies and procedures

Describe:

Case reviews are conducted on a percentage of all new or recertification cases to ensure that the case was determined properly and that the services authorized are in accordance with policy. If errors are found the case review staff return the case to the eligibility worker so that a correction can be made.

b. Establish checks and balances to ensure program integrity

Describe:

Monthly data matches are conducted between the CHIP (Client History and Information Profile) system, CAPSS (Child and Adult Protective Services System), and the SC Voucher System. Cases that have been closed in CHIP or CAPSS are terminated in the SC Voucher system with a 90 day notice.

c. Use supervisory reviews to ensure accuracy in eligibility determination

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.

d. Other

Describe:

**8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.**

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Notifications to providers enrolled with the ABC Quality program to serve children with CCDF-funded subsidies (SC Voucher) about policy changes are made by letter, email, newsletter, and website. Also, ABC Quality Assessors of providers serve as communicators of policy changes through their annual on-site reviews of providers, phone calls, and email messages to providers. LA child care staff are notified of policy changes via policy alerts and staff meetings.

ii. Issue policy manual.

Describe:

Multiple policy manuals and documents have been issued by the LA addressing CCDF requirements for all providers who will be serving children with CCDF-funded subsidies (SC Voucher). To serve children with CCDF-funded subsidies (SC Voucher), child care providers must be enrolled with the LA's ABC Quality program. ABC Quality policy manuals and documents are posted on the [sccildcare.org](http://sccildcare.org) website in the ABC Library, which include: Understanding ABC Quality 2020, ABC Quality Structural Quality Indicators and Process Quality Indicators, ABC Quality License Exempt Manual, ABC Quality Provider Business Procedures, ABC Quality Provider Agreement, Code of Ethics which the provider must sign, as well as various clarification guides and forms with explanations about policies and procedures.

iii. Provide orientations.

**Describe:**

An orientation module with a general overview of ABC Quality is posted on the LA's website and addresses eligibility requirements. During a provider's enrollment with ABC Quality, the Quality Assessor assigned to the provider reviews with them the Provider Agreement, ABC Quality Business Procedures, and answers questions.

**iv. Provide training.**

**Describe:**

Training with child care providers is conducted one- on-one with providers during their enrollment with ABC Quality, focusing on the Provider Agreement, ABC Quality Business Procedures, policies, and program standards/indicators. Periodically webinars will be held with child care providers to discuss best practices and updates to policy and procedures.

**v. Monitor and assess policy implementation on an ongoing basis.**

**Describe:**

Providers enrolled with ABC Quality are reviewed annually by ABC Quality assessors for compliance with policy. Any corrective action needed is communicated to the provider by their assessor.

**vi. Meet regularly regarding the implementation of policies.**

**Describe:**

ABC Quality assessors meet regularly on an annual basis with providers to assess their compliance with policy. Any corrective action needed is communicated to the provider by their assessor, with follow up as needed.

**vii. Other.**

**Describe:**

**b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:**

i. Issue policy change notices.

Describe:

LA staff members are informed about policy changes through a variety of methods, to include via policy alerts, onsite trainings, monthly staff meetings, emails, and DECE monthly newsletters.

ii. Train on policy change notices.

Describe:

The need for formal training on policy changes depends on the policy. For SC Voucher eligibility policy changes and major ABC Quality initiatives, eligibility and assessor staff attend formalized training. Other staff are informed of the policy changes through monthly or special staff meetings, emails, and DECE newsletters.

iii. Issue policy manuals.

Describe:

With every policy manual update, the new version is posted on the [www.scchildcare.org](http://www.scchildcare.org) website and a copy is sent directly to staff. Staff are responsible for reading and signing an acknowledgement statement indicating that they have read and understand the policy updates. ABC Quality issues a variety of policy manuals and guides, with periodic updates.

iv. Train on policy manual.

Describe:

All new DECE staff are trained on the policy manual upon hiring. A tutorial has been developed for income calculations based on the results of the Improper Payments review process. Training of new ABC Quality assessors occurs one-on-one with an anchor or senior assessor over a period of time where the assessor studies the manuals, standards, business procedures and other key documents, shadows an assessor, conducts parallel assessments, completes inter-rater reliability, and prepares to conduct provider reviews independently with cellphone access to senior staff if there are unusual situations not encountered during training. LA child care staff are trained on a regular on-going basis of the eligibility process and procedures.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Monthly leadership team meetings are held with staff to communicate policy changes and to ensure clarifications and updates are provided timely. LA CCDF Administrator and leadership regularly participate in OCC meetings and webinars about emerging and ongoing topics in CCDF administration, practices, and areas of concern. From information received in these meetings and when circumstances in our state warrant reassessment of our policy and practices, DECE leadership convenes to reconsider our approaches and to revise policy as needed. As needed, based on the quality review process, staff are provided one on one training in specific policy areas.

vi. Meet regularly regarding the implementation of policies.

Describe:

Meetings are held regularly and more often as needed to provide clarification and direction on implementation of policies. DECE has monthly leadership staff meetings to share progress and challenges in the implementation of policies, new developments, necessary actions, and brainstorming options to improve practices. DECE staff conducts regular meetings with supervisory management staff and program team.

vii. Other.

Describe:

A PowerPoint tutorial regarding eligibility and program integrity was developed for all eligibility staff, and is required at least once a year, and more often as needed. DECE staff were provided with the reauthorized CCDBG statute and related CCDF Final Rule. These are reviewed for all programmatic decision making to assure compliance.

**8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

The process for reviewing the effectiveness of internal control activities to ensure sound

fiscal management, to identify areas of risk, and to train child care providers and LA staff administering CCDF about program requirements includes continuous assessment of practices to identify and prevent errors in determining recipient eligibility, and payments to providers, contractors, and vendors. Staff have defined roles and responsibilities that are included in written position descriptions. Monthly staff meetings of the LA enable timely resolution of identified problems. Providers' responsibilities are included in executed written agreements. Training is provided to staff and providers of their responsibilities. Adherence to established written policies, procedures and practices are monitored on an ongoing basis through supervisory reviews and LA peer consultation. Fiscal reports are reviewed to identify potential errors. Risks are assessed prior to entering into agreements with providers, contractors, and vendors. Contracts are developed to include clearly defined scopes of services, terms and conditions. Contracts are routinely monitored to assure performance is according to the executed scope of services. Invoices are monitored to assure consistency, allowability and reasonableness relative to executed contract or purchase order budgets. Errors that are detected through established protocols are resolved timely. Effectiveness of internal controls is demonstrated by a low prevalence of errors in eligibility determinations and payments to providers, contractors and vendors.

**8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.**

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, 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)).

Describe the activities and the results of these activities:

A monthly data match is performed using child care eligibility data (SC Voucher System) to match with the CHIP (Client History and Information Profile), TANF, and SNAP databases to flag for possible errors, changes, and case closures that need to be made in a timely manner. This match is used in an effort to reduce errors and identify training needs for staff. The workers makes changes directly in the system. There is not a cumulative record of the number of changes that are made.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Duplicate Client report and Duplicate Payment report are generated and worked by staff on an ongoing basis. These reports include potential duplicate clients and payments and allow staff to investigate to determine if there was duplication. If it is determined that there was duplication in payment, recoupments are completed to recover the duplicate payment. At this time the system doesn't keep a running total of these changes made.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

LA Finance staff review all billing records (SVLs) submitted by providers. ABC Quality staff review enrollment documents prior to a provider enrolling to ensure the provider is enrolled at the appropriate rates and level. This will help ensure LA Audit Division staff review attendance when conducting provider audits.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Bi-weekly reports are generated for the Quality Review Team to utilize in conducting 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. The results of these reports are shared with

eligibility supervisors and SC Voucher Manager. At this time the system doesn't keep a running total of these changes made.

v. Audit provider records.

Describe the activities and the results of these activities:

LA Audit Division conduct audits on a percentage of CCDF funded providers each year.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The ABC Quality Assessors, child care eligibility and control center staff are trained on the Provider Business Procedures and other relevant documents so they can identify possible problems when they visit providers and review records.

vii. Other

Describe the activities and the results of these activities:

Special audits are conducted as requested when potential fraud is suspected.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

A monthly data match is performed using child care eligibility data (SC Voucher

System) to match with the CHIP (Client History and Information Profile), TANF, and SNAP databases to flag for possible errors, changes, and case closures that need to be made in a timely manner. This match is used in an effort to reduce errors and identify training needs for staff .The workers makes changes directly in the system. There is not a cumulative record of the number of changes that are made.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Duplicate Client report and Duplicate Payment report are generated and worked by staff on an ongoing basis. These reports include potential duplicate clients and payments and allow staff to investigate to determine if there was duplication. If it is determined that there was duplication in payment, recoupments are completed to recover the duplicate payment. At this time the system doesn't keep a running total of these changes made.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

LA Finance staff review all billing records (SVLs) submitted by providers. ABC Quality Assessors review enrollment documents prior to a provider enrolling. LA Audit Division staff review attendance when conducting provider audits.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

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. At this time the system doesn't keep a running total of these changes made.

v. Audit provider records.

Describe the activities and the results of these activities:

LA Audit Division conducts audits on a percentage of CCDF funded providers each year.

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The ABC Quality Assessors, child care eligibility and control center staff are trained on the Provider Business Procedures and other relevant documents so they can identify possible problems when they visit providers and review records.

- vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

A monthly data match is performed using child care eligibility data (SC Voucher System) to match with the CHIP (Client History and Information Profile), TANF, and SNAP databases to flag for possible errors, changes, and case closures that need to be made in a timely manner. This match is used in an effort to reduce errors and identify training needs for staff. The workers makes changes directly in the system. There is not a cumulative record of the number of changes that are made.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Duplicate Client report and Duplicate Payment report are generated and worked by staff on an ongoing basis. These reports include potential duplicate

clients and payments and allow staff to investigate to determine if there was duplication. If it is determined that there was duplication in payment, recoupments are completed to recover the duplicate payment. At this time the system doesn't keep a running total of these changes made.

**iii. Review enrollment documents and attendance or billing records**

**Describe the activities and the results of these activities:**

LA Finance staff review all billing records (SVLs) submitted by providers. ABC Quality Assessors review enrollment documents prior to a provider enrolling. LA Audit Division staff review attendance when conducting provider audits.

**iv. Conduct supervisory staff reviews or quality assurance reviews.**

**Describe the activities and the results of these activities:**

Bi-weekly reports are generated for the Quality Review Team to utilize in conducting 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. At this time the system doesn't keep a running total of these changes made.

**v. Audit provider records.**

**Describe the activities and the results of these activities:**

LA Audit Division conduct audits on a percentage of CCDF funded providers each year.

**vi. Train staff on policy and/or audits.**

**Describe the activities and the results of these activities:**

The ABC Quality Assessors, child care eligibility and control center staff are trained on the Provider Business Procedures and other relevant documents so they can identify possible problems when they visit providers and review records

**vii. Other**

**Describe the activities and the results of these activities:**

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

SCDSS Office of the Inspector General

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The LA refers to the Office of Inspector General (OIG) to investigate issues related to fraud. DECE staff upon identifying the potential for fraud or misrepresentation refers documentation to the OIG for extensive research and investigation to determine findings.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

When it is determined that a provider has intentionally violated the program policies a recoupment of monies paid to the provider is processed. The provider is allowed to setup a repayment plan through the LA Finance Division. 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.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

If the provider who has intentionally violated program policy is allowed to continue to serve voucher children, recoupments will be recovered from future SVL's submitted by the provider. The LA 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 in 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 due, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the Service Voucher Log (SVL). If the provider who has intentionally violated program policy is allowed to continue to serve voucher children, recoupments will be recovered from future SVL's submitted by the provider. The LA 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 in 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 due, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the SVL invoice for the provider and will affect all future payments until the amount of the adjustment has been paid or received.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Accounts Receivable Division of the LA handles the process of submitting the State Tax intercept requests which are processed through the SC Department of Revenue.

vi. Recover through other means.

Describe the activities and the results of these activities:

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

- viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

When it is determined that a provider has unintentionally violated the program policies, a recoupment of monies paid to the provider is processed. The provider is allowed to set up a repayment plan through the LA Finance Division. 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. A report will be created to give a total amount of funds recovered through repayment plans.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

If the provider who has unintentionally violated program policy is allowed to continue to serve voucher children, recoupments will be recovered from future SVL's submitted by the provider. The LA has processes in place to recover misspent funds from providers that are the results of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in 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 due, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the SVL invoice for the provider and will affect all future payments until the amount of the adjustment has been paid or received.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Accounts Receivable Division of the LA handles the process of submitting State tax intercept requests which are processed through the SC Department of Revenue. Tax intercepts are not processed for clients.

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

Due to an agency error if the client should have paid a lower client fee, the error would be corrected in the automated system and the correct fee amount would be assessed

going forward. Should an agency error occur for a provider and the payment amount was incorrect the LA would process an adjustment to correct the error and refund the provider the amount due. The system currently does not track agency errors. The change is documented and corrected in the system.

**8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

The LA has a Quality Review Process that conducts monthly random reviews to check the accuracy of determinations of child care eligibility. The results of these reviews are then discussed with the eligibility supervisors to assist with one-on-one sessions with child care eligibility workers to ensure correct interpretation of policy and procedures. If it is determined that there is potential fraud case it is directed to the SC Voucher Program Manager for review and referral to the Office of Inspector General. If it is determined that there was an unintentional program violation the Quality Review Team holds periodic training sessions with eligibility staff. In either case, there is a thorough review of the case records and documents by the Quality Review staff and if warranted, this could lead to termination of services.

When appropriate, policy clarifications are issued as needed and updates to the SC Voucher Policy Manual are made by the Program Manager.

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 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 the appeal process the client is responsible for paying for their own child care arrangements. After the fair hearing is conducted, if the denial or termination of services for deliberate misrepresentation is upheld, the client will be disqualified from receiving child care services for life. Report will be developed to track.

b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

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 SC Voucher program and de-enrollment of a specific care type. If it is determined that a provider deliberately misrepresented information in order to receive payment for voucher children, the provider will be terminated from the SC Voucher program. 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 the LA legal staff as well as the provider and the provider's legal representative as appropriate. ABC Quality monitoring staff are responsible for representing the SC Voucher program at provider fair hearings. If the decision of the fair hearing is that the provider did deliberately misrepresent information, and the termination decision is upheld, the provider will be disqualified from enrolling in the ABC Quality program for life. Report will be developed to track.

c. Prosecute criminally.

Describe the activities and the results of these activities:

The OIG is staffed with certified law enforcement personnel skilled in specialized administrative and criminal investigative techniques with the responsibility for the detection and prevention of fraud, waste, and abuse in South Carolina Department of Social Services' (SCDSS) programs and operations. Specifically, allegations of ABC Program Fraud investigated by the OIG and upon the establishment of probable cause, are referred to the appropriate prosecutorial authority for adjudication. Report will be developed to track.

d. Other.

Describe the activities and the results of these activities:

The SC Voucher system has controls in place to address improper payments to providers. The system adjustment process recoups overpayments to a provider from the 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.

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.