



South Carolina Child Care Voucher Program Policy Manual

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****COVID-19 Information****

Background

On March 13, 2020, South Carolina Governor Henry McMaster declared a state of emergency in response to the Novel Coronavirus disease (COVID-19) pandemic. Subsequent Executive Orders directed all public schools to close through April 30, 2020 (3/15/20); all non-essential state staff not report to work, physically or in-person, until further notice (3/19/20); and all non-essential businesses, venues, facilities, services, and activities for public use close for the duration of the emergency (4/1/20).

As the Lead Agency for the Child Care Development Block Grant, the South Carolina Department of Social Services (SCDSS) is requesting a temporary waiver of some of the Child Care Development Fund (CCDF) requirements.

Waiver for Extraordinary Circumstances

Section 658l(c)(l) of the Child Care Development Block Grant (CCDBG) Act (42 U.S.C. 985g(c)(l) and Part 45 Code of Federal Regulations (CFR) 598.19(a) of the Child Care and Development Fund (CCDF) regulations allow the Secretary of the U.S. Department of Health and Human Services to temporarily waive one or more of the requirements contained in the CCDBG Act or the CCDF regulations.

Section 98.19(b)(2) allows States to apply for waivers of no more than two years "in cases of extraordinary circumstances, which are defined as temporary circumstances or situations, such as a natural disaster or financial crisis".

According to CCDF regulation 45 CFR 598.19(c), waiver requests must:

- a) Indicate which type of waiver the State is requesting;
- b) Detail each sanction or provision of the Act or regulations that the State seeks relief from;
- c) Describe how a waiver from that sanction or provision will, by itself, improve delivery of child care services for children; and
- d) Certify and describe how the health, safety, and well-being of children served through assistance received under this part will not be compromised as a result of the waiver.

Purpose of Child Care Waiver Request

South Carolina is requesting a waiver, effective March 13, 2020, based on extraordinary circumstances because of the COVID-19 pandemic. The end date is based on the date that the Governor ends the state of emergency for South Carolina. The need for short-term emergency child care services is critical to assist first responders, emergency personnel, emergency support personnel, essential government personnel, those in essential businesses in the local community, and health care professionals responding to public needs related to COVID-19. General policy changes are needed to support families and child care providers affected by COVID-19. The need for emergency funding is critical to manage the financial crisis child care providers are facing because of interruption of child care services, low enrollment of children, or center closures. The circumstances created by the COVID-19 pandemic are justifiably extraordinary circumstances.

Waiver Request

South Carolinas requested approval to waive relevant federal regulations in order to accomplish the following:

1. Use CCDF funds to provide direct services to families who do not meet CCDF eligibility requirements (waive provisions of 45 CFR §98.20).
2. Use CCDF funds to provide direct services and/or quality dollars to providers who do not meet the full scope of CCDF health & safety, training, and criminal background check requirements (waive provisions of 45 CFR § 98.41 and 45 CFR §98.43).
3. Modify processes for monitoring provider compliance with CCDF health & safety, training, and criminal background check requirements (waive provisions of 45 CFR § 98.41 and 45 CFR §98.43).
4. Temporarily suspend the following inspections required in 45 CFR §98.42(b)(2):
 - A. Pre-licensure inspection for compliance with health, safety, and fire standards;
 - B. Annual unannounced inspection for compliance with all child care licensing standards; and
 - C. Annual inspection for compliance with health and safety (including, but not limited to, those requirements described in § 98.41), and fire standards for child care providers (licensed and license-exempt) enrolled in the ABC Quality program.

5. Use CCDF funding for emergency and temporary child care centers to serve children and families affected by COVID-19, as part of SCDSS' Statewide Disaster Plan. These providers may not meet the full scope of CCDF health & safety, training, and criminal background check requirements.
6. Use CCDF funds to provide direct services and/or quality dollars to providers who do not meet criminal background check requirements as outlined in 45 CFR §98.43.
7. Use CCDF funds to implement changes to payment practices and absence/enrollment policies to support continuation and recovery of child care services. Direct service payments for full-time enrollment of children served through the SC Voucher program will be continued for up to 180 days for providers not able to serve families due to the impacts of COVID-19. During the emergency period, families/providers will have flexibility to transfer enrollments to temporary locations to continue care and meet increased demand. Thereafter, direct service payments may be extended for a period not to exceed 180 days if deemed necessary. SCDSS will also make direct service payments to eligible providers who provide care for children on a temporary basis while operations are restored to the original provider.

Certification of Health and Safety

During the waiver period, SCDSS will continue to provide support, technical assistance, and consultation to child care providers and those in temporary care sites. SCDSS certifies the health, safety and well-being of children served will not be compromised as a result of these waiver requests.

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Chapter 1

Introduction to The SC Voucher Program

DSS Mission Statement

To serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. This mission is accomplished through the core principles of competence, courage and compassion.

1.1 Program Purpose and Legal Basis

1.1.1 Purpose of the Child Care Assistance Program

The South Carolina Department of Social Services (SCDSS) administers the child care subsidy program, hereafter referred to as the SC Voucher Program. Child care services provided through this program are funded by the Child Care and Development Fund (CCDF), the Social Services Block Grant (SSBG), and State dollars. The CCDF is under the administration of the U.S. Department of Health and Human Services, Administration for Children and Families and is distributed to the states to provide child care services for low income families.

The purpose of the SC Voucher Program is to:

- A. Increase the availability, affordability, accessibility and quality of child care for families in the state of South Carolina
- B. Assist families in achieving and maintaining economic self-support and self-sufficiency.

The goals of economic independence and prevention of welfare dependency are promoted through the belief that continued employment results in more secure families. This program reinforces the idea that the strength of the family is important to the state's and the nation's economy. Targeting families that are attempting to achieve and maintain economic independence from welfare is a concern of state and federal government.

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1.1.2 Federal Regulations

As the lead agency, SCDSS is responsible for implementing a program that complies with federal regulations associated with the CCDF. Under these regulations, SCDSS must ensure that:

- The program is made accessible to all eligible parents as funding permits.
- A parent is given a choice of eligible providers and that the requirement of this program will not significantly restrict parental choice of the types of providers.
- A parent will have unlimited access to their child and to the provider who is caring for their child during normal hours of operation.
- A record of parental complaints is maintained and made available to the public on request.
- Consumer education information is made available to the public concerning:
 - Licensing and regulatory requirements
 - Complaint procedures
 - Health and safety information
 - Policies relative to child care services.
- Payment rates will be sufficient to ensure equal access for an eligible child.

1.1.3 Legal Basis

The following laws and regulations govern the administration of the child care services:

- 1) 42 USC 1397c (Public Law 97-35, Omnibus Budget Reconciliation Act of 1981). Requires the state to publish an annual intended-use report for Title XX SSBG funds.
- 2) The Child Care and Development Block Grant Act of 1990 (P.L.101-508) as amended by P.L.102-401, P.L. 102-586, P.L.103-171 and found at Title VI, Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L.104-193.

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1.1.4 Child Care Service Goals

The goals of the child care services are:

- To promote family independence by giving priority for the use of child care funds to Welfare Reform clients through the Family Independence Act.
- To enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under CCDF or SSBG.
- To provide parents with a broad range of options in addressing their child care needs.
- To strengthen the role of the family.
- To improve the quality of, and coordination among, child care programs and early childhood development programs.
- To increase the availability of early childhood development and before-school and after-school care services (school-age care).

The SC Voucher Program incorporates the following elements which are beneficial to families, providers, and local communities:

- A. Families are offered information regarding accessible child care arrangements.
- B. Child care providers are afforded opportunities for participating in the delivery of paid care, less paperwork, timely payment, resources for staff training and program improvement.
- C. The consolidated management of publicly funded child care results in effective administration, planning, and reporting.

At many levels, information and referral options are being provided and applicants are learning about child care and what is available in the communities. A guiding principle of the SC Voucher Program is a commitment to provide the applicant with information that allows informed choices regarding child care arrangements.

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1.1.5 Basic Service Philosophy

Since the passage of the South Carolina Family Independence Act in 1995 and the related federal Welfare Reform Law of 1996, funding priority for the SC Voucher Program is given to parents participating in the State's Temporary Assistance for Needy Families (TANF) Program.

Child care is essential to parents who are:

- A. Participating in a training program
- B. Securing employment
- C. Pursuing educational opportunities
- D. Participating in TANF

1.1.6 Use of Policy Manual

The SC Voucher Program Policy Manual, as well as any applicable procedural manuals and attachments, will be used by SCDSS staff to determine eligibility for child care assistance in a fair, consistent, and timely manner. All SCDSS staff are responsible for exercising prudent and reasonable judgment when applying policy.

If a child care worker is unable to reach a decision about a specific situation that is not addressed in the manual, the child care worker will contact the SC Voucher Program Control Center Supervisor or other identified supervisors for a decision. If a decision is still unable to be made, the Program Manager or Director will be consulted.

All SCDSS child care staff will be held accountable for carrying out policies and procedures of the program in a timely, accurate, courteous, and non-discriminatory manner.

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1.1.7 Non-Discrimination

In accordance with Title VI Section 601 of the Civil Rights Act of 1964 and Title V Section 504 of the Rehabilitation Act of 1973, SCDSS will administer programs so that no person shall, solely because of race, color, national origin or qualified handicap, be:

- A. Excluded from participation in
- B. Denied the benefit of
- C. Subjected to discrimination under any program or activity administered by SCDSS.

1.2 Confidentiality of Information

1.2.1 Freedom of Information Request

All requests for information on specific clients or child care providers must be coordinated with the Office of General Counsel. When a request is made by individuals seeking access to public records under the Freedom of Information Act (FOIA), the child care worker should direct the individual to send written inquiries to:

Freedom of Information Officer
South Carolina Department of Social Services
P. O. Box 1520
Columbia, SC 29202

The schedule of fees for FOIA requests are:

- Search Fee: \$37.00 per hour
- Redaction Fee: \$37.00 per hour
- Copies (color): \$0.06 per page
- Postage: Actual cost

Policy indicates that all client and provider case files are maintained by the appropriate worker for a period of three years or until all applicable audits have been completed. If an audit is in progress, all documents shall be maintained until the audit is complete. Applications for applicants who are not funded shall be maintained for 12 months. See [Retention Schedule](#).

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1.2.2 Confidential Case Information

The following case information is considered confidential and must be safeguarded:

- A. All information obtained in the course of interviews with the applicant/recipient (A/R).
- B. All information obtained while verifying eligibility for the A/R.
- C. Name, address, and Social Security Number (SSN) of the A/R
- D. Information on the economic, social or medical circumstances of the A/R.

1.2.3 Disclosing Confidential Information

Confidential information may be disclosed in the following situations:

- **Verification:** When the child care worker is attempting to verify eligibility and must disclose information limited to the facts required to determine eligibility.
- **Federal Assistance:** When another agency administering a federal or federally assisted program, which provides needs-based assistance directly to an individual, is attempting to assist an A/R and requests information directly related to that agency's programs.
- **Audit:** When a legislative body or designated audit body certifies the information is needed for auditing purposes.
- **Federal Program Investigation:** When any investigation, prosecution, or criminal/civil proceeding is being conducted in connection with the administration of federal programs administered by SCDSS.
- **Child Abuse/Neglect:** When child abuse and/or neglect is suspected.
- **Child Care Applicant Consent:** When the applicant discloses information or when the applicant or their authorized representative request to view information in the applicant's case file.

EXCEPTION: The applicant may not view confidential medical reports from third parties nor give consent for this information to be disclosed.

1.3 Conflict of Interest When Determining Eligibility

A conflict of interest is defined as a situation (actual or perceived interest) in which staff decisions are influenced by their personal interests. The definition includes any bias or the appearance of being bias in a decision-making process that would reflect a dual role played by staff.

Child care staff must maintain program integrity in all aspects of their jobs at all times and are to avoid any conflict or appearance of a conflict of interest. SC Voucher Program staff are responsible for answering the SC Voucher Program Control Center phone lines for clients and providers and determining eligibility for child care services. The child care staff should not review, determine eligibility nor consult on any case involving a person related to them or any case where there is any type of relationship, such as a friend or neighbor. Any case where a conflict of interest exists, or may exist, should be brought to the attention of a supervisor immediately. The supervisor must assign the case to another worker who is not related to, nor has any conflict of interest, with any person included in the case.

Note: Child care staff, including supervisors, should refrain from searching for or researching cases on staff, co-workers, friends, relatives and acquaintances.

1.4 Voluntary Program

The SC Voucher Program is a voluntary program. A licensed, registered, waived, exempt and/or approved child care provider may enroll into the program if they meet the enrollment criteria. Family, Friend, or Neighbor providers may also enroll but enrollment is specific to the family or families served.

1.5 Mandated Reporter

SC Voucher Program staff, as well as all other agency employees, are required to report any suspected abuse or neglect to the appropriate entities. The following is an excerpt of the SC Code of Laws on Mandated Reporters:

SECTION 20-7-510. Persons required or permitted to report; method; confidentiality.

(A) A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 20-7-490.

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

NOTE: Child care staff should refer any questionable situations to a supervisor.

1.6 The SC Voucher Program Control Center

The SC Voucher Program Control Center, hereafter called the Control Center, is located at SCDSS. Staff are responsible for the:

- Daily operation of the SC Voucher Program
- Coordination of child care eligibility
- Selection and payment to providers.

Toll-free lines for clients and providers are operated by the Control Center staff. Clients and providers may access the SC Voucher Program by calling the toll-free telephone numbers between the hours of 8:00 a.m. - 5:00 p.m. Monday thru Friday. The toll-free lines are designed to:

- A. Provide information to a client receiving child care services.
- B. Provide information to an interested family wishing to apply for services.
- C. Provide technical assistance and resolution to a provider regarding payment information or for other situations encountered by a client or provider.

Parents may call 1-800-476-0199 for assistance and child care providers are to call 1-800-262-4416. Both lines are available Monday – Friday from 8:00 a.m. – 5:00 p.m. The Control Center fax number is 1-800-310-5417.

The mailing address for the Control Center is:

**SC Voucher Program
SC Department of Social Services
P.O. Box 100160
Columbia, South Carolina 29202-3160**

1.7 Child Care Payables

Child Care Payables is responsible for receiving all [Service Voucher Logs \(SVL's\)](#) for payment. This area reviews each SVL for proper documentation of absences and reason codes. Properly documented SVL's are entered into the SC Voucher Program database for payment. The payment process takes approximately 14 days to complete. A remittance advice is mailed to providers detailing the services paid for each child in attendance and reflects the amount of funds deposited to the personal banking account or the amount of the check. Providers also receive with each remittance advice a new SVL for returning for payment for children with continued services.

Child Care Payables is also responsible for updating and entering banking information for providers requesting direct deposits to personal accounts. Providers MUST complete a direct deposit form, [DSS Form 1105 1](#), Authorization Agreement and Enrollment Form for Electronic Vendor Payment and Remittance Advice, and send in a VOIDED check when a deposit is made to a checking account. Providers electing to have funds deposited to a savings account must have their bank complete Section 3 of the direct deposit form for account verification. The form should be sent to Child Care Payables for entering into the E-pay system. A pre-note process is necessary in order for funds to be deposited to personal accounts. This process takes approximately 14 business days for proper verification of account information.

Child Care Payables is NOT responsible for the garnishment of payment due to notices of levy by other agencies such as SC Department of Revenue or the IRS. If the provider's payment is intercepted by any agency referenced above, the provider is responsible for contacting the imposing agency for negotiating the levy. The imposing agency is responsible for forwarding release of levy notices to SCDSS when garnishments are to be terminated and the imposing agency is responsible for administering any refunds due to the provider.

1.8 Accessing the SC Voucher Program

A family interested in applying for child care assistance may inquire about the SC Voucher Program through the local SCDSS county offices or by contacting the Control Center at 1-800-476-0199 or other identified entities. Child care assistance is based on available funding and specific eligibility criteria. Information regarding the SC Voucher Program and enrolled child care providers may be obtained from the SCDSS child care website at www.abcquality.org or www.scchildcare.org.

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2.1 Eligibility Requirements

2.1.1 Residency

In order to receive child care services through the SC Voucher Program, the applicant must be a legal resident of the state of South Carolina. When residency is questionable, the applicant may be asked to submit proof of residency. Proof of residency may include a copy of one of the following:

- Lease agreement
- Utility bill
- Driver's license
- State identification card
- Voter registration
- Other documents as approved by State Office.

NOTE: Notarized statements from friends or relatives are not acceptable methods for verification of residency.

2.1.2 Age

In order to apply for child care assistance through the SC Voucher Program, the applicant must be 18 years old or within six months of turning eighteen at the time of the application. If the applicant does not meet the age requirements to apply for child care assistance, the minor's parent must apply for child care services in their own name and use their family size and income, or the minor's parent must sign an emancipation statement.

NOTE: This does not apply to TANF and TANF/CO eligibility categories.

In order to receive child care assistance through the SC Voucher Program, the child in need of care must be within the ages of birth up to age 13, unless the child has special needs, in which services may be approved up to age 19. Some sources of funding have different age requirements.

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Exceptions to the age requirements for applicants and children will be made on a case-by-case basis and must be approved only by designated SC Voucher Program Staff, the Control Center Supervisor or his/her designee. See [Exception Criteria for CPS and FC Child Care Cases](#).

NOTE: 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.

2.1.3 Citizenship

A child served through the SC Voucher Program must be a citizen of the United States or a qualified alien. An applicant for and recipient of the child care subsidy must declare that the child for whom they are applying or receiving child care subsidy for is a citizen or qualified alien. The parent's declaration that their child is a citizen or qualified alien must be accepted unless there is reason to question the validity of the declaration. If the applicant acknowledges that the child is an alien, the child care worker must verify if the child is an "eligible alien" able to receive federal benefits. If the child care worker has a suspicion that the documentation may be invalid or falsified, additional documentation should be requested. Incorrect reporting of citizenship or status will result in loss of child care eligibility even if otherwise eligible.

An applicant who is in the TANF Program or transitioning off of the TANF Program is to be considered already verified for citizenship or eligible alien status by the State for child care purposes and will need no further verification. Verification of citizenship/alien status is required for Temporary Assistance for Needy Families (TANF); therefore, requirement has taken place.

2.1.4 Citizenship/Alien Status

When a Low-Income applicant's statement on citizenship or alien status is questionable or inconsistent with other information on the application, the child care worker will ask the applicant to provide acceptable verification of citizenship or alien status. It is the responsibility of the applicant to secure and present valid documentation.

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Acceptable forms of verification include:

- Birth certificate
- INS certificate of citizenship or naturalization (U.S. nationals)
- Valid voter registration card from the applicant's county of residence (cards from out-of-county or out-of-state are not acceptable)
- U.S. passport
- Religious records

The following are **NOT** considered acceptable forms of verification for eligible alien status:

- Social Security card
- Driver's license from any state
- Bank, credit, or check cashing cards

The following groups of aliens may receive benefits if all other requirements are met, for up to five years from the date the status is granted. A "qualified" immigrant is defined by the Personal Responsibility and Work Opportunity Act (PRWORA), as amended, and includes:

Refugee	Alien who is admitted into the U.S. as a refugee. I-94: stamped "Admitted under Section 207 of the INA" or I-551 stamped RE-6, RE5, RE7, RE8, RE9
Asylee	I-94: stamped "Granted Asylum under Section 208 of the INA." or I-551
Cuban/Haitian Entrant	I-94 stamped "Cuban/Haitian Entrant or I-94 stamped parole status (i.e., Cubans who entered the U.S. illegally between April 15, 1980 and October 10, 1980 and Haitians who entered the U.S. illegally before January 1, 1981).
Amerasian	Alien fathered by U.S. citizen and born in Vietnam between January 1, 1962 and January 1, 1976 and close family members admitted as immigrants. I-94 is stamped: "Processed for I-551" with codes AM1, AM2 or AM3, or I-551 is stamped with codes AM6, AM7 or AM8.
Deportation Withheld	Alien whose deportation is withheld under Section 241(b) (3) or 243(h) of the INA. I-688B: Employment Authorization Card; or I-766: Employment Authorization Document

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Conditional Entrant	Alien granted conditional entrant refugee status before April 1, 1980. I-94 is stamped "Refugee-Conditional Entry" and cites INA Section 203(a)(7)
Parolee	Alien granted parole for at least one year under §212(d)(5) of the INA"
Victim of severe forms of trafficking	Alien forced into prostitution, slavery, and forced labor through coercion, threats of physical violence, psychological abuse, torture and imprisonment. A victim of trafficking will have a letter of certification from the Office of Refugee Resettlement, Washington D.C. or I-94: stating admission under Section 212(d)(5)
Battered alien	Alien (whose child or parent) has been battered or subjected to extreme cruelty in the U.S. as set forth in section 431 of the PRWORA, and amended by section 501 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, P. L. 104-208 (IIRIRA), and amended by 5571 of the Balanced Budget Act of 1977, P. L. 105-33 (BBA), section 1508 of the Violence Against Women Act of 2000, P. L. 106-386.

In rare instances, when none of the above has satisfied the citizenship status, the secondary verification procedures below should be followed:

- 1) Complete INS Form G-845 for each applicant who is not a U.S. citizen.
- 2) Copy the verification used to establish satisfactory immigration status.
- 3) Attach a copy of the verification to Form G-845. The U.S Citizenship and Immigration Services (USCIS) requests the verification be stapled to Form G-845 in the upper left-hand corner using only one staple.
- 4) Submit the verification and Form G-845 to USCIS at the address below:

**Attention: Immigration Status Verification Unit
U.S. Citizenship and Immigration Services (USCIS)
470-490 L'Enfant Plaza East, SW
Suite 8001
Washington, D.C. 20024**

- 5) Review the returned Form G-845 to ensure that legal alien status is validated and document CLRC.

NOTE: When entering a case for a child where the parent is not a legal citizen, but the child is, a [pseudo SSN](#) must be created for the parent in order to process the application.

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2.1.5 Establishing the Need for Child Care Services

There must be an established need for child care prior to applying for services. In order to be eligible for child care services through the SC Voucher Program, the applicant must be working, in school, or in a training program at least 15 hours per week (including travel time) or as determined by the child care funding source. A TANF parent may not be required to participate for a minimum of 15 hours; however, they must be in compliance with their Family Plan.

2.1.6 Travel Time

Travel time to work, school or training is considered when determining the type of child care needed. An average of one hour of travel time per day (5 hours per week) may be given. However, additional travel may be considered if documented. Travel time may be used and should be notated on the eligibility worksheet when determining the number of hours working or participating per week.

2.1.7 Family Definition

All family members are identified in order to determine the family household unit and the gross monthly income. For eligibility purposes, the family household unit is defined as the number of persons counted as indicated below who reside in the same household and who may be responsible for the financial support of the child whose eligibility for child care services is being determined. Additionally, all children in the household should be considered when determining the family household unit. The following is information on who to include and exclude when determining the family household unit:

Who **IS** counted when determining the family household unit:

- Natural/adoptive parent, caretaker or grandparent, or an individual acting [in loco parentis](#), such as a relative or non-relative who has been granted custody or guardianship by a court of law or who has assumed full physical responsibility for a child, with or without custody;
- Married spouse of the parent or caretaker, if residing in the same home;
- Families in same sex marriages, if residing in the same home;

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- Second parent or alleged parent of the child needing care when they are residing in the home, even if unmarried to the parent/caretaker;
- Dependent child in the household. A dependent child is defined as an unmarried child under age 18 or under age 21 if a student in secondary school or equivalent vocational/technical school;

NOTE: The following only applies to Welfare Reform eligibility categories (TANF, TANF/CO, and TCC): A dependent child age 0-13, or 13-19 if special needs, living in the household of a caretaker/relative, but not included in the Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) budget, is eligible to receive child care services. (See item A above to ensure loco parentis form is completed or other documentation is available verifying the dependent child is in the home which may include CHIP database information.)

- Family members living temporarily away from home, i.e., military spouse, not residing in the same household due to being stationed away from home;
- Stepparent/grandparent;
- Teen parent who has their own TANF benefit case but resides in the household of their parent or caretaker. The teen parent and child make up their own family household unit. A teen parent must be participating in school and/or working as a part of his/her TANF Family Plan;
- Applicant of child care who is 18 years of age or older is considered a separate household from their parent even if the applicant resides in the same house;
- Non-related adult who is counted in the TANF or Food Stamp budget should be counted in the family household unit.
- Foster child when in a family case that is applying for non-foster care services for their own children.
- Foster child is considered a one-person family and only the child's income is counted. However, both parents must be employed to be eligible for child care services through the foster care child care funding source;

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Emancipated minor is defined as a minor 18 years or under whose parent has entirely surrendered the responsibility of the care and custody of the minor and the right to the minor's earnings and is under no legal obligation to support the minor.

An emancipated minor with a child living in the home of their parent is counted as a separate household. This minor is not included in the TANF or SNAP budgets. A minor is emancipated if they meet one of the following conditions:

- 1) The court legally released the minor from parental control,
- 2) Both parents of the minor have signed an [emancipation statement](#). This statement must be notarized,

NOTE: The SC Voucher Program uses this statement for eligibility purposes only. However, this information may be made available under the Freedom of Information Act.

- 3) The minor has legally married, OR
- 4) The minor has been legally divorced or become widowed, but has not returned to parental support.

An un-emancipated minor is counted in the family size of their parent. Applications for child care will be taken in the parent's name and the parent must meet all eligibility criteria, unless the following circumstances apply:

- 1) The teen parent has no parent or legal guardian whose whereabouts is known.
- 2) No parent or legal guardian of the teen parent allows the teen to live in their home.
- 3) The teen parent lived apart from their own parent or legal guardian for a period of at least one year before the birth of the dependent child.
- 4) The physical or emotional health or safety of the teen parent or dependent child would be jeopardized if they resided in the same residence with the major parent or legal guardian.
- 5) There is otherwise good cause for the teen parent or dependent child to receive assistance while living apart from the major parent, legal guardian, another adult relative, or an adult supervised supportive living arrangement.

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NOTE: Documentation of good cause includes, but is not limited to, written statements from at least two corroborating persons showing that it is not in the best interest of the teen parent to live with their parent or legal guardian. One of these corroborating persons should be a professional such as a school counselor, social worker, or mental health professional.

Those **NOT** counted when determining the family household unit:

- Incarcerated family member, such as a parent or sibling, is not included in the family size.
- Adults who are not married but reside in the same household are not considered part of the same family household unit unless they are the parents of the same child.

2.1.8 Income Definition and Calculations

For eligibility purposes, gross family income is defined as the source and amount of current gross income earned by all adult family members identified in the family household unit through the receipt of:

- Wages
- Tips
- Salaries
- Commissions
- Piece-rate payments
- Cash bonuses
- Armed services pay, including uniform and living allowances.

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The income of the following individuals is counted when determining eligibility:

Individual	Special Instructions
Dependent child	Earned income of a dependent child is excluded.
Minor	Earned income of any minor is excluded.
Teen Parent Adult	All earned and unearned income of the teen adult parent is counted unless specifically excluded.
Parent in the home	All income is counted unless specifically excluded.
Caretaker relative other than child's parent	Income is counted if needs is included in the benefit calculation unless specifically excluded. If married, and caretaker relative is included in the family household unit , both spouse and caretaker relative living in the home must be included in the family household unit.
Stepparent in the home	All income is counted unless specifically excluded.

The family's monthly income is calculated by adding the gross monthly income of each adult family member identified in the family household unit. Income such as regularly received child support payments or Social Security benefits for a child under age 18 should also be included. A family member living temporarily away from home must be included in the family size and their income included in the calculation. See [Family Definition](#).

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To arrive at the gross monthly income for an applicant who receives wages, child support, or other earned/unearned income, follow the formulas below according to how often the income is received:

- Weekly – The gross weekly salary is multiplied by 4.33.
- Biweekly (every other week) – The gross bi-weekly salary is multiplied by 2.16.
- Semi-monthly (client is paid twice a month) – Add the two checks together.
- Monthly (client is paid once a month). Use the gross monthly salary.
- Through self-employment. Use the adjusted gross monthly income from the IRS tax return or the adjusted gross income from the profit loss statement.
- If only the yearly salary is provided, use the yearly salary and divide by 12 to get the gross monthly income.
- Seasonal or irregular income must be averaged.

Verification of income from work will be used to determine eligibility for child care. The child care eligibility worker may use agency databases available such as CHIP, PATS, etc. for information to verify income when other documentation is not provided. Child care eligibility staff will review check stubs to ensure there is **NO** appearance of the check stubs being tampered with, falsified, etc. If there are discrepancies, third-party verification will be obtained and documented.

2.1.9 Graduated Phase-Out

The law specifies that a State must provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but still does not exceed the federal income limit of 85% of State Median Income (SMI). Providing a graduated phase-out promotes continuity by allowing for wage growth, a tapered transition out of the child care subsidy program, and supports long-term financial stability to help families get to a point where they no longer need the subsidy. Sudden withdrawal of support can destabilize and undermine a family's pathway to financial stability. Allowances are made temporary changes in circumstances. Additionally, when a family applies for TANF, there is not a copay associated with the subsidy. When a client moves off of TANF and into Transitional child care, they are required to pay a fee. A client comes into the program at or below 55% of SMI and may remain in the program up to 85% of SMI if they remain otherwise eligible.

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2.1.10 Child Support

Written verification of child support is not required. However, the applicant should disclose all applicable sources of income. If child support is listed in an open CHIP case, the CHIP CS amount should be used. If not in CHIP, and an amount is listed on the application, you should use that amount. If the applicant indicates that they are not receiving the child support on a regular basis, you may not count the CS income.

Note: Child support is calculated the same way as gross income. If paid weekly, multiply the amount by 4.33, bi-weekly by 2.16, etc.

2.1.11 Treatment of Overtime Income

Overtime income will be counted when it appears on at least half of the paystubs submitted with a child care application, even if the overtime pay amounts vary with each paystub. Unusual pay amounts will be counted only if they appear on at least half of the paystubs submitted with a child care application.

2.1.12 Treatment of Irregular Fluctuations of Earnings

For initial child care determination and redetermination of eligibility irregular fluctuation in earnings will be 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.

For example, an applicant is employed as a waitress and submits four paystubs with the application. Three of the paystubs show \$250 gross per week; the fourth paystub shows \$1000 gross for the week. The client lives and works in North Augusta and the paystubs submitted are for the month of April. The \$1000 paystub is for the same week as the Masters Golf Tournament in North Augusta. It is not typical for the client to receive a \$1,000 paycheck. That paystub is an unusual pay amount and would not be considered in determining the applicant's gross monthly income. For this example, to determine the client's gross monthly income, the three \$250 paystubs would be averaged; the \$1000 paystub would not be included.

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2.1.13 Treatment of Shift Premium, Shift Differential and Paid Time Off

For initial child care determination and redetermination of eligibility, shift premium, shift differential and paid time off **are** counted. Shift premium and shift differential is pay that an employee receives for working the least desirable hours at a business. Paid time off is pay that an employee receives as part of having available sick or vacation time. The hours and pay for each of these categories will be counted when determining income if listed on any of the pay stubs.

2.1.14 Income Inclusions

The following types of income are to be considered when computing the amount of gross income for eligibility purposes:

1) Family Independence Stipend (also known as TANF)

Assistance payment to aid a family with a dependent child who is in the financial assistance budget. CHIP will be used to verify receipt of a TANF stipend.

2) Alimony

Allowance, usually ordered by the Family Court, paid to an individual by the spouse or former spouse after a legal separation or divorce or while legal action is pending. This may be verified through the court or, if paid voluntarily, by the person making payments.

3) Child Support

Allowance, usually ordered by the Family Court, for the support of a child. The child care applicant may provide self-declaration of the amount and frequency of the receipt of child support payments. This may be verified through the court or, if paid voluntarily, by the person making payments.

4) Social Security

Social Security pensions, survivor's benefits, and permanent disability insurance benefits paid by the Social Security Administration (SSA) before deductions for medical insurance. Railroad retirement insurance benefits from the U.S. Government.

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5) Veterans' Pensions

Money paid periodically by the Veterans Administration to a disabled member of the armed forces or to a survivor of a deceased veteran, as well as subsistence paid to a veteran for education and on-the-job training, and “refunds” paid to a veteran as G.I. insurance premiums.

6) Pensions and Annuities

Pensions or retirement benefits paid to a retired person or their survivor by a former employer or by a union, either directly or through an insurance company.

7) Unemployment Compensation

Compensation received from a government unemployment insurance agency or a private or public insurance company for an injury incurred at work. The cost of this insurance must have been paid by the employer and not the individual. The length of time the individual is expected to be out of work due to injury should be included in the narrative.

8) Workers' Compensation

Compensation received periodically from a private or public insurance company for an injury incurred at work. The cost of this insurance must have been paid by the employer and not the individual. The length of time the individual is expected to be out of work due to injury should be included in the narrative.

9) Wages or Salary (Includes seasonal work/income)

Total money received for work performed as an employee, including:

- Wages
- Salary
- Commissions
- Tips
- Piece-rate payments
- Cash bonuses
- Armed forces pay, including uniform and living allowances
- Shift differential pay
- Holiday pay
- Leave pay

This is to be the gross amount before deductions are made for:

- Last W-2 Form or Income Tax Form
- Written statement from the employer on company letterhead indicating the hourly rate of pay and the number of hours worked
- Military Leave Earning Statement (LES). This is the only acceptable form of verification for a member of the military.

10) Self-Employment (Non-Farm)

Adjusted gross income or net income earned in self-employment in one's own business, professional enterprise or partnership. Net income means gross receipts minus expenses. Gross receipts are the value of all goods sold and services rendered. Expenses include the following:

- Cost of goods purchased
- Rent, heat, light/power
- Depreciation charged
- Wages and salaries paid
- Business taxes (not personal income tax)
- Similar costs.

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The most recent income tax return is the best method of verification. If a return is not available, a copy of one of the following may be used:

1. Receipts of purchase,
2. Records of sale,
3. Business ledger, OR
4. Other records or statements of expenses and profits.

NOTE: Reference [Verification of Self-Employment](#).

11) Farm Self Employment

Gross receipts minus expenses from the operation of a farm by a person on their own account as an owner, renter, or sharecropper. Gross receipts include the following:

- Value of all products sold
- Government crop loans
- Monies received under the Agricultural Stabilization Act
- Monies received from the rental of farm equipment to others
- Incidental receipts from the sale of wood, sand, gravel, and similar items.
- Operational expenses include the following:
 - Cost of feed, fertilizer, seed, and other farming supplies
 - Cash wages paid to farm hands
 - Depreciation charges
 - Cash rent
 - Interest on farm mortgages
 - Farm building repairs
 - Farm taxes (not state and federal income taxes).

The value of food, fuel, or other farm products used for family living is not included as part of net income. The most recent income tax return is the best source of verification. If a return was not filed or is unavailable, one of the following may be used to determine net income:

1. Copies of receipts of purchase,
2. Records of sale, OR
3. Other records or statements of expenses and profits.

Farm income is usually available only at the end of the crop year, but may be prorated over the next 12 months.

12)Dividends from Stocks and/or Bonds

Benefits received by a person who holds shares of stock (interest in a company) or bonds (interest bearing certificates), or benefits received from profits of an insurance company with whom they have a policy, or as a result of their membership in an association which shares its profits with its members. The amount received may be documented by placing a copy of the individual's dividend statement in the record.

13)Interest on Savings or Bonds

Benefits accrued as a result of a savings account or bonds. This includes all such income whether paid directly or reinvested in the savings account or bonds.

14)Income from Estate or Trusts

Periodic receipts from estates or trust funds. This may be verified through probate court or the institution handling the trust fund.

15)Net Rental Income

Income from the rental of a house, store, or other property, minus expenses necessary to the upkeep of the rental property. This amount may be verified by copies of rent receipts and expense records placed in the file. Further verification should be obtained from those persons paying a rental fee to assure accuracy.

16)Income from Boarders/Lodgers

Income from boarders/lodgers minus expenses necessary to provide room and/or board. This may be verified in the same manner as net rental income.

17) Net Royalties

This includes the following:

- The share of proceeds paid to the applicant as owner of a right (for example, a patent) for permission to use it or operate it
- The share of proceeds paid to one from whom land rich in oil or minerals is leased
- The share, usually a specified percentage, or proceeds from the work of a composer or writer and paid to the individual.

This amount should be verified by placing a copy of the royalty contract in the record.

18) General Assistance

State-funded assistance payment to the totally and temporarily disabled. This may be verified by checking the assistance payments case record.

2.1.15 Income Exclusions

The following types of income are not to be considered when computing the amount of gross income for eligibility purposes:

1) Supplemental Security Income (SSI)

Supplemental Security Income issued through the Social Security Administration (SSA) and the Optional Supplement issued by SCDSS.

2) Funds Connected with Judgments of Indian Claims

Per capita payments or funds held in trust for any individual in satisfaction of a Judgment of the Indian Claims Commission or the United States Court Claims.

3) Income from Property Sold

Money received from the sale of property (such as stocks, bonds, a house, or a car) is to be disregarded unless such individual was engaged in the business of selling such property.

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4) Supplemental and Special Food Programs

Exclude the value of supplemental food assistance under the National School Lunch Act, as amended.

5) Payment from Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970

6) Children's Earnings

No inquiry shall be made regarding the earned income of a dependent child under 18 years of age unless the child is emancipated or is a teen parent with a TANF benefit case in their own name. See [Family Definition](#).

7) Certain Loans and Grants

Disregard income from loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs. Also, disregard any loans or grants to any undergraduate student for educational purposes made or issued under any program administered by the Commissioner of Education under the Higher Education Act (e.g., Pell or Carl Perkins grants or Montgomery GI Bill).

8) Home Products

Disregard the value of home produce used for household consumption.

9) Value of Meals Received Through Special Programs

The value of meals received through congregate dining programs, etc., is excluded regardless of funding source for such programs.

10)Volunteers in Services to America (VISTA) Income

The income received by volunteers under the VISTA program must be disregarded.

11)Foster Care Board Payments

These payments, including clothing allowances, are excluded from the income of both foster parents and foster children.

12)Earnings Received Under Job Training Partnership Act of 1983

13)Adoption Subsidy

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- 14) Lump Sum Payments from Social Security, Supplemental Security Income (SSI), Housing and Urban Development (HUD), and child support payments in arrearage**
- 15) Bank Withdrawals**
- 16) Borrowed Money**
- 17) Tax Refunds (to include payment or refunds from Earned Income Tax Credit or Dependent Care Credits)**
- 18) Gifts**
- 19) Lump Sum Inheritances or Lump Sum Insurance Payments**
- 20) Capital Gains**
- 21) Value of SNAP Allotment**
- 22) Income from Work-Study Programs**

Income from work-study will not be counted as income.

- 23) United States Department of Agriculture (USDA) Donated Food Value.**
- 24) Funds from the Cobell Settlement**

Income received from Cobell v. Salazar settlement, codified in the Claims Resolution Act of 2010 is excluded. The settlement is the result of a lawsuit originally filed by Eloise Cobell over the mismanagement of Native American trust assets

2.1.16 Asset Limit

In order to receive child care services through the SC Voucher Program, the applicant must not have assets that exceed \$1,000,000. This is a self-declaratory question on the child care application. If questionable, the applicant can be asked to provide verification of assets.

2.2 Verification Requirements

2.2.1 Verification Requirements

All child care eligibility staff and SC Voucher Program staff have access to the Client History and Information Profile System (CHIP), which contains a client's information about TANF/SNAP benefits. Staff also have access to the Child and Adult Protective Services System (CAPSS), which contains information about children in CPS and foster care cases. These systems are used to verify that clients are open in TANF, CPS or foster care cases, prior to determining child care eligibility. Child care eligibility workers also have access to the Participation and Tracking System (PATS), which shows a TANF client's participation in the Family Independence Program.

When researching cases and verifying information submitted by applicants, clients, or child care providers, staff may use the internet as a resource. Searching information on general websites for verification of addresses, phone numbers, public record searches for marriage licenses, births, etc. is permissible for all child care staff and may be used when determining eligibility.

Based on child care funding eligibility criteria, in order to be eligible for child care assistance, the applicant must be working, in school, in a training program, complying with the TANF Family Plan, or permanently or temporarily disabled. If a two-parent household, both parents must be working, in school or in a training program or permanently or temporarily disabled. Income from employment, enrollment in school or participation in a training program will be verified. Also, an applicant who is disabled will verify income and submit a doctor's statement to verify disability.

An applicant must be determined eligible for child care based on the number of hours per week child care is needed. In addition to the number of hours the client is working, in school or training, the actual hours or credit hours at the job, school or training and travel time are considered. The hours child care is needed may not always coincide with the work hours of the parent. For example, a parent who works third shift needs to sleep during the day; therefore, child care may be approved during the day to help support the family. Study time is not considered when determining hours needed. The goal is to use a reasonable approach that supports the family's efforts to be productive. A non-welfare reform parent must need a minimum of 15 hours of child care

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services per week per child. A TANF parent may not be required to participate a minimum of 15 hours.

2.2.2 Verification of an Absent Parent

If an applicant is married but separated during the time of the application, verification may be required in order to prove separation, if questionable. Legal papers verifying separation may also be used. However, in the event that court documentation is not available, the applicant may submit proof of separate residences via a lease agreement, utility bill, etc. The burden of proof is always upon the applicant.

NOTE: Notarized statements from friends or relatives are not acceptable methods for verification of an absent parent

2.2.3 Work

Employment for child care purposes also includes subsidized employment, i.e., On-the-Job Training, VR sheltered workshop, or unsubsidized employment, including self-employment. It may also include part-time, post-secondary work-study assignments of at least 15 hours per week. Volunteer activity (such as a Vista Volunteer) is not considered employment. Employment income from a child under age 18 is excluded.

An applicant is considered employed if they are working at an occupation where they are paid a wage/salary, or has a documented commitment of employment that will begin within two weeks from the application date. An applicant participating in a work-study program will be considered employed; however, their income from the work-study program is not considered. Substitute teaching or other as needed employment or job assignments are not considered employment unless they are long-term placements of a month or more. Verification of the long-term assignment is required. An applicant who has a new commission-only job may receive three months of child care in order to establish a work history. Continued eligibility will be re-determined at the end of this time period.

Additionally, a retired individual does not meet the criteria for working / school / training.

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In order to meet the work criteria and receive child care services, the non-welfare parent/guardian must be:

- Employed full-time: Average of 30 or more hours per week
- Employed part-time: 15 - 29 hours per week

NOTE: Travel time may be considered when determining the number of hours worked per week. See [travel time](#).

TANF parent may not be required to participate a minimum of 15 hours. If both parents are in the household, both parents must be working, in school, or in training. If one or both parents work only part-time, then only part-time care will be given.

NOTE: The burden of proof of income and work, school or training status is upon the applicant.

2.2.4 Verification of Work

It is preferred that the applicant submit the current/most recent 30 days of consecutive paystubs with the child care application to verify income and employment. The pay stubs must be relevant pay dates. If the applicant submits paystubs for less than 30 days and there is a year-to-date amount included on the paystubs, the year-to-date amount may be used to calculate gross monthly income. If less 30 days of check stubs available, worker can average the available stubs, document the calculation used and ensure documentation of calculations is imaged with the case file. If pay stubs are not available, a wage form, a letter on company letterhead indicating the hourly rate of pay and the number of hours worked may be submitted. These statements from employers will be verified by the child care eligibility worker. Tax forms may also be submitted when pay stubs are not available. Information from CHIP or other data bases may be used to verify employment, such as PATS, or other available data base.

NOTE: For an applicant in the military, a Leave Earning Statement (LES) is the only acceptable method of verification.

Presumptive Eligibility Process for New Employment

This process is used to assist an SC Voucher Program client with child care who has obtained a new job and is in the process of obtaining verification of the employment, including rate of pay and number of hours to be worked per week/pay period. The client is in need of child care to maintain their new job. The client will be given twelve weeks of full time child care to allow them time to obtain the wage information from their new employer. The amount of child care given will be based on the client's or case manager's statement, if applicable, showing the number of hours the client is working per week.

Once the employment verification is received by the child care eligibility worker, the worker will complete a new eligibility worksheet based on the income received and if the client is eligible additional weeks will be added to voucher.

They will make all attempts to follow the procedures listed below in order to process the amended SC Voucher Program child care application:

- 1) Closeout the current application in the SC Voucher Program database
- 2) Print the application from the SCOSA or On-base Imaging system, if needed
- 3) Update the application from SCOSA or On-base to include the new employment information and any other applicable changes
- 4) Initial any changes
- 5) Complete a new Eligibility Worksheet
- 6) Enter in the updated application into the SC Voucher Program database and obtain a new application number
- 7) Ensure all sections of the SC Voucher Program database are updated to include new employment information, as appropriate AND
- 8) Send case to child care imaging.

NOTE: If only 30 days or less remain on the SC Voucher Program Application, the child care eligibility worker will request the client to complete a new application

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2.2.5 Verification of School

An applicant is considered participating in an educational program if the program results in one of the following:

- High school diploma
- General Equivalency Diploma (GED)
- Associate's degree
- Other college degree.

An applicant attending high school or is obtaining a GED, the applicant must submit a copy of their school schedule. If the applicant is in college or other type of educational program, a copy of their schedule and proof of paid registration for the term in which they are applying must be submitted to the SC Voucher Program. Units of service for school participation may also be used. A client's statement is acceptable for verification of school attendance for a dependent child age 18 or under 21 in the household. If the situation is questionable, verification of the paid school registration/schedule will be requested.

NOTE: Actual class instruction time issued for programs that do not use a credit hour system and travel time are considered; however, study time is not counted when determining eligibility and the need for care.

When a parent/guardian attends school, the child care services for which they are eligible is determined by whether they are a full-time student or a part-time student. A student who is registered in school for full-time, as determined by the institution, will be given full-time child care services as long as they are otherwise eligible. A student who is registered in school for part-time, as determined by the institution, will be given half-time child care services if school attendance is the only criteria they meet, i.e., they are not also working. When a client is registered for less than 12 credit hours but has required labs, seminars or practicums for which they do not receive credit, staff may request a copy of their school schedule for consideration to receive part-time or full-time child care services. Graduate schools consider a full-time student to be registered nine or more credit hours. Therefore, full-time child care may be authorized.

NOTE: Once determined eligible, the parent will be given 52 weeks of child care.

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On-line computer courses from an accredited college or university that count as credit hours leading to a degree are acceptable courses for post-secondary education. Distance education/on-line courses may be countable under limited circumstances

NOTE: Schools offering distance education must be accredited by one of the following:

- **South Carolina Department of Education (SCDE) if located in South Carolina**
- **Department of Education of any other state in which the program is located**
- **US Department of Education.**

Vocational educational training programs are provided by the following:

- Employment and training providers contracted by SCDSS
- Accredited vocational-technical schools
- Certificate programs at accredited secondary, proprietary schools
- Non-profit organizations
- Secondary schools that offer vocational education
- Post-secondary educational institutions
- Accredited internet-based institutions offering distance learning intended to prepare the participant for specific occupations.

No more than 10 hours per week will be counted as participation for distance learning programs unless approved by the State Administrative entity.

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2.2.6 Verification of Training

An applicant is considered participating in job-training if the training is to teach marketable skills in the competitive labor market. A non-welfare reform parent must need a minimum of 15 hours of child care per week per child. A TANF parent's hours of care will depend on participation required in the TANF Family Plan. Verification of training will be required.

2.2.7 Verification of Self-Employment

Self-employment income is earned income received directly from one's own business, trade, or profession, instead of receiving a specified wage from an employer.

NOTE: Child care may be denied or closed for a client who has been employed in the same self-employment business for at least one year and is not making at least minimum wage.

An applicant who is self-employed may submit the most current copy of their individual income tax return and the adjusted gross income is used in order to obtain an accurate estimate of income. The profit/loss statement including the adjusted gross income may also be used.

If the applicant is newly self-employed and tax information is not available, the applicant may submit a copy of the ledger books, receipts, or statements from their clients to be considered for eligibility purposes. The applicant may be given three months of child care services to allow time to show a work history. Continued eligibility will be re-determined after this time period. The burden of proof is always on the applicant.

UBER, LYFT and taxi drivers, they are considered independent contractors and therefore are considered self-employed. If tax documentation is not available, they may submit a copy of the ledger books, receipts or statements from their fares in order for eligibility to be determined. The client must be able to provide proof of steady, consistent work hours and wages earned. In the event that this information is not available, the applicant may be given three months of child care services to allow time to show work history.

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2.2.8 Home-Based Business

A parent who works in the home (i.e., medical transcriptionist) may be eligible for assistance with child care. The child care worker may obtain verification of income from the employer, either through check stubs from the employer or a notarized declaratory statement denoting:

- 1) Nature of the home-based business
- 2) Hours worked per day AND
- 3) Day-to-day business duties.

If self-employed, the child care worker may use tax statements (quarterly or yearly) to verify income.

2.2.9 Verification of Disability

Eligibility criteria in some child care categories may not allow the applicant to be disabled. See [Specific Child Care Categories](#) for clarification. If one or both parents are temporarily or permanently disabled, verification will be required. The applicant must submit a physician's or other health professional's statement to verify the disability along with proof of disability income, if applicable. The applicant must submit a statement from the physician stating that the applicant cannot work. If the disability is temporary, indicate the date that they may return to work, along with any applicable disability income. The statement may also include if the applicant is capable of caring for their own child. Temporary disability typically is a result of a short-term injury, pregnancy, etc.

A disability may be physical or mental, and must be verified by a physician or other health professional who includes:

- Physician assistant
- Nurse practitioner
- Psychologist
- Psychiatrist
- Physical therapist
- Other professional qualified to make a clinical diagnosis.

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If the client has previously applied and is permanently disabled, previous verification may be obtained from child care imaging and used as verification. For temporary disability, new documentation will be required.

NOTE: DSS Form 1247, Medical release/Physician's Statement, should be used to verify the client's disability.

2.3 Child Care Assistance Requirements

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.

Parents will have continuous eligibility throughout the 12 month period as long as the income does not exceed 85% SMI or experience a non-temporary change. If a parent experiences a non-temporary loss of work, school or training, child care assistance can be terminated however, child care assistance must be provided at the same level for a period of three months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

2.3.1 Temporary Changes

Temporary changes are defined as a situation not expected to last more than 3 months (use calendar days to compute). These changes, include but are not limited to the following:

- Student Holiday or Break (Spring/summer/winter breaks)
- Leave of Absence from a job
- Extended Medical Leave
- Seasonal Work
- Temporarily loss of a job not expected to last more than 3 months (use calendar days to compute)
- Change of residency within the state
- Increase in wages that does not exceed 85% SMI
- Reduction in work, school, or training hours (as long as the parent is still in work, school or training)
- A change in age including a child turning 13 years old during the eligibility period.

2.3.2 Non-Temporary Changes

Non-temporary changes are defined as a situation that may exceed 3 months (use calendar days to compute). These situations can be terminated provided child care assistance is provided for three months. These changes, include but are not limited to the following:

- Stop participating in work, school, or training
- Stop participating in the TANF program
- CPS case closes
- Foster Care case closes
- Adoption is finalized

2.3.3 Use of the 10 day termination policy

The effective date of termination using the 10 day termination policy is the first Monday following the 10th working day from the date of determination. (Holidays and weekends are not considered work days.) These change, include but are not limited to the following:

- Child on no connection report
- Child on excessive absence report
- Child no longer needs care or stops attending facility
- Client moves out of state
- Parent voluntarily withdraws

2.4 Specific Child Care Eligibility Categories

A client may be eligible for more than one eligibility category. However, the eligibility category with the most stringent eligibility requirements for which the client qualifies takes priority. As a family's eligibility changes, the client may be switched from one eligibility category to another based on the client's status and availability of funds. A parent may apply for child care services for a dependent child who resides in the caretaker's household. A client may be eligible for child care assistance if they fall within one of the following categories:

2.5 Applicant Child Care (ACC)

Applicant Child Care (ACC) is available:

- 1) For up to four weeks to assist an applicant of the TANF Program while the TANF applicant conducts the initial job search OR
- 2) To obtain or maintain a job during the application period. ACC may be paid for up to the 30 day application period.

NOTE: An applicant who is unable to secure child care assistance will not be required to participate in initial job search which is mandated by the TANF Program.

2.5.1 Application Process for Applicant Child Care

Payment for ACC is made through the SC Voucher Program under the ACC eligibility category. There is no client fee associated with this category.

The TANF CM should send a referral to the child care eligibility worker via the [DSS Form 1269](#), Request for Support Services, with a notation explaining the need for ACC. The SC Voucher Program Application, [DSS Form 3791](#), can be completed with the client by the TANF CM or designated county DSS staff.

Upon receipt of the completed application and referral, the child care eligibility worker determines eligibility, enters the application into the SC Voucher Program database using the ACC eligibility category and indicates the start date for services in the memo field.

2.5.2 Disposition of the TANF Application

Once the TANF Case Manager (CM) has received the pending information, they will determine eligibility for TANF cash assistance. If the TANF benefit case is:

- A. **Approved:** Current TANF policy and procedures should be followed to determine if TANF child care services are needed for participation in the TANF Program. The TANF CM will meet with the client at the Family Plan appointment. If child care is needed, a new [DSS Form 1269](#), Request for Support Services, and the [DSS Form 3791](#), SC Voucher Program Child Care Application, may be sent via SCOSA to the ABC Mailbox to the FI child care unit.
- B. **Denied:** If the TANF benefit application is denied, the ACC child care will be allowed to end in accordance with termination policy and the memo field in the SC Voucher Program database may be documented.

2.6 Temporary Assistance for Needy Families (TANF)

The Family Independence Act of 1995 established the TANF Program administered by SCDSS. The purpose of child care through TANF is to provide the necessary child care for a family to participate in approved employment, education, training, or to comply with their TANF Family Plan. A fundamental goal of TANF is to emphasize parental responsibility and self-sufficiency.

SCDSS must provide support services such as child care to enable the parent to move into employment, education or training. A parent participating in TANF is not required to pay a fee to the provider. However, the parent is responsible for paying the difference in what the SC Voucher Program pays and what the provider charges, if applicable. The TANF CM will make a referral to the child care worker using the [DSS Form 1269](#), Request for Support Services. TANF child care authorization may be up to 52 weeks at a time as needed for the component in which the client is participating.

In order to receive child care through this category, the individual must meet the following criteria:

- A. Be receiving a TANF stipend
- B. Be a TANF participant who is either:
 - a. Working
 - b. Attending school
 - c. Attending training
 - d. Complying with the Family Plan as agreed upon with the TANF CMOR
 - e. Participating in a TANF countable component OR
 - f. Attempting to start a TANF countable component within two weeks.
- C. Have a need for child care for a child under age 13

NOTE: A child aged 13-19 with special circumstances may be considered for eligibility. 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.

- D. Attempting to remedy a sanction (up to 30 days)

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- E. In the case of an employed TANF recipient who becomes temporarily disabled and is unable to work and unable to care for child, they may continue to receive child care assistance as long as they remain employed and can verify that they are on leave from their employment

2.6.1 Challenging Adults through Rehabilitation, Education and Services (CARES)

Child care may be paid for a TANF client in the CARES Program. In order to be included in the CARES Program, the incapacity of the adult recipient must prevent the individual from participating in a TANF work activity for a period of 90 days or more. An individual diagnosed with a physical or mental disability expected to last 90 days or more, and accepted for treatment by Vocational Rehabilitation, Department of Disabilities and Special Needs, or Mental Health, is also eligible for the CARES Program.

NOTE: A recipient who is permanently and totally disabled will be included in CARES regardless of their ability to work or participate full-time. A case in which an individual works full-time despite the fact that they are totally and permanently disabled would continue in the CARES Program.

The medical incapacity is subject to reevaluation at intervals that are specific to each recipient's circumstances, at a minimum, at annual redetermination. This interval is dependent on what has been determined by the doctor or other health professional and what is documented on the [DSS Form 1247](#), Medical Release/Physician's Statement or other verification which is completed and signed by a physician.

NOTE: Support services funds may be used to pay to have medical forms completed for a participant in the TANF Program once they have been determined eligible and have been participating in the CARES Program.

NOTE: Child care services may be provided to comply with the Family Plan as agreed upon by the TANF CM. The TANF CM must notify the child care worker if there is a change in medical capacity. TANF-CARES child care authorization may be up to 52 weeks at a time.

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If child care assistance is needed, the TANF CM will send the TANF child care unit via the ABC Mailbox in SCOSA the [DSS Form 1269](#), Request for Support Services, and the [DSS Form 3791](#), SC Voucher Program Application, and other documentation as appropriate to request child care.

2.6.2 TANF Two-Parent Program

In order to be included in the Two-Parent program there must be two parents in TANF. Case management of Two-Parent cases begins with an evaluation and assessment of the adults in the family. The evaluation will be an overall picture of the strengths and growth areas within a family unit. A Family Plan will be developed with the two-parent family and will indicate the activities in which they are required to participate. Support Services, including child care is available to two-parent families in need of care.

NOTE: Any support services payments offered to participants in the TANF Work Program must also be offered to participants that meet the criteria for inclusion in the Two-Parent program.

If child care assistance is needed, the TANF CM will send the TANF child care unit via the ABC Mailbox in SCOSA the [DSS Form 1269](#), Request for Support Services, and the [DSS Form 3791](#), SC Voucher Program Application, and other documentation as appropriate to request child care.

NOTE: Both parents will need to be in an approved component in order to be approved for child care.

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2.6.3 TANF - Child Only (TANF/CO)

A parent/caretaker relative who is receiving a TANF benefit (TANF Child Only case) for a child may be eligible to apply for TANF/Child Only (TANF/CO) child care. These cases contain caretaker relatives, SSI parents, or disqualified parents. The following criteria must be used in determining child care eligibility:

- 1) Child must be a TANF or SSI recipient
- 2) Parent/caretaker relative must be employed at least part-time (15 - 29 hours), in school or training or have a verified disability at the time of application. Employment may be in conjunction with training or attending school.
In two-parent families, both parents/caretakers must be working at least part-time, in school/training, or have a verified disability.
- 3) Parent/caretaker relative must meet income guidelines to be eligible for TANF/CO.
- 4) Parent/caretaker relative must pay a fee based on their income.
- 5) Authorization may be up to 52 weeks.
- 6) The family must comply with the SC Voucher Program attendance policies.
- 7) The child is under the age of 13 (or the child is aged 13 -19 with Special Needs).

NOTE: 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.

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Processing of TANF/CO Child Care Cases

Due to TANF/CO cases not having a TANF CM in the DSS county offices, child care eligibility staff will be responsible for obtaining an SC Voucher Program Application from the parent/caretaker relative. The following process will be followed:

- A. Review CHIP to ensure that the child is receiving a TANF benefit in a Child-Only case (use the child's SSN to inquire on a specific child). This review will serve as the child care referral.
- B. If the child is receiving a TANF benefit and the parent/caretaker relative meets the specific TANF/CO eligibility criteria as outlined in TANF-Child Only (TANF/CO) (See Section 2.6.3), then the child care eligibility worker can mail, email, or fax the SC Voucher Program Application to the parent/caretaker relative and request income verification or training verification if the parent/caretaker relative is on SSI, according to policy.

An individual who meets qualifications will be eligible to receive 12 months of services and may re-apply for an additional 12 months as funding permits and as long as the child continues to receive TANF benefits. The application must be filed in the name of the parent/caretaker relative and entered into the SC Voucher Program database using the FI/CO eligibility category. A parent / caretaker relative whose TANF/CO case closes due to income exceeding the limit is eligible to apply for transitional child care services.

2.6.4 TANF - Child Only – Protective Services (TANF/CO-PS)

Caretaker/Relatives (aunts, uncles, grandparents, etc.) receiving a TANF benefit for a dependent child may be eligible for child care assistance. Child care may be provided for child(ren) who have experienced emotional, physical, or other trauma.

- 1) Child must be a TANF recipient.
- 2) The family can receive up to 52 weeks of child care. Family can re-apply for services if child remains eligible.
- 3) The parent/caretaker is the applicant, and all the information on the application relates to the family.
- 4) Parent/caretaker relative must be employed at least part-time (15 - 29 hours) at the time of application and remain employed to continue receiving

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services. Employment may be in conjunction with training or attending school. A parent/caretaker who receives SSI may be eligible for child care assistance if they are either employed at least part-time or participating in an activity (training or education) that will enable them to become employed in the future.

- 5) In two-parent families, both caretakers/relatives must be working at least part-time. Exceptions to this policy are made if one of the caretaker/relatives meets the following criteria: **A caretaker/relative in a two-parent family who has a verified temporary or permanent disability.**
- 6) The applicant **does not** have to meet the income guidelines; however, the income must be verified in order to assess a client fee.
- 7) Only licensed child care providers may be used for TANF/CO-PS child care. If there is a situation in which a licensed provider cannot be obtained, an exception to the policy will be reviewed on a case-by-case basis in order to determine approval by State Office. See [Exception Criteria for CPS and FC Child Care Cases](#) below. Also see [Out-of- State Provider](#).
- 8) The family will be responsible for the weekly client fee per child. The fee is based on family size and the family's total gross income. If the family's income is above the maximum entrance amount (but under the exit amount), the fee is assessed at a dollar less than the maximum entrance amount. If the family's income is above the maximum exit income, the fee is assessed at a dollar less than the maximum exit amount.
- 9) The family must comply with the SC Voucher Program attendance policies.
- 10) The child is under the age of 13 (or the child is aged 13 -19 with Special Needs).

NOTE: 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.

2.7 Transitional Child Care (TCC)

An individual who has received a TANF benefit and whose benefit ends due to one of the following is eligible to apply for transitional child care assistance:

- 1) Employment
- 2) Increase in earned income
- 3) Expiration of earned income disregards
- 4) Waiver of earned income disregards
- 5) Voluntary closure requests when excluded income exceeds the income limit
- 6) 24-month TANF time limit.

A parent is eligible based on meeting the child care income limit guidelines and the fact that they are employed at least part-time (15 – 29 hours per week). Travel time is also considered when determining the number of hours worked each week. A client that is employed who becomes temporarily disabled and is unable to work and unable to care for child, they may continue to receive child care assistance as long as they remain employed and can verify that they are on leave from their employment. See [Establishing the Need for Child Care Services](#). A parent receiving child care through this category is required to pay a portion of their child care cost through a client fee paid to the provider. TCC may be authorized for up to two years.

There are four different types of transitional categories:

- 1) Transitional Child Care 1 ([TCC1](#))
- 2) Transitional Child Care 2 ([TCC2](#))
- 3) Transitional Child Care 24 ([TCC24](#))
- 4) Transitional Child Care – Full Family Sanction ([TCC/FS](#)).

Federal Time Limits

A client is not eligible for child care services when their TANF closes due to Federal Time Limits.

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Two-Parent Family

In a two-parent family one parent must be working at least part-time (15 – 29 hours per week). Travel time is also considered in determining the number of hours worked per week. See [Establishing the Need for Child Care Services](#). The parent can also attend school in conjunction with work. The second parent must be working or going to school at least part-time, or have a verified disability. If one or both parents work or attend school or training part-time, only part-time child care will be given.

NOTE: A family household unit where one parent works at least part-time and the other attends only school is eligible to apply for such assistance.

2.8 Transitional Child Care 1 (TCC1)

Eligibility for TCC1 begins the first month of TANF benefit ineligibility. The child care eligibility worker will use CHIP to determine that the TANF benefit case has been closed for a transitional closure reason and to determine the effective date of TANF benefit closure, to ensure that the appropriate number of service weeks are given to the client. To receive child care through this category, the individual must:

- A. Be closed from TANF due to earned income exceeding the TANF income guidelines or due to voluntary withdrawal due to earned income as indicated by closure code VE
- B. Have received a TANF benefit in the month immediately preceding the first month of ineligibility
- C. Have a need for child care for a child under age 13.

NOTE: A child aged 13-19 with special needs may be considered for eligibility. 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.

- D. Be working part-time or full-time. A parent who is attending school and working at least part-time is eligible for child care assistance for both school and work. Total hours must be a minimum of 30 hours per week (travel time can be considered).
- E. Be income-eligible based on current income standards.

NOTE: TCC1 authorization may be up to 52 weeks.

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The child care worker must verify the client's transitional eligibility period using the CHIP system to research the reason for case closure/denial and the effective date of the TANF closure/denial. The following CHIP closure/denial codes should be used:

Action by FI CM	CHIP Code	Code Reason
Closure	EX	Closed Due to Earned Income
Closure	DX	Closed Due to Loss of Disregards
Closure	IN	Closed Due to Earned Income
Closure	CX	Closed Due to Child Support Income
Closure	TL	Closed Due to TANF Time Limit
Closure	VE	Voluntary Withdrawal Due to Earned Income
Closure	FA	Full Family Sanction
Closure	AT	Full Family Sanction
Closure	RJ	Full Family Sanction
Closure	DS	Full Family Sanction

Seamless Eligibility for First Year of Transitional Child Care

SC Voucher Program services should be continued in a timely manner without interruption, and in an effort to ensure that there is no break in services for a family moving between TANF child care to the first year of TCC, a child care application from the client will not be required. If the TANF benefit effective date of closure is within 30 days of the processing date, the seamless process can be used. If the TANF benefit effective date of closure is over 30 days then the client will complete a new child care application and submit income verification.

If the seamless TCC case is approved, the child care eligibility staff will determine the effective transitional closure date in CHIP and close out the TANF child care accordingly. If the effective transitional closure date in CHIP has passed, then

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closeout the TANF child care effective the first available Monday and insert the new TCC application into the SC Voucher Program database, which will produce an approval/connection letter that will be sent to the client and provider. Child care eligibility staff will call the client and the provider to make them aware of the change in connection.

To allow for continued child care services, the child care eligibility staff will:

- 1) Review CHIP to ensure that the client's TANF benefit case has been closed appropriately for a transitional reason code.
- 2) Determine the effective date of closure in CHIP to ensure that the appropriate number of weeks are given for child care, up to 52 weeks from the effective date of closure.
- 3) Review the SC Voucher Program database to ensure that the client is currently receiving TANF child care. If the TANF participant is not receiving TANF child care, a [DSS Form 3791](#), SC Voucher Program Application, must be completed.
- 4) Use information from CHIP and SCOSA or On-base to update the SC Voucher Program database, as appropriate, with a current address, family composition, family size, employer information, and income.
- 5) Determine income using the current wage information in CHIP. Verify that the income does not exceed the child care income standards.
- 6) Complete a new child care eligibility worksheet (DSS Form 37110) and attach the following CHIP screens:
 - a. Client Profile Page
 - b. Case Profile Page 2
 - c. Household Summary Page 1 and 2
 - d. Notice History Screen
- 7) Update the information into the SC Voucher Program database for the first year of TCC and obtain an application number.
- 8) Call the client and the provider to make them aware of the changes such as the category change, the copay, number of weeks approved, etc.

NOTE: If during the review of the TCC case, the seamless TCC case is denied, the TCC worker will complete a termination according to policy for the case so that a termination notice will go to the client and provider.

2.9 Transitional Child Care 2 (TCC2)

The transitional child care, second year (TCC2), eligibility category is for:

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- A. An individual whose first year of transitional time period is ending. An additional 52 week eligibility period may begin under TCC2 when any of the aforementioned categories end. If receiving TCC1, the SC Voucher Program sends an automated notification to the parent and provider 60 days prior to services ending.
- B. A former TANF participant who was eligible to apply for TCC but failed to do so. If the participant is eligible, only the remaining months in the transitional eligibility period can be approved. The child care worker must verify the remaining transitional time period using the CHIP system.

Eligibility for child care begins effective the first Monday after the TCC1 eligibility period has ended. If the participant does not request TCC2 until after the second 12-month eligibility period begins, only the remainder of the second 12 months may be authorized. A new application is required and income eligibility must be re-determined.

A parent receiving child care through this category is required to pay a portion of their child care cost through a client fee paid to the provider.

To receive child care through this category, the individual must:

- 1) Not be receiving a TANF benefit, and the TANF benefit case closed for a transitional reason.
- 2) Be working full-time or part-time (second parent may be permanently or temporarily disabled—verification required). If working and attending school, employment and education hours must be for a minimum of 30 hours per week.
- 3) Have a need for child care for a child under age 13.

NOTE: A child aged 13-19 with special needs may be considered for eligibility. 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.

- 4) Be income-eligible based on current income standards.

2.10 Transitional Child Care 24 (TCC24)

2.10.1 TCC24-1

Eligibility for TCC24-1 (first year) begins the first month of TANF benefit ineligibility due to 24-month TANF time limits. A parent receiving child care through this category is required to pay a portion of their child care cost through a client fee paid to the provider.

To receive child care through this category, the individual must:

- A. Be closed from TANF benefits due to time limits.
- B. Be working full-time or part-time (second parent may be permanently or temporarily disabled—verification required)
- C. Have a need for child care for a child under age 13

NOTE: A child aged 13-19 with special needs may be considered for eligibility. 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.

- D. Be income-eligible based on current income standards.

2.10.2 TCC24-2

The transitional child care is due to TANF benefit case closing due to the client using all of their 24-month TANF benefit time limits. Second year uses child care category TCC24-2.

2.11 Transitional Child Care - Full Family Sanction (TCC/FS)

2.11.1 TCC/FS – 1

Eligibility for TCC/FS -1 (first year) begins the first month of TANF benefit ineligibility due to full family sanction. A family household member who becomes employed or increases earnings during a full family sanction and the earnings cause the family household unit to become ineligible for TANF benefits may be eligible to receive child care services under TCC/FS.

To request TCC/FS during the full family sanction, the TANF CM must:

- 1) Verify new employment or increased earnings AND
- 2) Complete a mini-budget to determine if income exceeds the TANF gross and/or net income limit.

All available earned income disregards must be given to determine eligibility or ineligibility.

If case is income ineligible for TANF benefits, the TANF CM must:

- 1) Make a referral to the child care worker on the [DSS Form 1269](#), Request for Support Services
- 2) Indicate on the referral that the TANF case benefits originally terminated due to full family sanction AND
- 3) Indicate that the individual is now employed or has had an increase in earnings.

The client may be eligible for seamless child care eligibility if they were receiving TANF child care in order to cure their sanction. If the client was not receiving TANF child care, an SC Voucher Program application must be taken. An individual who qualifies may receive TCC/FS for 12 months and may reapply for an additional 12-month period based on the availability of child care funding.

2.11.2 TCC/FS – 2

A client may reapply for an additional 12-month period based on the availability of child care funding. The child care category in the SC Voucher Program database for the second year is TCC/FS -2.

2.12 Child Welfare Child Care

Child care assistance may be provided if funding is available for a family that has an open Child Protective Services (CPS) treatment case or a child in an open foster care (FC) case. Cases in the investigative phase are not eligible to apply for child care. The case must be in an open/active status. Foster parents must be working, in school, training or have a verified disability. Specialized and Intensive Foster Care and Clinical Services (IFCCS) foster child care cases will also be approved on a case-by-case basis (follow exception criteria below). A child may also be in the process of being adopted, but the adoption has not been finalized. Services are provided to a child's family to prevent further abuse or neglect or to provide a stable and consistent routine for a child to compensate for stressful experiences. A child is eligible for child care through age 12. However, a child, 13 years old through age 18, who should not be left unsupervised or who has emotional problems may receive child care after the age of 12. Documentation should support the reasons child care is needed after age 12.

NOTE: Only children in the custody of South Carolina are eligible for child care services through the SC Voucher Program. If the child is in the custody of another state, it is the sending state's responsibility to provide assistance to the child.

Only licensed child care providers may be used for CPS and FC child care. If there is a situation in which a licensed provider cannot be obtained, an exception to the policy will be reviewed on a case-by-case basis in order to determine approval by State Office. See [Exception Criteria for CPS and FC Child Care Cases](#) below. Also see [Out-of-State Provider](#).

2.12.1 Exception Criteria for CPS and FC Child Care Cases

Child care arrangements for CPS and Foster children must be in licensed facilities enrolled in the SC Voucher Program. However, exceptions will be made on a case-by-case basis. The Human Services (HS) worker should request exceptions in writing (via email) to Shelah Strange at shelah.strange@dss.sc.gov. Documentation should also be made in the CAPSS system and the Casemanager should staff with their supervisor. The request should detail the following:

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- 1) Caretaker's name and SSN
- 2) CPS/FC child's name and SSN
- 3) Reason the particular facility is requested
- 4) Worker's assessment that the facility meets the child's assessed needs
- 5) Documented approval from the HS program supervisor for the child to receive child care services in a facility that is registered or exempt from regulatory requirements.

Approval for requests for exceptions are not guaranteed. Therefore, requests should be made as far in advance as possible. If the approval is granted by State Office, the child care worker must notate the approval in the memo field.

2.12.2 Application Process for CPS and FC Child Care

The HS worker will refer cases for child care to the child care worker using the DSS Form 3004, Child Care Referral Form. Child care services should be authorized by the child care worker prior to the start date for services. Therefore, referrals must be made in a timely manner.

The child care worker with a caseload in the county of case management (county in which the case originates) is responsible for determining eligibility for CPS and FC cases. This policy includes those cases managed through Specialized Foster Care and IFCCS. A CPS client may receive child care for up to 52 weeks.

NOTE: When a CPS case is closed or no longer active, the child care case will be terminated according to SC Voucher Program's termination policy upon notification from the HS worker or via verification from agency databases.

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2.12.3 CPS-In

A case is considered to be a CPS-In case when the child continues to live in their own home. An application will be processed by the child care worker if the following eligibility criteria are met:

- A. The family must have an open treatment CPS case managed by an HS CM.
- B. The CPS family can receive up to 52 weeks of child care per year.
- C. The parent/caretaker is the applicant, and all the information on the application relates to the family.
- D. The applicant **does not** have to meet the income guidelines or be working, in school or in training, because the service is provided in conjunction with protective services. However, income must be verified in order to assess a client fee. If the parent/caretaker refuses to provide income verification, the child care worker must enter income in the SC Voucher Program database at \$1.00 below entrance maximum in order to assess the client fee.

NOTE: CPS clients who are not working, in school, or training can receive up to full-time child care, as needed.

- E. The HS CM must provide information to the child care worker to include:
 - a. Completed [DSS Form 3004](#), Child Care Referral Form
 - b. Completed [DSS Form 3791](#), SC Voucher Program Application.

NOTE: It is preferred that the parent/caretaker sign the application. If the parent/caretaker refuses to sign, it is recommended that the HS CM sign the application.

- c. Verification of income.
- F. A CPS-In client must need the service for one of the following reasons:
 - a. To enable the child to remain in the home while the parent pursues rehabilitation
 - b. To reduce the detrimental effects of abuse and neglect by providing the child with developmentally appropriate experiences in the areas of physical, social, emotional, cognitive, and language development.

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- G. The family will be responsible for the weekly client fee per child. The fee is based on family size and the family's total gross income. If the family's income is above the maximum entrance amount (but under the exit amount), the fee is assessed at a dollar less than the maximum entrance amount. If the family's income is above the maximum exit income, the fee is assessed at a dollar less than the maximum exit amount. The family may also be responsible for the difference in what the SC Voucher system pays and what the child care provider charges.
- H. The family must comply with the SC Voucher Program attendance policies.
- I. The child is under the age of 13 (or the child is aged 13 -19 with Special Needs).

NOTE: 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.

2.12.4 CPS-Out

A case is considered to be a CPS-Out case when the child is living in the home of a relative or designated caretaker.

An application must be processed by the child care worker, and the following eligibility criteria met:

- A. The family must have an open treatment CPS case managed by an HS CM.
- B. The CPS-OUT family can receive 52 weeks of child care.
- C. The caretaker/relative is the applicant, and all the information on the application relates to the caretaker.
- D. The applicant does not have to meet the income guidelines or be working, in school or in training, because the service is provided in conjunction with protective services. However, income must be verified for the program to comply with reporting requirements. If the caretaker/relative refuses to provide income verification, the child care worker must enter income in the SC Voucher Program database at \$1.00 below entrance maximum. If the family's income is above the maximum exit income, the fee is assessed at a dollar less than the

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maximum exit amount. The family may also be responsible for the difference in what the SC Voucher system pays and what the child care provider charges.

NOTE: CPS clients who are not working, in school, or training can receive up to full-time child care, as needed.

- E. The HS CM should provide information to the child care worker to include:
 - a. Completed [DSS Form 3004](#), Child Care Referral Form
 - b. Completed [DSS Form 3791](#), SC Voucher Program application. **It is preferred that the caretaker sign the application. If the parent/caretaker refuses to sign, it is recommended that the HS CM sign the application.**
 - c. Verification of income.
- F. A CPS-Out client must need the service for one of the following reasons:
 - a. To enable the child to remain in the home of the caretaker/relative while the parent pursues rehabilitation.
 - b. To reduce the detrimental effects of abuse and neglect by providing the child with developmentally appropriate experiences in the areas of physical, social, emotional, cognitive, and language development.
- G. The family is not responsible for the weekly client fee but may be responsible for the difference in what the SC Voucher system pays and what the child care provider charges.
- H. The family must comply with the SC Voucher Program attendance policies.
- I. The child is under the age of 13 (or the child is aged 13 -19 with Special Needs).

NOTE: 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.

2.12.5 The Interstate Compact on the Placement of Children (ICPC)

The ICPC is a statutory agreement between the states that governs the placement of children from one state to another. It includes requirements that states must follow before a child can be placed in another state. The Compact's purpose is to ensure that children placed in another state receive the same services, oversight and protections that would be afforded if they remained in their home state.

It is the sending states responsibility to pay for all child care costs.

2.12.6 Foster Care Criteria

Child care services may be provided to a foster child if there is an open/active foster care case, the foster parent is working, in school/training or has a verified disability. A child in a licensed group home or emergency shelter is not eligible to receive child care. An application is completed in the name of the foster child. It is preferred that the application is signed by the foster parent on behalf of the foster child. Since the foster parent is caring for a child of the State, no fee is charged for child care assistance for the foster child. However, a foster parent will be responsible for the difference between what the SC Voucher Program pays for and what the provider charges. 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 for the SC Voucher Program.

NOTE: A foster parent who owns a licensed or registered family child care or group child care home or center cannot receive child care assistance to provide child care for their own foster child.

The information on the application relates to the foster child and the foster child's income. However, all foster parents must meet the working requirement. Exceptions to the work requirement may be made by the SC Voucher Program Manager or designee on a case-by-case basis. The following eligibility criteria must be met if exception not granted:

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- A. For entrance into the program, the foster child's monthly gross income shall not exceed 55% of the state median income based on a family size of one. The foster child may remain in the program, as long as the other eligibility criteria are met and the foster child's monthly gross income does not exceed 85% of the state median income for a family of one. Child care can be authorized for up to 52 weeks.
- B. The foster parent must need the service in order to work, attend school/training or have a verified disability (unless exception has been granted). The child care eligibility worker can use the 30 days of consecutive pay stubs which are preferred to verify the hours a foster parent is working. Child care eligibility staff can use one check stub to verify employment if there is year-to-date income on the check. If pay stubs are not available, a letter printed on company letterhead, indicating the number of hours worked, may be submitted. Actual wages are not required since only the foster child's income is counted. If a foster child is in a two-parent foster family, both parents must be working, in school, training or have a documented disability. Documentation must be obtained for both parents. Information from CHIP, PATS, or other databases may be used to verify work status. Exceptions to the work requirement may be made by the Child Care Director/designee on a case-by-case basis.
- C. Only the foster child's income is used in eligibility. The case must be entered using the foster child's actual income. If there is no income, enter \$0.
- D. The foster child is under the age of 13 (or the child is aged 13 -19 with Special Needs).
- E. The case is entered using the foster child's name and SSN.

NOTE: If the foster child does not have a valid SSN, the child care worker must use the child's birth date to construct a [temporary pseudo SSN](#).

- F. A client receiving assistance under this program can choose only licensed facilities or programs. The only exception is when the HS CM has received prior authorization from State Office SC Voucher Program staff.

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2.12.7 Child Care After Adoption

If a foster child was receiving child care while in foster care and is subsequently adopted, child care will end after the adoption is finalized. Should the adoptive family qualify for another type of funding and are income eligible and if funding is available, they may apply for child care at that time. SC Vouchers are not continued for foster children after the finalization of adoption.

2.12.8 Specialized and IFCCS Foster Care

Child care eligibility for a child in a licensed Specialized and IFCCS foster home may be approved on a case-by-case basis. These cases must be reviewed in writing or by email by Shelah Strange, shelah.strange@dss.sc.gov, in Child Care Services. Follow [Exception Criteria for CPS and FC Child Care Cases](#).

A foster parent in this category may be eligible for child care, if the foster parent meets the requirements of the FC Program, is working, in school/training or has a verified disability and the child care is appropriate. Child care can only be considered when the child is placed in a licensed home.

The referring Foster Care CM is responsible for:

- A. Completing the [DSS Form 3004](#), Child Care Referral Form
- B. Completing the [DSS Form 3791](#), SC Voucher Program Application
- C. Obtaining the necessary signatures
- D. Verifying employment, school/training and/or disability
- E. Requesting authorization from State Office to approve child care for a child in specialized or intensive foster care AND
- F. Submitting a waiver request, as appropriate, for use of a child care facility that is not licensed.

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2.12.9 Child Care for Baby of a Foster Child

A foster parent may receive child care assistance for the baby of a foster child when SCDSS does not have custody of the baby. The foster parent must be employed, in school/training or disabled and the foster child must be attending school or be employed in conjunction with school attendance. The baby will be eligible as long as the mother (foster child) remains in foster care and the child resides in the care of the mother. The application should be entered in the name of the foster child and all income information will be based on the foster child's income.

If the minor foster child (in the case of a teen parent) is in a group home or shelter and has an open/active foster care case, services may be provided if the foster child is working, attending school or is working in conjunction with attending school. The application would be entered in the teen parent's name and their income would be counted.

2.13 Non-Welfare Low Income Families

These eligibility categories are used for an eligible client when they do not meet the criteria for:

- [ACC](#)
- TANF or TANF CARES, [TANF Two-Parent Child Care](#) or [TANF - Child Only](#)
- [TCC1](#), [TCC2](#), [TCC24](#) or [TCC/FS](#)
- [Child Welfare Child Care](#).

If funding is available, an individual who is not eligible for the categories listed above may be determined eligible under other funding sources, as long as the following criteria are met:

- 1) The applicant must need child care services in order to work or attend school or training. An exception may be made for a family where one parent is working, in school or training and the other parent is disabled, or both parents are disabled, either permanently or temporarily.
- 2) The applicant needs a minimum of 15 hours of child care per week.

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- 3) The family's total gross income at the time of entrance into the program shall not exceed 55% of state median income based on family size. The family may stay in the program until their gross income exceeds 85% of the state median income, provided they meet the other eligibility criteria.
- 4) The applicant has a need for child care for a child(ren) under the age of 13 (or child aged 13 -19 with Special Needs).

NOTE: 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.

2.14 Criminal Domestic Violence

This eligibility category provides child care vouchers for an individual living in a shelter to escape a domestic violence or sexual assault situation or who is receiving services from a state-funded domestic violence/sexual assault program. A parent receiving child care for this category is required to pay a portion of their child care costs through a weekly client fee paid to the child care provider. Parents must meet the basic SC Voucher Program criteria and verification of participation with a State-funded domestic violence program as required.

Eligibility criteria for this category is as follows:

- Must be currently living in a criminal domestic violence shelter or participating in a shelter approved activity, such as counseling.
- Applicant must be working, in school, in training or seeking employment opportunities (counseling through the shelters count as training hours) a minimum of 15 hours per week.
- Must need child care a minimum of 15 hours per week.
- Must be 18 years old or an emancipated minor.
- Must be at or below 55% of State Median Income (SMI)
- Must pay a fee based on family size and gross monthly income.

2.15 Head Start Wrap Around

Parents applying for Head Start child care must meet basic SC Voucher Program criteria. Head Start provides child care wrap-around services to a parent whose child is enrolled in a Head Start program as funding is available. Intake is done through the local participating Head Start program or Early Head Start program and eligibility is handled by the SC Voucher Program staff.

If approved for services, the child must attend the Head Start approved child care site for a minimum of two weeks before transferring to another provider. Failure to attend for two weeks may result in the termination of services unless otherwise approved by the grantee. Additionally, only the originally funded weeks will be available at the new site and for half time only, unless also approved for full time summer care.

Eligibility criteria for this category is as follows:

- Applicant must be working, in school, or in training a minimum of 15 hours per week.
- Must have a child of early head start age (0-2 years old) and/or head start age (3-5 years old) in need of child care services.
- Must need child care a minimum of 15 hours per week.
- Must be 18 years old or an emancipated minor.
- Must be at or below 55% of State Median Income (SMI)
- Must pay a fee based on family size and gross monthly income.

2.16 First Steps

Some South Carolina First Steps partnerships choose to run their child care dollars through the SC Voucher Program. In doing so, the SC Voucher Program designates slots based on the funding transferred from First Steps. When funding is available in the parent's county of residence, parents may apply for child care under First Steps. First Steps must meet the basic SC Voucher Program criteria. First Steps provides child care assistance to low-income families when funding is available through the local First Steps County Partnerships. Intake is done in a variety of ways through the local participating First Steps Partnerships and eligibility is handled by the SC Voucher Program Staff. Provider selection may be limited for this category of child care.

The eligibility criteria for this funding is as follows:

- Applicant must be working, in school, or in training a minimum of 15 hours per week.
- Must have a child of first steps age (0-5 years old) in need of child care services.
- Must need child care a minimum of 15 hours per week.
- Must be 18 years old or an emancipated minor.
- Must be at or below 55% of State Median Income (SMI)
- Must pay a fee based on family size and gross monthly income.

NOTE: Not all county First Steps Partnerships participate with the SC Voucher Program.

2.17 Special Needs

Special Needs provides child care assistance to a parent who has a child with a documented disability or special need and is available to children from birth to age 19.

NOTE: A child who turns age 19 during their child care eligibility period will continue to receive services through the end of the current eligibility period.

Intake is handled through one of the following entities:

- County [Department of Disabilities and Special Needs](#) offices
- [BabyNet](#) offered through the South Carolina Department of Health and Human Services

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- [Children's Rehabilitative Services](#) offered through DHEC
- [SC School for the Deaf and Blind](#)
- [Easter Seals](#)
- [Bright Start](#)
- [SC Autism Society](#)
- Other contracted Early Intervention providers throughout the state

The child must have a special need as identified by one of the entities above, or must have a current Individualized Education Plan (IEP), IFSP or 504 Plan through their school, which specifies that they are receiving speech, occupational, or physical therapy. Child care applications for children who have IEPs can be obtained by calling SC Voucher Program Special Needs at 1-803-898-9735. Additionally, children approved for child care under special needs will receive 12 months of child care from the date of approval.

NOTE: All children with identified special needs are not automatically eligible for this fund source.

Eligibility is handled at the State Office. An applicant may be determined eligible under this category if the following criteria is met:

- 1) Must be working, in school, in training, or disabled
- 2) Must have a child with a documented disability or special need and be referred from one of the above entities
- 3) Eligible children must be under the age of 19 years old
- 4) Must need child care a minimum of 15 hours per week
- 5) Must be 18 years old or an emancipated minor AND
- 6) Must be at or below 55% of the state median income

The parent must pay a fee based on their income. Child care is authorized only for the child who has special needs. Other children listed on the application will not be approved for services under the special needs funding.

2.18 Homeless Child Care

Child care assistance may be available for families experiencing homelessness. Child care slots are provided in coordination with the State Department of Education Homeless liaison and the four homeless coalition continuum of care organizations throughout the state:

- Eastern Carolina Homeless Organization
- Low Country Homeless Coalition
- Midlands Area Consortium for the Homeless
- United Housing Connections

According to the McKinney-Vento definition of homelessness, a family will be considered homeless when they lack a fixed, regular and adequate nighttime residence. The lack of a fixed nighttime residence includes loss of housing, economic hardship, living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations or are living in emergency or transitional shelters. Furthermore, living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings.

To qualify for funding for the homeless voucher, a family must:

- Meet the McKinney-Vento definition of homeless (above)
- Must provide verification of homelessness via a letter on Coalition (if not school aged) or Department of Education letterhead (if the child in care is a school aged child) indicating that the family has been determined to meet the definition of homelessness as defined by the McKinney-Vento Act.
- Note: For direct referrals, an in office third party verification is done to document that a family meets the McKinney-Vento definition of homelessness. This verification cannot be done by the staff person that is also determining eligibility.
- Must be at or below 55% of the state median income at the time of application.
- Must be working, in school, in training or actively searching for work
 - If working, the most recent 30 days of pay stubs is preferred or a letter from the employer indicating the number of hours worked per week and the rate and frequency of pay.
 - If in school, a copy of the current school schedule and proof of paid registration.

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- If in a job search component, it should be indicated at the time the application is submitted. The applicant will be given 12 weeks of presumptive eligibility.
- If in a current drug and/or alcohol or mental health treatment program, it should be indicated at the time the application is submitted. The applicant will be given 52 weeks of presumptive eligibility.
- Must have a child under the age of 13 in need of child care services

A family that is homeless may receive a maximum of 2 consecutive years of funding at the same address. Exceptions to policy may be made on a case by case basis with approval from the Program Manager.

NOTE: 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.

Clients approved for funding under the homeless initiative will not have a co-pay. However, if the child care provider charges more than what the SC Voucher Program can pay, the provider may require the parent to pay the difference. There is no co-pay for this category of care.

2.19 Family Literacy Child Care

The purpose of this funding is to provide child care assistance to current high school students and/or individuals enrolled in an adult education program working on a high school diploma or GED. Participation in college does not count for this funding. Intake is primarily done by school counselors, nurses or other staff through the Department of Education. However, some referrals are made directly to State Office.

To qualify for the child care funding the parent:

- Must be actively seeking a high school diploma or GED.

NOTE: Applicants that are seeking a college degree or are homebound are not eligible to apply under this funding.

- Children needing care must be between the ages of 0-12.
- The minimum number of hours of participation required in order to receive child care is 15 hours per week.
- Applicants in school 15-29 hours per week will be given only half-time care. However, if the applicant also works, the work time will be included. If working and going to school a combined 30 or more hours per week, the family would be eligible for full time care.
- Must provide a copy of their current school schedule
- If working, provide the most recent 30 days of check stubs
- Must be at or below 55% of the state median income.
- If approved, applicants will receive 52 weeks of child care.

2.20 Dual Language Learners (DLL)

Funding under the dual language learner program is intended to provide child care assistance to enable low-income children that are dual language learners to have access to high quality child care services.

To qualify for the child care funding the parent:

- Must be working, in school (ESL classes will count), in training, participating in a drug/alcohol or mental health treatment program or doing job search a minimum of 15 hours per week.
- Children needing care must be between the ages of 0-12.
- Must need a minimum of 15 hours of child care per week.
- Must be at or below 55% of the state median income.
- If approved, applicants will receive 52 weeks of child care.
- There is no copay for this category.

2.21 CCDF/DISC Funding

CCDF/DISC funding may be available to low income working families that meet the income guidelines when funding permits.

Eligibility is handled at the State Office. An applicant may be determined eligible under this category if the following criteria is met:

- Must be working, in school, in training, or disabled
- Must have a child between the ages of birth through 12 years old
- Must need child care a minimum of 15 hours per week
- Must be 18 years old or an emancipated minor AND
- Must be at or below 55% of the state median income

The parent must pay a fee based on their income.

2.22 Early Head Start Child Care Partnership

The SC Voucher Program works with local Early Head Start Child Care Partnerships (EHS-CCP) to provide limited slots to the programs in order to provide child care funding to eligible families. Each eligible EHS CCP is given a designated number of child care slots.

Eligibility is handled at the State Office. An applicant may be determined eligible under this category if the following criteria is met:

- Must be working, in school, in training, or disabled
- Must have a child between under the age of 2 years old.
- Must need child care a minimum of 15 hours per week
- Must be 18 years old or an emancipated minor AND
- Must be at or below 55% of the state median income

2.23 CCDF-CR Funding

Effective December 1, 2019, funding under CCDF for Caretaker Relatives may be available if a caretaker relative has custody of their nieces, nephews, or grandchildren and are otherwise not eligible for child care under any other category such as CPS or TANF/CO. This category is not for the non-related caretakers.

To qualify for this child care funding the following criteria must be met:

- Caretaker relative must have custody of the child in need of care.
- Caretaker relative is the applicant.
- Applicant can be working, in school, in training, or temporarily or permanently disabled.
- Retirement would be allowed for situations where the caretaker is retired.
- Income will be used to determine a co-pay:
 - If income is zero, then zero dollars will be counted.
 - If the income is within the income guidelines, then the fee will be assessed at the fee associated with the family size and household income.
 - If the income is above the allowable entrance amount but under the maximum exit, the income will be entered at \$1 under the maximum entrance.
 - If the income is above the allowable exit amount, the income will be entered at \$1 under the maximum exit income.

Requests for approval for this child care category should be sent to the SC Voucher Program Manager for approval.

Chapter 3

Application Process

3.1 Intake and Application

Since the passage of the South Carolina Family Independence (FI) Act, the majority of child care applications come through the county offices of the South Carolina Department of Social Services (SCDSS) which is the focal point for TANF/Welfare Reform. However, when funds are available for other non-welfare low-income clients, an individual may apply for services through SCDSS other entities that may be identified by SCDSS.

Within the SC Voucher Program, in addition to TANF/Welfare Reform participants, certain funds are set aside and designated to serve specific target populations, which are handled by State Office. Intake for these target populations is handled as follows:

3.2 Child Care Application

The SC Voucher Program Application, [DSS Form 3791](#), is the primary document used for determining eligibility. Other information such as pay stubs, tax forms, agency databases (including CHIP, PATS, CAPSS, documentation in SCOSA, On-base etc.) may be used to determine eligibility but must be used in conjunction with the application. Every effort must be made to ensure that child care eligibility is processed into the SC Voucher Program database as soon as verification is received. Processing time should be within 3-5 working days of the completed information being received.

Eligibility is determined at least once every 12 months and more often if:

- A. The applicant reports a change in income.
- B. The client changes eligibility categories within that 12-month time period.
- C. There is a change in family size.
- D. A change in employment necessitates a change to full-time care for a client who is initially determined eligible for half-time care only. Changes from half-time to full-time or full-time to half-time will be effective the Monday after the change has been requested forward unless payments have not been made. See [Changes Within the Eligibility Period](#).

Chapter 3: Application Process

NOTE: A new SC Voucher Program application is not used for a family moving from TANF to the first year of transitional child care or from ACC to TANF/ and TCC.

If the applicant meets eligibility criteria for funding under which they are applying, a determination is made that the family is eligible. When the family is eligible, all children under age 13 within the family are eligible. However, all children may not need child care services or they may not meet the age requirements for particular funding sources. Additionally, a family may meet all eligibility requirements, but it does not ensure a family will receive child care under the SC Voucher Program as there may be limited funding.

Process for Incomplete Applications

In order for a potential client to apply for child care services, or for a potential provider to apply for enrollment as an SC Voucher Program provider in the SC Voucher Program, certain required forms and documentation must be submitted. See Chapter 3 [Application Process](#) and [Provider Selections and Types](#). If all of the required forms and documents are not submitted with the child care application or the provider enrollment forms, the Control Center staff will send the applicant (client or provider) an Incomplete Letter, which will indicate the information that is needed. The Incomplete Letter will include a deadline (15 calendar days from the date of the letter) for submission of the missing information. The applicant (client or provider) must submit the missing information by close of business on the 15th calendar day.

Denials for Incomplete Applications

Failure to return the requested information by the deadline will result in the denial of child care services for the client or the denial of the enrollment for the provider. The potential client or provider will be sent a denial letter, which will indicate that the application was denied due to non-submission of missing information by the deadline given in the Incomplete Letter. Both client and provider applicants may request a fair hearing regarding the denial of their application for the SC Voucher Program.

Chapter 3: Application Process

3.2.1 Client and Recipient Social Security Numbers

The SC Voucher Program currently collects (but cannot require) the client's/child's SSN on the child care application and uses the SSN as the primary client identifier in the database. Only the last four digits of the SSN are printed on any documentation that is sent out from the SC Voucher Program. However, services will not be denied for an applicant or child who refuses to provide an SSN. In those instances, a pseudo SSN will be created.

3.2.2 Pseudo/Temporary Social Security Numbers

If the parent/caretaker or the child does not have an SSN, the child care worker may create a pseudo SSN using the following process:

- A. The first three positions of the temporary SSN should be zeros.
- B. The next two positions should be the child's month of birth.
- C. The last four positions should be the child's day and year of birth.

EXAMPLE: If the birth date is 3/4/06, the temporary SSN will be 000-03-0406. In the instance of multiple births, such as twins or if another child has the same birthday, the first child is 000, the second is 001, and so forth.

Child care staff must monitor these temporary numbers and obtain the actual SSN as soon as possible. Upon receipt of the correct SSN, staff should coordinate with the designated staff to update the pseudo social security number to the actual number in order to align the changes with the SVL. Once the change is made, the designates staff will document the memo field indicating the change has been made.

3.2.3 Temporary Absence During Child Care Eligibility Period (In Loco Parentis)

Temporary absence of the primary parent/caretaker from the home may be due to reasons related to one of the following which requires the caretaker/guardian to act [in loco parentis](#) for the child:

- Work
- Educational and vocational training
- Institutionalization
- Joint custody arrangement
- Other circumstance.

The child remains eligible for child care as long as the primary parent / caretaker's permanent residence remains in the State of South Carolina and the guardian responsible for the child has a need for child care in order to work, attend school/training. The Caretaker/Guardian must complete [DSS Form 37117](#), Guardianship/In Loco Parentis Verification.

NOTE: DSS Form 37117 or other verification of guardianship/in loco parentis status must be notarized.

Work Related Temporary Absence

If a family household member is temporarily absent from the home due to a work-related assignment, including military, they are considered part of the family household unit unless a separate legal residence is established.

Temporary Absence Due to Educational/Vocational Training

An individual temporarily absent due to participation in an educational or vocational program remains eligible for child care as long as their permanent residence remains that of the child. Examples of educational/vocational training include colleges, technical schools, and training centers. If a parent/caretaker relative is the individual away at the educational/vocational facility, they remain eligible unless another relative who is caring for the child applies for benefits.

Chapter 3: Application Process

Time Frame for Reporting Permanent Absence

When it is reported that a parent/caretaker is temporarily living away from home, the guardian or person acting in loco parentis should be advised that if the parent/caretaker does not return, notification must be given to SCDSS within five days of this change.

3.2.4 Custody Verification

When custody is in question, verification may be required. Acceptable methods of verification include, but are not limited to:

- A. Court documentation/guardianship papers OR
- B. Signed, notarized statement from both parents indicating that guardianship, either permanent or temporary, has been given to the caretaker.

If in the same FS or TANF budget, custody has already been verified, CHIP may be used as verification.

3.2.5 Signature Requirements

It is encouraged that the child care application be signed and dated by the applicant before the application is processed and before services are rendered. however, this is not required if all other eligibility criteria is met.

3.3 Applicant Rights and Responsibilities

Upon being approved for child care, the parent/caretaker receives a copy of their rights and responsibilities in an eligibility packet mailed to them. Additionally, the rights and responsibilities are available to the applicant on the last page of the application.

3.3.1 Applicant Rights

The applicant has the right to:

- A. Choose one of the following types of providers:
 - a. Child care center
 - b. Family child care home
 - c. Group child care home
 - d. Church facility
 - e. Neighbor, friend or relative.

NOTE: A client receiving services under Child Protective Services or Foster Care may choose only a licensed facility or program (unless otherwise approved for a waiver to policy). See [Exception Criteria for CPS and FC Child Care Cases](#).

- B. Receive a fair hearing, regarding any decision which results in the denial or termination of services, provided that decision is not due to lack of funding. The Notice of Appeal shall be in writing to:

Individual and Provider Rights, SCDSS

P.O. Box 1520

Columbia, SC 29202-1520

- C. Make complaints, or discuss areas of concern or suggestions regarding the SC Voucher Program or their child care provider by calling 1-800-763-2223.
- D. Visit their child anytime that they are in the provider's care.

3.3.2 Applicant Responsibilities

The applicant has the responsibility to:

- A. Provide current and accurate verification of all of the following:
 - a. Gross family income
 - b. Family size
 - c. Age of child
 - d. Employment, school or training.
- B. Report all changes in the following within 10 calendar days after the change occurs:
 - a. Gross family income
 - b. Family size
 - c. Address
 - d. Employment, school or training.
- C. Pay a weekly client fee based on family size and income to the provider before service delivery. A parent is responsible for the difference between the maximum amount the SC Voucher Program pays and what the provider charges.
- D. Pay for child care services when an appeal is in process.
- E. Get approval from the SC Voucher Control Center before transferring to another provider.
- F. Give advance notice before terminating services.
- G. Choose a child care provider within 15 calendar days from the date of the notification of eligibility.
- H. Comply with SC Voucher Program attendance policies in using child care services.
- I. Pay for services received before or after the authorized dates of service.

NOTE: Failure to comply with these responsibilities could result in services being denied or terminated.

3.4 Child Care Income Standards

When determining if an applicant meets the income requirements for initial approval for child care services through the SC Voucher Program, the total family size, see [Family Definition](#) and the total gross income for the family must be within the entrance guidelines of the Child Care Income Standards ([Appendix 1](#)). If the client is currently receiving child care services and there is not a gap in service (a week or more), the family must be below the exit guidelines to qualify. If there is a gap in the eligibility period (a week or more) when the client submits a new application, the family must have monthly income below the entrance guidelines to qualify.

3.4.1 Assessment of Fees

Within the SC Voucher Program, there are client fees and registration fees. The client fee covers the co-pay portion of the weekly child care costs and the registration fee is used to pay a portion of the enrollment costs to the child care provider. The SC Voucher Program does not pay for activity, transportation, or other fees outside of the weekly child care or registration fees.

Once it is determined that the client meets the income guidelines, the Child Development Fee Scale ([Appendix 2](#)) is used to determine the weekly co-pay for the client. The client fee is the fee that is to be paid by the client directly to the child care provider. The fee is per week, per child.

Chapter 3: Application Process

3.4.2 Client Fees

Client fees are based on family size and gross monthly income and are assessed according to the Child Care Fee Scale. This is a weekly fee and applies to all children receiving care. Each provider is responsible for collecting this fee in advance of service delivery.

NOTE: The SC Voucher Program assumes no responsibility for collection or payment of client fees.

NOTE: A foster parent, CPS-Out client, Homeless, Dual Language Learners or client participating in the TANF Program do not pay client fees. However, if the providers' rate exceeds the maximum rate allowed by the SC Voucher Program, the foster parent, CPS-Out client, homeless, dual language learner or TANF client is responsible for paying the difference to the provider.

3.4.3 Registration Fees

Registration fees are set amounts established by the provider to cover costs not included in the weekly rate. The SC Voucher Program will pay registration fees to providers up to an established program maximum per child per calendar year. Regardless of the number of different providers who may provide services to the child during the eligibility period, total registration fees paid for a child will not exceed the established program maximum for a one-year calendar period.

EXCEPTION: If a provider closes their facility and a client is forced to find another provider, the ABC Program may pay a registration fee to the new provider regardless of whether the client has already used their allocation of the registration fees.

The provider may require the client to pay a registration fee due even if the client has already used their registration fee allocation for the eligibility period. Registration fees are automated and paid on a provider's [SVL](#) after a child has had three consecutive paid weeks of services

3.5 Eligibility Worksheet

Eligibility staff use the SC Voucher Program Client Eligibility Worksheet, [DSS Form 37110](#), when determining eligibility for all applicants. The eligibility worksheet is a tool to be used in order to provide consistent eligibility determination.

NOTE: Seamless eligibility of TANF to TCC1 does not require a new application; however, the eligibility worksheet and supporting documentation (such as CHIP print screens) must be included in the child care case.

3.6 Notification of Eligibility

When a client is entered into the SC Voucher Program database, an [Eligibility Letter](#) is sent to the client informing them of their eligibility. In addition to the letter of eligibility, the parent receives an eligibility packet that includes the following:

- A. Parent handbook, which includes B, C, and D
- B. Options sheet for choosing a child care provider
- C. Holiday schedule
- D. Copy of the client rights and responsibilities
- E. Connection form
- F. Earned income tax credit information.
- G. Help Me Grow Health Screening brochure form.

Chapter 4

Provider Authorization

4.1 Provider Authorization/Connection

Prior to taking a child to an enrolled SC Voucher Program provider, the parent must complete a connection form/fax; a pre-printed form. The connection form must be signed and dated by both the client and the child care provider. Once completed, the connection form/fax must be sent to the Control Center in order for the child to be connected with the selected child care provider. The provider should not begin serving the child until they receive written or verbal authorization from the SC Voucher Program that the connection has been approved. If a provider serves a client outside the authorized period (start and stop dates), the client is responsible for the full cost of the service.

Connections are made for the Monday of the week the connection form/fax is received or for a future date of service if specified or for other dates indicated in the memo field by eligibility staff. Connections will not be backdated prior to the week of receipt unless otherwise authorized by the Control Center Supervisor or other designee.

Chapter 4: Provider Authorization

4.1.1 Parental Choice

A parent is legally and morally responsible for their child and has the right to select the child care provider of their choice. Finding suitable child care is one of the most important decisions that a parent can make. The goal of any interaction between a parent and staff is to ensure that the applicant receives adequate information to make choices that provide stable and reliable child care. A parent receiving SC Voucher Program assistance is offered a broad range of options in addressing their child care needs. A client eligible for child care may visit, abcqualitycare.org or scchildcare.org to search for available enrolled child care providers. For clients that do not have access to the internet, they may request a list of providers by calling the SC Voucher Program Control Center. A parent has the option of choosing the provider who will care for their child, whether the provider is a:

- Child care center
- Family or group day home
- Church or synagogue
- School
- Employer
- Family, Friend, and Neighbor

4.1.2 Provider Selection

As with all child care categories, if the provider chosen is not currently enrolled in the SC Voucher Program, the child care worker must:

- A. Send an email to designated Control Center staff with the following information:
 - a. client name and SSN,
 - b. if known, provider's name and
 - c. complete address (street, city, state, zip),
 - d. contact telephone number, including area code,
 - e. provider's FEIN/SSN, if known.

Chapter 4: Provider Authorization

- B. Ensure, prior to sending the email, if a new Family, Friend, and Neighbor (FFN) provider is chosen, that basic FFN criteria is met. See [Family, Friend, and Neighbor Care Providers](#). If a Family, Friend, and Neighbor Care (In the Child's Home) (FNI) arrangement is needed, ensure that FNI provider criteria is met. See [Family, Friend, and Neighbor Care \(In the Child's Home\) \(FNI\)](#), i.e., to ensure that there are at least five children from that family requiring care.

4.1.3 Client Passwords

A client is required to establish a password to be assigned to their client file. This ensures a level of security that will prevent an individual, other than the actual client, to call and obtain information about the client's child care case.

In order to create a password, the following actions are taken:

- 1) Verify client's SSN in order to access the file.
- 2) Verify client's mailing address.
- 3) Verify at least one child's birth date.
- 4) Have the client establish a six-character password upon verification of the above information. The password can be either letters or numbers, or a combination of the two. The client should refrain from using symbols or punctuation marks.

NOTE: The password is NOT case sensitive.

- 5) Advise the client that if they lose or forget the password or wish to change the password at any time, they will have to supply a copy of their driver's license along with a request to change their password via mail or fax before the password can be changed and before further information can be given.

NOTE: Advise the client NOT to share their password with anyone.

- 6) Proceed with the call.

Chapter 4: Provider Authorization

For a file with an existing password:

- 1) Verify client's SSN in order to access the file.
- 2) Verify client's mailing address.
- 3) Ask the client to verify their password.
 - a. **If the password is correct:** Have the client verify at least one of their child's birth dates. If the client can provide the correct date, proceed with the call.
 - b. **If the password is not correct:** Advise the client that they will have to supply a copy of their driver's license along with a request to change their password via mail or fax before the password can be changed and before further information can be given.

4.1.4 Maximum Care Allowed

An eligibility period is defined as a period of one calendar year (52 weeks) for which a client is determined eligible. A client may receive up to a maximum of 52 weeks of care during any one-year eligibility period. This may be full-time care, half-time care, less-than-half-time care (LHT) or a combination of the three. Oftentimes, the client may get a pro-rated number of weeks based on their particular funding source. Additionally, an applicant may have an older child who needs care only when school is out, such as during summer, spring break or a holiday. It is permissible to fund and connect only the services needed in this situation.

NOTE: LHT care is used only for the Welfare Reform (FI, TCC1, TCC2, TCC/24 and TCC/FS) child care eligibility categories. LHT care may be used in conjunction with a full-time or half-time care arrangement or it may be used alone. It cannot be used to pay the same child care provider.

Chapter 4: Provider Authorization

4.1.5 Memo Field Documentation

The memo field is the official documentation within the SC Voucher Program database. All conversations, information, and actions regarding the specific client or child care provider should be documented with each instance and as the actions occur. The memo field is used for appeals, Freedom of Information (FOIA) requests, and to maintain historical information. The memo field is not to be used as an editorial and the information documented should be specific to each action taken on the case.

4.1.6 Funding/Connecting a Child Under the Appropriate Age Group

When a child is being funded and connected to a particular child care facility, the facility may not be enrolled for the age group of the child. The SC Voucher Program has the age groups 0-2, 3-5, 6-12 and 13-18. If during the connection process, the provider of choice is not authorized for the care type that the child is in, but the child is within six months of going into the next age group, the funding and connections can be made under the next age group.

EXAMPLE: If a child is two years old and will be three within six months and the provider of choice is not authorized for the 0-2 age group, the child can be funded and connected under the 3-5 age group.

4.1.7 Dual Funding

Dual funding is the process by which multiple children in a family are eligible under different fund sources during the same child care eligibility period. Dual funding situations are rare, but are generally used when one child in a family is eligible for special needs child care and one or more other children are eligible under another funding source. Dual funding applies to a family with multiple children only and cannot be used to add more than one fund source for the same child.

It is the responsibility of the person determining the most recent eligibility to process the case as dual funded.

Chapter 4: Provider Authorization

EXAMPLE: Child 01 may be eligible under Special Needs and child 02 may be eligible under TANF.

4.1.8 Notice of Connection to a SC Voucher Provider

Once the client has been connected to a particular child care provider, an Authorization/Connection Letter is mailed to the client and the selected child care provider. The letter includes the following:

- Client name and last four digits of the SSN
- Authorization period (start and stop dates)
- Name of child to receive the service
- Assessed fee
- Type of care
- Number of weeks authorized.

A client may receive more than one authorization letter if they:

- A. Change from one provider to another
- B. Receive full-time service part of the year and half-time service the remainder of the year
- C. Receive a combination of full-time, half-time or less than half-time services.

4.1.9 Children Who Do Not Connect or Reconnect to a Provider

A client has 15 calendar days to select a child care provider from the date of notification of eligibility. If a client does not choose a provider and submit a connection form, services will be terminated for never connecting. Likewise, if a client stops attending one provider and never connects to another provider, services will be terminated for failure to connect See [Termination of a Client](#).

Chapter 4: Provider Authorization

4.2 Immunizations

All children receiving services through the SC Voucher Program must be age-appropriately immunized as outlined in the U.S. recommended immunization schedule; see the following links:

- [Recommended Immunization Schedule for Persons Aged 0 Through 6 Years](#)
- [Recommended Immunization Schedule for Persons Aged 7 - 18 Years](#)
- [Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years](#)

An applicant for the SC Voucher Program self-certifies that the child for whom they are requesting child care services has received all required immunizations. A child whose parent objects to immunizations on religious grounds or a child whose medical condition contraindicates immunization are exempt from the immunization requirement.

Exception to immunization requirement: Families that are experiencing homelessness are given a 90 day grace period to provide proof of immunization.

Chapter 5

Provider Information

5.1 Child Care Provider Definitions

5.1.1 Child Care Center (CCC)

A child care center (CCC) is a facility operating with a capacity of 13 or more children. A CCC must be licensed or approved if the program operates more than four hours per day and more than two days a week. A program that operates less than four hours per day may keep children during the week and during school vacations and holidays and be exempt from licensing.

5.1.2 Group Child Care Home (GCCH)

A group child care home (GCCH) is a facility operating with a capacity from seven to 12 children. A GCCH may care for eight children without an additional caregiver. 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. In addition, there must be an emergency backup person available who is not included in the staff-to-child ratio. Since August 25, 2000, a GCCH may not be operated in a separate building; it must be in the residence of the operator. As of September 1, 2009, all GCCH's must meet the same fire codes as a CCC, and some county zoning offices no longer allow GCCH's. A provider who resides in a mobile home should contact the State Fire Marshall's Office at 803-896-9800 to determine if the structure meets fire codes.

5.1.3 Family Child Care Home (FCCH)

A family child care home (FCCH) is a provider that may provide care for up to six children at any given time. Registration or licensure is required if a person provides care to more than one unrelated family or child on a regular basis (more than two days a week and more than four hours a day).

5.1.4 Family, Friend and Neighbor Care (FFN)

A family, friend, and neighbor (FFN) is a provider who is unregulated and is not required to meet licensing/regulatory requirements.

5.2 Required Regulatory Status

In order to enroll in the SC Voucher Program, a provider must be appropriately regulated as required by [SC Child Care Licensing Law](#) as follows:

5.2.1 Child Care Center (CCC)

A CCC serving 13 or more children and operating for more than four hours per day is required to be licensed, whether the center is for-profit, non-profit or private. This requirement does not apply to the following:

- A. Educational facility, whether private or public, which operates solely for educational purposes in grade one or above
- B. Five-year old kindergarten program
- C. Kindergarten or nursery school or other daytime program operating no more than four hours per day and receiving children younger than lawful school age
- D. Facility operating 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 while a parent or custodian is occupied on the premises or is in the immediate vicinity

Chapter 5: Provider Information

- E. School vacation or school holiday day camp for children operating in district sessions running less than three weeks per session
- F. Summer resident camp for children
- G. Bible school normally conducted during a vacation period
- H. Facility for the intellectually disabled
- I. CCC 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 child care services.

5.2.2 Group Child Care Home (GCCH)

A GCCH operating in a residence where the provider cares for at least seven but not more than 12 children, including children living in the home and children received for child care who are related to the operator, is required to be licensed.

5.2.3 Family Child Care Home (FCCH)

A FCCH operating in a residence where the provider cares for up to six children may be registered or licensed. Registration is required if a provider cares for more than one unrelated child on a regular basis (more than two days a week and more than four hours a day). An FCCH which chooses to become licensed will have to meet additional requirements.

NOTE: A child care facility which is not required to be regulated by SCDSS must have approval by SCDSS in order to participate in the SC Voucher Program.

5.2.4 Provisional Licenses

In order to enroll in the SC Voucher Program as an ABC Quality provider a Level A or Level B provider, the provider must have a regular license. A Level A or Level B provider may remain in the SC Voucher Program if they receive a provisional license at subsequent license renewals. However, must obtain a regular license within a reasonable amount of time as determined by ABC Quality.

5.2.5 Providers Not Eligible for Enrollment or Re-Enrollment in ABC Quality

ABC Quality will not enroll the following as providers:

- 1) A significant other, (boyfriend, girlfriend, life partner, etc.) of the custodial parent to provide child care for the custodial parent's child, regardless of the significant other's residence (in or out of the child's home).
- 2) A known sex offender or provider with a founded Child Protective Services (CPS) case will also not be approved to serve an SC Voucher Program child. See [Denial of FFN Arrangements](#).
- 3) A person who is employed by the South Carolina Department of Social Services within the State, Regional or County offices.
- 4) **Programs Who are on a Corrective Action Plan (CAP) with Child Care Licensing or have an open OHAN investigation** - Programs who are on a CAP with Child Care Licensing are not meeting the History of Compliance to Licensing Regulations and thus cannot enroll until the completion of the CAP. Any facility that has an open OHAN investigation cannot enroll until the case has been successfully resolved.
- 5) **Programs Whose Primary Business is not Child Care** – Programs who want to enroll, but their primary business is not child care, e.g. karate/martial arts, dance studios, gymnastics and tutoring facilities will be staffed on a case-by-case basis, and ABC Quality reserves the right to deny enrollment. Existing programs in ABC Quality can remain enrolled.
- 6) **Family Child Care Home Operators who are Employed Outside the Home during the Hours of Operation** - the primary operator is the person whose name is on the Registration/License. They cannot be employed at another job during the hours they indicate their family child care home is in operation.
- 7) Programs Operating in Strip Malls or Buildings which do not have a Designated Safe Outside Play Area for children – the program must provide a designated safe area away from vehicular traffic or other possible hazards. If cars are present, the program must provide secure barriers for protection against bodily injury.

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- 8) Programs With at Least Two Occurrences of an Adverse Action Taken Against them and/or Have Not Been Offered Another Agreement by ABC Quality – If there have been at least two instances whereby the provider was either terminated by ABC Quality and ABC was upheld or if ABC Quality could not offer the provider another Enrollment Agreement, the provider cannot re-enroll. This can be two instances of the same or a combination.
- 9) Provider Received A Grant And Did Not Comply With The Terms And Conditions Of The Grant - the provider did not meet the terms and conditions of the grant, i.e. provider did not stay enrolled for the stated amount of time, and the funds were not paid back.
- 10) Two Programs Within The Same Physical Structure Or Address – When an existing provider wants to enroll a second program, and the program is housed either within the same structure or property, and is not covered under separate DSS License or Approvals, then the second program cannot be enrolled. Example: a licensed program is enrolled to serve ages 6 weeks to age 6. Provider wants to enroll an exempt program for ages 6 to 12 years of age at the same location or address, then this is not allowed.
- 11) Providers who Have Operated Illegally – 1) Providers who have been cited as an illegal operation by Child Care Licensing prior to applying with ABC or 2) if an existing ABC provider is either found to be operating illegally at the enrolled site (e.g. a License-Exempt is operating more than 4 hours per day), or if the provider is operating another location that is deemed an illegal operation.
- 12) Providers who Have Been Terminated Previously for an offense that could have impacted the health & safety or well-being of the child(ren) - If a provider was terminated or their Agreement was not renewed for the following reasons, but not limited to, then ABC Quality reserves the right to deny the provider the opportunity to re-enroll: a Significant Event as defined under History of Compliance, hiding children from DSS employees so as to not be cited for being out of ratio/over capacity, or were serving children at locations unknown to DSS employees.

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NOTE: Upon receiving a provider's application for enrollment in the ABC Quality, if it is known by ABC Quality that the provider purchased the facility from a provider whose enrollment was terminated due to Numbers 1 through 4 above, then the new owner shall submit legal documentation verifying the change of ownership and provide a notarized statement that the previous owner has no financial or personal interest or association with the child care facility.

5.2.6 Dual Employment of a Child Care Provider

If the provider chosen by the parent is a State employee, verification must be obtained to ensure that the State employment hours of the provider do not coincide with the hours they are providing child care. The ABC Quality – Provider Enrollment, DSS Form 37108, must include this information.

5.2.7 When New/Updated Provider Paperwork is Required

New provider paperwork for the SC Voucher Program is required at the following periods for all provider types:

- 1) Initial enrollment
- 2) Re-enrollment

EXAMPLE: When a Level A, B, or C provider has been terminated and has waited the mandatory one year to re-enroll.

- 3) When a provider changes FEIN/SSN information
- 4) When there is a change in ownership.
- 5) When an FFN provider begins caring for an additional family or has been inactive and begins serving a new family.
- 6) When a provider moves.
- 7) When a facility changes its name (additionally, a letter from the provider explaining the reason for the change is required).

5.3 Health and Safety Pre-Service Training

In 2014, the Child Care and Development Block Grant (CCDBG) Act was signed into law reauthorizing the Child Care and Development Fund (CCDF) program. All child care providers in the ABC Quality program must complete the certificate. As part of the new law, all newly hired employees of ABC Quality providers are required to complete the SC Health & Safety Pre-Service Certificate and certification of Pediatric First Aid & Infant/Child CPR within 90 days of hire effective October 1, 2016.

The SC Health & Safety Pre-Service Certificate:

- Is a free on-line course offered through Pro-Solutions.
- Links to the courses can be found at www.sc-cccd.net or www.scchildcare.org.
- The Certificate must be completed for all caregiving staff prior to enrollment and after enrollment, new staff must complete within 90 days of hire.
- All courses will be counted as DSS training hours in the designated topic areas for the calendar year in which they were taken. See attached chart for courses, topic areas, and credit hours.
- Individuals must complete all required courses to receive the SC Health & Safety Pre-Service Certificate.

Pediatric First Aid and Infant/Child CPR certification:

- Is offered at no cost, as long as funding remains available, to ABC Quality providers through the National Safety Council. Please contact them at 803-732-6778 for information.
- Must be completed by all caregiving staff prior to enrollment and after enrollment, new staff must complete within 90 days of hire.
- Other CPR/First Aid trainings are acceptable if they meet ABC criteria but you will be required to cover the cost of the training.

NOTE: On-line CPR/First Aid training is not accepted.

5.4 Grants

5.4.1 Provider Grants

As funds permit, ABC Quality may be able to offer Grants to providers. Federal requirements prohibit the use of grant funds for start-up costs for a child care provider. Providers who receive a grant(s) must stay in the program for the period required in the grant agreement, and comply with all terms and conditions of the grant. If the provider does not comply by staying in the program for the required amount of time or does not purchase the approved items in the grant, recoupment of grant funds will be initiated for all or part of the grant as applicable. This will be done, if possible, by withholding the provider's last payment. Grant Recoupments are not appealable. Therefore, providers should evaluate their personal situations before committing to the requirements of the grant.

If a previous recoupment has been initiated against the provider perhaps because of an audit, overpayment, or if the provider owes money to the Government due to an IRS lien, and funds are being recouped from the provider through their payments, then the provider will not be eligible for any grants offered at that time due to the fact that SC Voucher will automatically take the grant money in payment towards the recoupment or lien. If at the time a grant is offered and the provider is under a repayment for an IRS Lien, the provider should not enter into the grant as the IRS will intercept this money for repayment.

5.4.2 Non-Compliance with Grant Terms

If the provider does not comply by staying in the SC Voucher Program for the required amount of time, either voluntarily or involuntarily, or does not spend the grant funds as requested and approved, recoupment of grant funds will be initiated.

ABC Quality reserves the right to disqualify the provider for any future grants. This is not appealable.

NOTE: Failure to use grants funds properly may result in the initiation of an audit by the Program.

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5.4.3 Recoupment of Grant Funding

If a recoupment has been initiated against the provider perhaps because of an audit, overpayment, or if the provider owes money to the Government due to an IRS lien, and funds are being recouped from the provider through their payments, then the provider will not be eligible for any grants offered at that time due to the fact that the SC Voucher Program will automatically take the grant money in payment towards the recoupment or lien.

NOTE: This is not appealable.

5.5 SC Voucher Program Parent, Caretaker, or Guardian Who Owns a Child Care Program

An SC Voucher Program parent/caretaker or guardian, to include a foster parent, who owns a licensed or registered FCCH, licensed GCCH, or center, will not receive child care assistance to provide child care for their own child, a child in their custody, or a foster child.

5.6 Licensing/Registration Requirements

State regulatory requirements mandate that CCCs and GCCHs be licensed and that FCCHs be licensed or registered. A CCC or GCCH owned and operated by a local church congregation or established religious denomination or religious college/university must be licensed in order to receive federal or State funds if the program operates more than four hours per day.

The SCDSS Child Care Licensing (CCL) should be contacted to report a possible violation of the law any time staff believe a provider is exceeding their licensed capacity and serving more children than allowed under State regulatory law.

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5.6.1 Internal Revenue Requirements

The SC Voucher Program complies with Internal Revenue Services (IRS) regulations and sends an IRS Form 1099, for payments made to a provider who participates in the SC Voucher Program. Form 1099 will be mailed by January 31st of each year. A Form 1099 is sent to all child care providers, except corporations, who are paid \$600 or more by the State during the tax year. A provider should contact the IRS for more information.

All providers, including FFN providers, are considered independent business owners and are not considered an employee of the State of South Carolina. Therefore, it is the responsibility of the provider to pay applicable taxes on all money earned.

5.6.2 Provider Passwords

A provider is required to establish a password to be assigned to their provider file. This ensures a level of security that will prevent an individual, other than the actual provider, to call and obtain information about the provider's information. In order to create a password, the following actions are taken:

- 1) Verify provider's FEIN or SSN in order to access the file.
- 2) Verify the provider's mailing address.
- 3) Have the provider establish a six-character password upon verification of the above information. The password can be either letters or numbers, or a combination of the two. The provider should refrain from using symbols or punctuation marks.

NOTE: The password is NOT case sensitive.

- 4) Advise the provider that if they lose or forget the password or wish to change the password at any time, they will have to supply a copy of their driver's license and along with a request to change their password via mail or fax before the password can be changed and before further information can be given.

NOTE: Advise the provider NOT to share the password with anyone.

- 5) Proceed with the call.

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For a file with an existing password:

- 1) Verify provider's FEIN or SSN in order to access the file.
- 2) Verify the provider's mailing address.
- 3) Ask the provider to verify their password.
 - a. **If the password is correct**, proceed with the call.
 - b. **If the password is not correct**: Advise the provider that they will have to supply a copy of their driver's license along with a request to change the password via mail or fax before the password can be changed and before further information can be given.

5.7 Provider Selections and Types

A provider is selected by an individual client after the client is determined eligible, funded, and notified that they may choose a provider. A client is given a wide range of child care options, including:

- Center-based care
- Family child care home (FCCH)
- Group child care home (GCCH)
- Church or synagogue
- School
- Employer
- Care by a Family, Friend, or Neighbor.

The client may request to receive a list of enrolled ABC Quality providers to assist them with choosing a provider, or may visit scchildcare.org or abcquality.org. The client may choose a provider from the list or any provider willing to participate and enroll in the SC Voucher Program. The provider must complete certain documents which are required before they can be authorized to serve a child and receive reimbursement. The types of providers are:

- Level A, B and C
- Non-related Family, Friend, and Neighbor Care Out of child's home (FNO)
- Non-related Family, Friend, and Neighbor Care In the child's home (FNI).
- Related Family, Friend, and Neighbor Care Out of the child's home (FRO).
- Related Family, Friend, and Neighbor Care in the child's home (FRI).

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NOTE: The SC Voucher Program may enroll and reimburse regulated center-based, group or family child care providers that operate outside the state of South Carolina. Out of state Family, Friend and Neighbor (FFN) providers will be approved only for child protective service and foster care cases and only with prior approval of the arrangement by the designated program staff and human service worker.

5.7.1 Reports of Abuse and Neglect

State law requires a provider to immediately report suspected child abuse or neglect to SCDSS, Department of Child Protective and Preventive Services or local law enforcement. A provider must also notify other SCDSS staff as follows when they have been reported for suspected child abuse or neglect:

- A. Regulated facilities – Report to Child Care Licensing
- B. Exempt Providers – Report to ABC Quality
- C. FFN provider – report to SC Voucher Control Center staff.

A client who suspects child abuse or neglect will be directed to contact the SCDSS Department of Child Protective and Preventive Services in the county in which they reside.

5.7.2 Provider Levels and Process for Enrollment

Level A, B and C Providers

A Level A provider is a provider who:

- Meets advanced elements of quality as defined through standards and indicators
- Is paid at the highest payment rate
- Currently only Licensed Center-based providers may be a Level A

A Level B provider is a provider who:

- Meets intermediate elements of quality as defined through standards and indicators

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A Level C provider is a provider who:

- Meets basic elements of quality as defined through standards and indicators

In order to be enrolled in ABC Quality as a Level A, B, or C provider, the following steps are taken:

- A. An interested provider may contact SC Voucher, ABC Quality, the ABC Quality Assessor, or may complete an on-line application and submit it to ABC Quality.
- B. The provider must complete an application which can be obtained by ABC Quality. If the provider has internet access, they will be directed to www.scchildcare.org to review the requirements prior to submittal of the application. If the provider does not have internet access, a packet will be mailed to them.
- C. Once ABC Quality has received an application with the required documentation, the provider's eligibility will be verified before moving forward with enrollment. Verifying eligibility means that:
 - 1) The provider must meet History of Compliance to Licensing, which means 1) Regulated providers must have a clear history for six months with no violations related to ratios, supervision, or serious health and safety violations prior to enrollment. 2) Regulated providers cannot be on a Corrective Action Plan with Child Care Licensing.
 - 2) Regulated providers must have a current Regular License or Registration.
 - 3) License-Exempt providers must have approval from Child Care Licensing that the program meets the definition of exempt.
 - 4) The provider cannot have an open OHAN investigation.
 - 5) Providers cannot have one of the exceptions listed [Providers Not Eligible for Enrollment/Re-Enrollment in ABC Quality](#).
 - 6) All staff must meet the eligibility requirements outlined in the Quality Program Manual.
- D. If all eligibility is met, then the provider will be assigned a Quality Assessor.
- E. The Quality Assessor will contact them to schedule the on-site observation visit and complete the enrollment.
- F. ABC Quality forwards the following completed forms to the Control Center:

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- Enrollment Form, DSS Form 37108
- Provider Agreement, DSS Form 37101
- Provider Rate Form, DSS Form 37107
- Copy of provider's published child care rates (unless a Federal Head Start Program)
- IRS Form W-9
- Copy of IRS Form SS-4 or IRS Letter 147-C – if operating under a federal identification number (FEIN) OR
- Copy of the social security card if operating under an SSN. If the social security card is not available, a printout from the Social Security Administration (SSA) is acceptable. Other documents with the SSN will be reviewed on a case-by-case basis for acceptance.
- Copy of driver's license or State ID, if operating under an SSN.

Upon receipt of the completed enrollment packet, the SC Voucher Control Center staff take the following actions:

- 1) The information from the IRS Form W-9, IRS [Letter 147-C](#), and/or IRS Form SS-4 is sent to finance to be entered into the SCEIS (South Carolina Enterprise Information System) in order to obtain a vendor number. A confirmation of the SCEIS vendor number is sent via email to the Control Center staff. SCEIS uploads the vendor information to the STARS system at the Comptroller General's (CG's) Office.

NOTE: The provider name, I.D, and SSN/FEIN must be identical in both the CG files and the SC Voucher System in order for payments to be made to the provider.

- 2) Once the provider information has been loaded and accepted in the CG's files, the Control Center enters the provider information into the SC Voucher Program database. At this point, the provider is eligible to begin serving children.
- 3) After an established period of time (usually within 30 days) the provider paperwork is prepped and sent for imaging.

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5.7.3 Family, Friend and Neighbor Care Providers (FFN)

The use of FFN is mandated by the Amendments to the Child Care and Development Block Grant Act of 1996. The federal regulations state that a parent eligible for child care assistance may choose an FFN child care provider.

In order to be enrolled in the SC Voucher Program as a Family, Friend, or Neighbor child care provider, the following steps are taken:

For Related FFN Arrangements

- 1) An interested provider contacts the SC Voucher Control Center and indicates that they are interested in becoming enrolled in the SC Voucher Program.
- 2) A packet of information is sent to the provider.
- 3) Upon receipt of the paperwork, the provider completes the following forms:
 - a. Family, Friend, and Neighbor Child Care Enrollment and Agreement, [DSS Form 3774](#)
 - b. Family, Friend, and Neighbor Child Care Certification, [DSS Form 3776](#)
 - c. IRS Form W-9
 - d. Copy of social security card for proof of social security number (SSN). If the social security card is not available, a printout from the SSA is acceptable. Other documents with the SSN will be reviewed on a case-by-case basis for acceptance.
 - e. Copy of driver's license or State ID

NOTE: No out-of-state identification will be accepted, unless an out of state arrangement is approved.

- f. Copy of a completed [DSS Form 37124](#), Family, Friend, and Neighbor Central Registry Release of Information and Consent Form, on all household member 18 years or older.

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Upon receipt of the completed paperwork, the SC Voucher staff takes the following actions:

- 1) The completed [DSS Form 37124](#) will be scanned by Control Center staff and forwarded via email to the designated Child Care Licensing staff.
- 2) The information from the IRS Form W-9 and social security card is sent to finance to be entered into the SCEIS (South Carolina Enterprise Information System) in order to obtain a vendor number. A confirmation of the SCEIS vendor number is sent via email to the SC Voucher Control Center staff.

NOTE: The provider name, I.D, and SSN must be identical in both the CG files and the SC Voucher Program database in order for payments to be made to the provider.

- 3) Once the provider information has been loaded and accepted in the CG's files, the Control Center enters the provider information into the SC Voucher Program database. At this point, the provider is eligible to begin serving children.

NOTE: SC Voucher Control Center staff may conditionally enroll the FFN child care provider into the SC Voucher Program database if the Central Registry and Sex Offender results are not received when the provider has been loaded into SCEIS.

- 4) A copy of the Family, Friend and Neighbor Child Care Provider Business Procedures is mailed to the provider upon enrollment.
- 5) After an established period of time (usually within 30 days) the provider paperwork is prepped and sent for imaging.

It is the responsibility of SCDSS to advise clients on what to look for in choosing FFN providers. It is the client's responsibility to monitor their FFN arrangement. SCDSS explains the necessary forms and the payment procedures. Additionally, SCDSS requires FFN providers to self-certify the existence of a smoke detector and fire extinguisher in the home where the child will be served. When these basic health and safety requirements are not available, the FFN provider must purchase these items and may request reimbursement up to \$45.00. The SC Voucher Control Center Staff must use the Family, Friend, and Neighbor Provider Health and Safety Grant Reimbursement Request, [DSS Form 3778](#), to request the reimbursement.

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For Non-Related FFN Arrangements

- 1) An interested provider contacts the SC Voucher Control Center and indicates that they are interested in becoming enrolled in the SC Voucher Program.
- 2) A Non-Related FFN Application for Consideration of Enrollment form (DSS Form 3775) is sent to the potential provider.
- 3) Upon receipt of the paperwork, the provider completes the following forms: DSS Form 3775 – Application for Consideration of Enrollment.
- 4) Upon receipt of the completed DSS Form 3775, SC Voucher Program staff will review the information and send the DSS Form 1706 – Criminal Background Check Questionnaire to the child care provider for all family members 15 years and older along with the Form 37124 – Central Registry Form for all household members 18 years and older.
- 5) Once SC Voucher Program Staff receive the completed documents and the SLED/FBI, Central Registry and sex offender checks are satisfactory, the potential FFN provider will then receive a full enrollment packet to become enrolled:
 - a. Family, Friend, and Neighbor Child Care Enrollment and Agreement, [DSS Form 3774](#)
 - b. Family, Friend, and Neighbor Child Care Certification, [DSS Form 3776](#)
 - c. IRS Form W-9
 - d. Copy of social security card for proof of social security number (SSN). If the social security card is not available, a printout from the SSA is acceptable. Other documents with the SSN will be reviewed on a case-by-case basis for acceptance.
 - e. Copy of driver's license or State ID

NOTE: No out-of-state identification will be accepted, unless an out of state arrangement is approved.

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Upon receipt of the completed paperwork, the SC Voucher staff takes the following actions:

- 1) The completed [DSS Form 37124](#) will be scanned by Control Center staff and forwarded via email to the designated Child Care Licensing staff.
- 2) The information from the IRS Form W-9 and social security card is sent to finance to be entered into the SCEIS (South Carolina Enterprise Information System) in order to obtain a vendor number. A confirmation of the SCEIS vendor number is sent via email to the SC Voucher Control Center staff.

NOTE: The provider name, I.D, and SSN/ must be identical in both the CG files and the SC Voucher Program database in order for payments to be made to the provider.

- 3) Once the provider information has been loaded and accepted in the CG's files, the Control Center enters the provider information into the SC Voucher Program database. At this point, the provider is eligible to begin serving children.

NOTE: SC Voucher Control Center staff may conditionally enroll the FFN child care provider into the SC Voucher Program database if the Central Registry and Sex Offender results are not received when the provider has been loaded into SCEIS.

- 4) A copy of the Family, Friend and Neighbor Child Care Provider Business Procedures is mailed to the provider upon enrollment.

NOTE: The enrolled non-related FFN providers have 90 days to complete the pre-service online training. Providers that fail to complete the online pre-service training will be terminated.

- 5) After an established period of time (usually within 30 days) the provider paperwork is prepped and sent for imaging.

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It is the responsibility of SCDSS to advise clients on what to look for in choosing FFN providers. It is the client's responsibility to monitor their FFN arrangement. SCDSS explains the necessary forms and the payment procedures. Additionally, SCDSS requires FFN providers to self-certify the existence of a smoke detector and fire extinguisher in the home where the child will be served. When these basic health and safety requirements are not available, the FFN provider must purchase these items and may request reimbursement up to \$45.00. The SC Voucher Control Center Staff must use the Family, Friend, and Neighbor Provider Health and Safety Grant Reimbursement Request, [DSS Form 3778](#), to request the reimbursement.

5.7.4 Denial of FFN Arrangements

Denial of FFN arrangements include, but are not limited to:

- Potential FFN provider who resides in the same household as the child approved for child care services.
- Any asterisked items on the FFN forms that are answered in the negative.
- A founded or open Child Protective Services investigation and support allegation against a provider who is known to the public (e.g., a provider is involved in an active CPS case).
- SCDSS has public knowledge of a criminal allegation that may jeopardize the health and safety of children, at State Office discretion.
- The child care worker suspects that the provider is under the influence of drugs or alcohol at the time of application or subsequently thereafter.
- An individual receiving SC Voucher Program vouchers for their own child, grandchild, foster child or other child in their custody cannot become an FFN provider for someone else.
- The FFN provider requested is the child's absent parent or the parent's significant other (spouse, girlfriend, boyfriend, life partner, etc.) that resides either in or out of the home.

NOTE: If it is known that the potential FFN provider plans to have another person care for the child while they are en route from their primary employment, or other activity, the arrangement must be denied.

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- FFN arrangement cannot be approved for a provider who is a member of the same TANF/FS family household unit as the parent applying for child care services, even if a member of the TANF/FS household unit has been disqualified and is not in the TANF/FS budget.
- A person who becomes an FFN provider (or potential provider) is found to have been terminated from the SC Voucher Program for misrepresentation as an SC Voucher Program client will not be approved as an FFN provider. The child care worker will notify the provider in writing, if the arrangement is terminated or denied. If a provider is terminated or denied, payment may not be made for services rendered.
- Other reasons as determined appropriate based on the individual situations.
- Any provider or family member 18 years or older with an unsatisfactory Central Registry finding or sex offender search.
- Any provider who is employed by the South Carolina Department of Social Services within the State, Regional or County offices.
- Failure to return the FFN provider packet within 15 calendar days may result in the denial of the enrollment request.

5.7.5 Family, Friend and Neighbor Care (In the Child's Home) (FNI)

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).

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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.

NOTE: The SC Voucher Program will not pay for child care services to any member of the household in which the child resides.

The same procedures for FFN providers who are providing care in their home (FNO) apply to FNI providers (who provide care in the child's home). See [Family, Friend, and Neighbor Care \(FFN\)](#) for specific criteria.

5.7.6 Out-of-State Child Care Providers

The SC Voucher Program may enroll and reimburse regulated center-based, group or family child care providers that operate outside the state of South Carolina. Primarily, out-of-state providers are enrolled to allow payment of child care costs for children in Child Protective Services (CPS) or Foster Care (FC) who are in the custody of SCDSS, but have been placed with a caretaker or relative who resides outside of South Carolina. However, this option can be used for all child care categories.

Border state providers (Georgia and North Carolina) may request enrollment into the SC Voucher Program and may continue to be enrolled for the agreement period and serve any SC Voucher Program client who chooses them as a provider.

NOTE: Out of state Family, Friend and Neighbor (FFN) providers will be approved only for child protective service and foster care cases and only with prior approval of the arrangement by the designated program staff and human service worker.

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Out-of-state center, family or group child care providers must be licensed and agree to:

- Reimbursement via direct deposit
- Enrollment in the on-line SVL system
- Reimbursement at the Level B URBAN rate.

To request an out-of-state provider, the child care eligibility worker will contact the provider team (send email to the designated provider team staff). The request should include the following information:

- A. Client's name and Social Security Number
- B. Provider's name and complete address (street, city, state and zip code)
- C. Contact telephone number for the out-of-state provider, including the area code.

Designated provider team staff will make contact with the out-of-state provider and forward the appropriate paperwork to them for completion. Once the paperwork is received, a work order will be done to add the out-of-state provider county to the SC Voucher Program database. Once the provider information has been loaded into SCEIS and the county added to the options in the SC Voucher Program, the provider information will be entered into the system and connections made, as appropriate.

5.8 Provider Enrollment Agreement

Enrollment Agreements are normally effective for a period of three years from the date signed by the provider. The provider's ABC enrollment expires on the end date of the agreement.

Enrollment Agreements are provider/owner specific and address-specific. This means that another provider/owner cannot take over operation of the facility and that if a provider moves (regardless of whether they have obtained the appropriate regulatory document) that ABC Quality is under no obligation to offer an agreement at the new location. **When the provider moves, the agreement becomes null and void, which is not appealable.**

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Although agreements are normally for three years, ABC Quality reserves the right to offer agreements for a shorter period of time.

One-Year Agreement:

Examples for which a one-year agreement might be issued (but not limited to): In all of these examples, if the provider demonstrates compliance, then upon the expiration of the one year agreement, a 3 year agreement will be offered.

- 1) A provider was terminated or their provider agreement was not renewed due to the fact they were not meeting History of Compliance to licensing regulations. If the owner sells the business to another person and all the staff remain with the new owner (Director and teachers), then ABC Quality may offer the provider a one-year agreement in order to allow them time to come into compliance.
- 2) A new provider who has just obtained their License/Registration and has only been in operation a short time (few months), and thus has not had time to establish a clear history, then a 1 year agreement would be offered to enable them to demonstrate a History of Compliance.
- 3) A provider has been sent a Warning Letter from ABC Quality for being in jeopardy of not meeting the History of Compliance. The provider either moves locations (which invalidates the agreement) or purchases an additional program. SC Voucher requires submission of a new provider agreement when the provider moves. ABC Quality will only offer a 1 year agreement in order to give them time to come into compliance.

90-Day Agreement:

Examples for which a 90-day agreement might be issued (but not limited to):

- 1) In a situation where a child(ren) needs emergency placement, upon the request of the Director of Early Care and Education, ABC Quality can enroll a provider under a 90-Day Agreement. The provider must comply with all eligibility requirements and must meet the minimum score for enrollment. At the end of the 90 days, if the provider has not complied by meeting all eligibility, then the provider will not be offered another agreement.
- 2) If a provider's agreement is expiring, and cannot be renewed timely due to the fact they have been placed on a Quality Improvement Plan to improve scores, ABC Quality may offer a 90-day agreement in order for them to come into compliance.

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- 3) If a provider is under a Corrective Action Plan (CAP) with Child Care Licensing, the 90-Day Agreement would give the provider time to successfully complete the CAP. If the provider's CAP is extended for whatever reason, and the end date of the CAP exceeds the expiration date of the 90-day agreement, then the provider will not be offered a new enrollment agreement.
- 4) If the Provider has a Provisional License or Registration, the 90-Day Agreement would give them time to correct the deficiencies in order to obtain a Regular License or Registration. If they are unable to do so, then the provider will not be offered a new enrollment agreement.

5.9 Expiration of the Provider Enrollment Agreement

The provider's ABC enrollment expires on the end date of the agreement.

If ABC Quality decides not to offer another agreement to the provider, a letter will be sent by certified and regular mail giving a 30-day notice that the agreement will not be renewed. It will include an end date. This is the last date the provider can expect payment from SC Voucher.

Providers can continue to accept and serve ABC children through the end date of the agreement. However, no new connections will be made for ABC clients once notification has been received. In instances where an egregious or significant event has occurred where a child(ren) was placed in harm's way, the notice can be immediate, and the Director of Early Care and Education can make the decision to remove all ABC children immediately. If possible, ABC Quality will allow parents time to find another child care placement.

The end of the enrollment period is not appealable.

5.10 Criteria for Renewal of Provider Enrollment Agreement

All providers must have a current regular License or Registration at the time of renewal. Exempt providers will have to recertify their exemption status. All providers must have a clear History of Compliance with Child Care Licensing. They cannot be on a Corrective Action Plan with Child Care Licensing, nor on a Quality Improvement Plan with ABC Quality, and cannot have an open OHAN investigation.

Centers – must meet all eligibility requirements and have scored enough points to be at least a Level C.

Family/Group – Level B providers must meet all eligibility criteria and have at least an 80% score and have no outstanding corrective action. Level C providers must meet all eligibility criteria and have no outstanding corrective action.

5.11 Process for Re-Enrollments

During the year the provider's Enrollment Agreement expires, the following will occur:

- For all center providers, ABC Quality will send a letter to the provider at least 90 days prior to the end of the expiration of the Provider Enrollment Agreement. The letter will give a date to submit the Structural Quality desk review documentation. It will also state that their Assessor will contact them and give a block of time in which the observation will be conducted. At this time the provider may give feedback to the Assessor as to any dates that would not work.
- Upon receipt of the documentation for the desk review, the documentation will be scored. If the provider does not submit any documents, the score from the last desk review will be used.
- The Assessor will conduct the observation.
- If everything is met and the provider at least meets the minimum score, a new Provider Enrollment Agreement will be offered to the provider.

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- If the provider does not meet all eligibility criteria during the observation, then ABC Quality will follow its process for corrective action. The only difference will be the letters sent to the provider will include a statement to the provider giving a 30 day notice to the provider that if all corrective action is not received within the requested time frame, the agreement will not be renewed. If all corrective action is received within the time frame, another agreement will be offered.
- If the provider meets all eligibility criteria, but their score on the observation combined with their score from the desk review does not meet the minimum, the provider will be placed on a Quality Improvement Plan. The provider may be offered an additional agreement for 90 days in order for them to come into compliance.

5.12 History of Compliance

The child care facility is required to have and maintain a History of Compliance with regulatory requirements in order for the facility to enroll and maintain enrollment in the SC Voucher Program. Child care licensing conducts inspections bi-annually and the results of these inspections determine health and safety compliance.

5.12.1 History of Compliance Definition

Maintaining adherence to health and safety regulations is the foundation for all quality child care. The child care facility is required to have and maintain a History of Compliance with regulatory requirements in order for the facility to meet eligibility criteria which is required for continued enrollment with ABC Quality. Providers who are License-Exempt are also required to maintain the same child: staff ratios and supervision as those facilities who are licensed/registered. These regulations protect the health and safety of all children. Child Care Licensing conducts inspections of facilities that are regulated to ensure that a history is being maintained.

5.12.2 Definition of Terms

History of Compliance terms are defined as follows:

- A. **Frequent** is having three or more violations that pose a substantial threat to a child's health and safety within a six-month period of time.
- B. **Multiple** is having three or more different violations that pose a substantial threat to a child's health and safety within a six month-period of time.
- C. A **significant event** is characterized as, but not limited to: any one-time environmental condition, situation, or occurrence that poses a substantial threat to the health and safety of a child.
- D. A **substantial threat** to the health and safety of a child is any action, condition, or event that results in a child being placed in impending danger or harm.

Conditions that could pose a substantial threat may include, but are not limited to:

- a. A child being left alone in the facility
- b. Sewer backed up in the facility
- c. No water in the facility
- d. No heat or air conditioning in the facility in extreme weather conditions
- e. Fire alarm disconnected
- f. Lack of supervision resulting in a child leaving the facility unnoticed
- g. Lack of supervision resulting in a child left at another location, such as a restaurant, zoo, etc.
- h. A child removed due to abuse or neglect by Child Care Licensing (CCL), OHAN, or Child Protective Services staff
- i. Smoking in the facility by staff
- j. Exceeding the facility capacity or staff-child care ratios defined by CCL.

5.12.3 History of Compliance for License-Exempt Providers

License-Exempt providers do not fall under the jurisdiction of Child Care Licensing and are thus does not receive inspections from Child Care Licensing. As participation in ABC Quality, License-Exempt providers must comply with the same Licensing standards that deal with ratios, supervision, and health & safety. The following outlines the regulations that License-exempt providers must maintain compliance with in order to maintain enrollment.

1) Ratios:

These are the child to staff ratios that apply at all times when children are present on the premises and during activities away from the facility such as field trips:

Child's Age	Staff:Child Ratio
Four to five years	1:17
Five to six years	1:20
Six to twelve years	1:23

Water Safety Staff: Child Ratios: These ratios are to be met when children are at the pool or an outing with water. All swimming activities must be supervised by a person with current lifeguard training certification:

Child's Age	Staff: Child Ratio
Four to five years	1:6
Five years and older	2:25

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2) Supervision:

When child: staff ratios are not maintained, this results in a lack of supervision as there is not enough adults to adequately supervise the children. Additionally, the following is a part of supervision and must be maintained:

- At least two adults must be on the premises at all times
- Children shall be directly supervised by staff at all times
- Staff talking on cell phones to conduct personal business is considered a lack of supervision
- Tracking sheets must be maintained. See “VI. Records, #2 Tracking Sheets” As part of supervision of children, providers are responsible for tracking children’s whereabouts throughout the facility. Tracking insures that children are accounted for, and are not left behind on playgrounds, in classrooms or on field trips. The tracking sheet denotes the child’s presence from the time they enter the facility until they leave. At any given time, the sheet should reflect the child’s whereabouts.

3) Qualified Staff:

- Staff must not be hired prior to obtaining the results of the Central Registry check and any staff who does not have a clear Central Registry cannot be employed
- All staff must meet the minimum age requirement of 18 years of age and have a valid high school diploma or GED and 6 months of experience
- All staff must have a Physician Health Statement and a TB test with negative results.
- Swimming activities must be supervised by a person with current lifeguard training certification.

4) Transportation of Children:

If the program provides or arranges transportation the following requirements apply:

- The child: staff ratios apply
- Facility must have written consent from the parent
- Each child must be secured in an individual, age appropriate safety restraint at all times the vehicle is in motion
- The driver must have a valid regular or commercial driver's license
- Written consent from the parent is required prior to transportation
- Tracking of children on and off the vehicle is required
- Children must not be left unattended in the vehicle

5) Environmental Hazards:

- All chemicals (cleaning supplies), medicines, and hazardous materials must be kept locked and out of the reach of children
- No weapons are allowed on the premises
- Staff purses must be kept out of the reach of children
- Provides for building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, vehicular traffic and bodies of water.
- Playground areas must be kept safe, i.e. grass cut, no fire ants, poisonous plants removed, no standing water, sharp objects such as nails removed, and fence in good repair with no gaps or openings, etc.
- Clean and sanitary conditions shall be maintained indoors and outdoors
- Outdoor environment: children shall be restricted from unsafe areas and conditions such as traffic, parking areas, ditches and steep slopes by a fence or natural barrier

6) Complaints:

- If ABC Quality receives a complaint on a License-Exempt facility, the complaint will be documented and the Quality Assessor will make an unannounced visit, as appropriate, in order to investigate the complaint
- If the complaint is that the License-Exempt facility is operating more than the stated hours, or if ABC Quality discovers the facility is operating more than the stated hours, the complaint will be forwarded to Child Care Licensing as an illegal operation
- Any complaint that involves an injury to a child may be referred to the Office of Out of Home Abuse and Neglect (OHAN)
- All complaints received will be kept on file with ABC Quality, and are public record

5.13 Process for Determining History of Compliance

5.13.1 Process for Determining Compliance for Enrollment

The following process should be used when determining compliance for enrollment:

Upon receipt of the enrollment application, ABC Quality will consult with CCL for regulated facilities to determine if the provider meets History of Compliance.

- A. If the provider meets the definition of History of Compliance, the enrollment process will continue.
- B. If the provider fails to meet the definition, ABC Quality will staff the provider to verify History of Compliance is not met. The enrollment application will be denied and the provider will be notified to reapply when history has been clear for six consecutive months.

5.13.2 Process for On-going Monitoring

The following process should be used to monitor ongoing compliance:

- 1) ABC Quality will continually monitor enrolled providers to determine if History of Compliance is maintained. This will be done via copies of deficiency letters received from CCL, documentation of visits by ABC Quality Assessors, and information shared through the Action Team meetings between CCL and the SC Voucher Program staff.
- 2) If a provider fails to meet the definition of History of Compliance, a warning letter will be sent to the provider outlining the violations and reiterating the policy of the SC Voucher Program regarding History of Compliance.
- 3) ABC Quality will refer the provider to the SC Child Care Resource and Referral Network (SCCCRRN) for technical assistance.
- 4) The provider will be referred to the Child Care Services Action Team for discussion.
- 5) If the provider receives any further violations after receipt of the warning letter, the provider will be staffed internally by the ABC Quality Assessor, SC Voucher Program designee, provider's Quality Monitor and SC Voucher Policy Person. Based on the staffing, one of two actions may occur:
 - a. Initiate termination of provider's enrollment OR
 - b. Offer the provider a Quality Improvement Plan (QIP)

5.13.3 Process for Offering a Quality Improvement Plan (QIP)

If a Quality Improvement Plan is offered:

- A. The provider will receive a Quality Improvement Plan which includes all the indicators not met during the observation. It will include sections that allow the provider to list their plan of action as to how the indicator will be addressed/corrected, a place for who is responsible and a column for them to indicate the date they completed it.
- B. From the items not met, the provider will prioritize the items they wish to improve upon, as this is a strengths-based assessment tool and all items do not have to be met to be in compliance.
- C. The provider will be strongly encouraged to contact their Quality Coach for technical assistance in order to be successful.

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- D. The provider will submit the completed Quality Improvement Plan once they have completed the corrections, but it cannot exceed 90 days from the date the plan was sent to them.
- E. Once the completed Quality Improvement Plan has been received by ABC Quality, the Quality Assessor will schedule another observation.
- F. If the provider refuses to participate in the Quality Improvement Plan, then ABC Quality will either initiate termination or not renew the Provider Enrollment Agreement.

5.14 Corrective Action

If it is found that providers have deficiencies that require corrective action (other than History of Compliance), it is the intent of the ABC Quality to give providers sufficient time to make the corrections in order to maintain their enrollment in the SC Voucher Program.

When deficiencies/violations identified at an ABC Quality child care facility are **not life threatening or do not pose an immediate and substantial threat to the health and/or safety of the children enrolled**, the provider will be given an opportunity to correct the deficiencies/violations.

The following outlines the process for allowing providers to submit corrective action:

A. First Notice to Provider:

Upon the occurrence of a monitoring visit, if deficiencies are found, the monitor will leave the provider a Site Report which outlines the deficiencies found, what needs to be submitted, and the time frame for the corrective action to be submitted. If the monitor is unable to leave a Site Report on the day of the visit for whatever reason, upon return to the office, the Site Report is to be mailed to the provider and time frame is given.

B. Second Notice to Provider:

The monitor turns the monitoring report in to the Quality Monitoring designee who prepares their reports and letter to the provider. If all corrective action has been received within the required time frame, the provider's letter indicates that all corrective action has been received and the provider's report is finalized and filed. However, if the provider has not submitted any or all required corrective action within the required time frame, then the letter indicates this is "a second notice" and is sent to the provider with their report. The letter indicates what has or has not been received and gives the provider another time frame to submit the corrective action. The report is held in a pending file until all corrective action is received and the report is finalized.

C. Third and Final Notice to Provider:

Anytime during or at the end of the second time frame (second notice), if all corrective action has been received, the provider will receive a letter indicating that all corrective action has been received, and the report is finalized and filed. However, if the provider has not submitted any or all required corrective action within the required time frame, a third and final written notice is sent to the provider by certified mail. This letter indicates what has or has not been received and gives the provider another time frame to submit all corrective action and indicates that failure to comply will result in the termination process being initiated. If all corrective action is received within the required time frame, the provider receives a letter indicating such and the report is finalized.

D. In-House Staffing:

If the provider still has not complied by submitting the required corrective action by the deadline of the third and final notice, the provider is staffed by the QRIS Quality Monitoring Manager or designee, provider's Quality Monitor and SC Voucher Program Policy Person to ensure that policy has been followed before proceeding with the final course of action regarding the provider's continued SC Voucher Program enrollment.

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During the staffing, the decision can be made to:

- A. **Extend Time for Correction:** In cases where the provider has made reasonable efforts to comply, but may be lacking a piece of documentation, the QRIS Quality Manager has the option to contact the provider by phone and discuss the situation and explain to the provider what is still needed and give an additional time frame. This would be situations where the provider can easily make the correction such as submitting a plan for hand washing, or submit copies of signed educational plans or copy of policies, etc.
- B. **Terminate:** If the deficiencies/violations are still not corrected at the end of the extension period, the enrollment termination process may be initiated.
- C. **Reclassify:** If the deficiencies/violations are still not corrected at the end of the extension period, reclassification may be initiated, if the provider meets the criteria for reclassification.

Any further consideration for extenuating circumstances must be approved by the Director of Early Care and Education or designee.

PLEASE NOTE: These notices are separate and distinct notices to the provider. When corrective action is required, then the SC Voucher Program has always reserved the right to amend the policy and extend the time frames depending upon the situation. Our goal is to improve the quality of care, but not to be punitive, thus the program may extend more time as needed.

NOTE: In the event the SC Voucher Program terminates a provider's enrollment during the three-year enrollment period, and the Appeals Office upholds the provider, any outstanding corrective action not affected by the appeal must be submitted.

5.15 Maximum Payment Rates

The SC Voucher Program establishes the maximum payment rates every two years through the Market Rate Survey.

Maximum rates are categorized by provider type, care type and by rural or urban designations. Although the maximum rates change every two years, a provider must submit rate increases in order to receive the new higher rates.

5.16 Second Child Discounts

A second child discount is established by provider at the time of enrollment. The discount is an amount (percentage) of discount applied to a family with multiple children receiving care with the same provider. The second child discount is applied to all children except the youngest when the children are at the same facility. Therefore, a family with four children will have the second child discount applied to the oldest three children. All SC Voucher Program providers do not elect to have second child discounts. A second child discount offered to a private paying client must be offered to SC Voucher Program clients. When a second child discount is applied, it will remain in effect until the connection ends, the child transfers to another provider, or eligibility ends.

5.17 Provider Rates

5.17.1 Rate Increases

A child care provider may increase the child care rates they charge at any time during their enrollment within the SC Voucher Program. The rate increase does not automatically go into effect for all children. Rate increases apply to:

- A. Foster children
- B. All children connected with a Level A provider
- C. Connections made for a client after the effective date of the increase for:
 - a. Level B providers
 - b. Level C providers
 - c. Family, Friend, and Neighbor providers.

NOTE: Rate increases will not be approved for any provider who has not submitted corrective action for eligibility

5.17.2 Rate Increases for All Levels

A provider who increases their child care rates may request a rate increase form at any time. The following steps are taken when increasing child care rates:

- 1) The provider must call ABC Quality to request a Provider Rate Form, [DSS Form 37107](#). (exception: FFN providers will call the SC Voucher Control Center)
- 2) Any provider who has not submitted all corrective action will not be allowed to receive a rate increase. Upon satisfactory correction, they may request a rate change.
- 3) The rate increase form is sent to the child care provider.
- 4) The form is completed by the provider and returned to ABC Quality with the required documentation, which is:
 - a. A copy of the provider's published/written child care rates, (i.e., written fee policy, parent handbook with rates included)
 - b. Any correspondence given to parents notifying them of the rate increase.

NOTE: The rate increase will not be processed without this information.

- 5) The provider will receive written notification of the outcome of the request for a rate increase. The rate increase form is forwarded to the designated SC Voucher Control Center staff to be updated in the SC Voucher Program database.
- 6) Once approved, and the SC Voucher Program database is updated, the rate increase will not immediately take effect for a client currently being served by the provider. The payment rate will remain the same until the client's eligibility period is re-determined. If the client continues to select the provider, then the new payment rate will be effective for the client with the date of the new eligibility period.

EXCEPTION: Foster children and children connected to Level A providers are the only recipients immediately connected at the new rate.

- 7) Any new client selecting the provider on or after the date of the rate increase will be paid at the new rate.
- 8) If the provider charges more than the maximum allowed by the SC Voucher Program, only the maximum will be paid. The provider may require the client to pay the difference.

5.17.3 Rate Increases for Family, Friend, and Neighbor Child Care Providers

A provider who increases their child care rates may request a rate increase form at any time. The following steps are taken when increasing child care rates:

- 1) The provider must call the Control Center to request an FFN Child Care Enrollment and Agreement Form, [DSS Form 3774](#).
- 2) The rate increase form is sent to the child care provider.
- 3) The form is completed by the provider and returned to the SC Voucher Control Center. Control Center staff updates the information in the SC Voucher Program database.
- 4) Once approved, and the SC Voucher Program database is updated, the rate increase will not immediately take effect for a client currently being served by the provider. The payment rate will remain the same until the client's eligibility period is re-determined. If the client continues to select the provider, then the new payment rate will be effective for the client with the date of the new eligibility period.

EXCEPTION: Foster children and children connected to Level A providers are the only recipients immediately connected at the new rate.

- 5) Any new client selecting the provider on or after the date of the rate increase will be paid at the new rate.
- 6) If the provider charges more than the maximum allowed by the SC Voucher Program, only the maximum will be paid. The provider may require the client to pay the difference.

5.17.4 Rate Decreases for All Levels

When a provider has a rate decrease, the decrease will immediately apply to all children connected to the provider and all future connections.

NOTE: The same procedures as outlined in Rate Increases will be followed with the exception that all rate decreases will be effective immediately without regard to the client's eligibility period.

5.18 Records

A provider should establish good record keeping methods and maintain all documentation in an orderly fashion. Records should be kept for a period of three years or until all applicable audits have been completed. If an audit is in progress, all documents shall be maintained until the audit is complete.

The following records are required to be kept on-site and will be reviewed during regular monitoring visits, audits, or as needed to resolve discrepancies:

5.18.1 Attendance

- Daily attendance records must be maintained for each child served through the SC Voucher Program.
- Attendance may be documented in several different ways, which include the following:
 - Recording days and actual hours of attendance or absences in a roll book or log sheet, to include the USDA Log Sheet
 - Using sign-in/sign-out sheets OR
 - Using computer logs, etc.

IMPORTANT NOTE: If the provider uses sign-in/sign-out sheets, and the parent fails to sign-in and also sign-out, the SCDSS Auditors may recoup funds.

- The child's name on the attendance must match the name on the SVL. The child's given name, not a nickname, should be recorded.

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- Records must match the absences reported on the SVL submitted for the period. Providers must accurately report all absences on the SVL indicating “0” for the hours attended and the absence reason code or the actual number of hours attended daily (whole numbers only).

NOTE: A provider who does not maintain daily attendance or accurate records may be required to repay funds if the provider cannot provide documentation that the child attended the program.

- Daily attendance records may be requested to resolve a discrepancy between two different providers when a child’s date of attendance is in question.

5.18.2 Service Voucher Log (SVL)

- A. A provider must maintain copies of the submitted SVL on-site for a period of three years or longer, if in an audit.

NOTE: Providers who participate in the On-line SVL system must keep a paper copy of the submitted SVL.

- B. The provider should review the SVL against the Provider’s Remittance Advice.

5.18.3 Client/Child Records

An individual file should be kept on-site for each child enrolled through the SC Voucher Program. Information should include, but not be limited to, the following:

- Parent name and child’s complete name
- SSN of the parent and child.

NOTE: It is helpful to cross-reference each child’s file with other children from the same family, especially when the last names are different.

- SC Voucher Program Authorization/Connection Letter which describes the following:
 - Client’s name and name of the child
 - Amount of billing

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- Start and stop dates
- Client fee amount (if applicable)
- Type of care (full or part time).
- Correspondence from the SC Voucher Program related to the client.

5.18.4 Tracking Sheets (License-Exempt Providers)

As part of supervision of children, providers are responsible for tracking children's whereabouts throughout the facility. Tracking insures that children are accounted for, and are not left behind on playgrounds, in classrooms or on field trips. The tracking sheet denotes the child's presence from the time they enter the facility until they leave. At any given time, the sheet should reflect the child's whereabouts.

5.18.5 Receipts for Grant Purchases

Providers must maintain receipts on-site for items purchased under any grant received for a period of three (3) years for audit purposes.

5.18.6 Staff Records:

An individual file must be kept **on-site** for each staff employed. Information should include, but not be limited to, the following:

- A. Name and Job Title of Staff, i.e. Director, Lead Teacher, or Assistant Teacher
- B. Copies of any degrees/certificates/diplomas or college transcript (see below)**
- C. Documentation of training received, i.e. certificates
- D. Copy of Pre-Service Health & Safety Training
- E. Documentation of Infant/Child CPR/Pediatric First Aid Certification
- F. Discipline Policy signed/dated yearly.
- G. Copy of ABC Quality Code of Ethics signed/dated

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Additional Items for License-Exempt-Only Providers

- H. Documentation of child care experience, i.e. resume, completed job application, letters of reference, etc.
- I. Copy of Central Registry results (when implemented)

5.19 Adverse Actions by ABC Quality

Adverse actions taken by ABC Quality towards providers may include:

- A. Termination of Provider Enrollment
- B. Reclassification

Termination of Provider Enrollment by the SC Voucher Program

ABC Quality will initiate termination of an SC Voucher Program child care provider's enrollment agreement if the provider fails to comply with the requirements of the SC Voucher Program and criteria to maintain enrollment at the Level enrolled. To maintain enrollment in the ABC Quality/SC Voucher Program at any level, a provider is required to meet regulatory requirements and attendance and payment documentation requirements at all times.

EXCEPTION: See [Reclassification](#).

If enrollment is terminated for cause, the provider cannot reapply at any level for six months following the date the appeals process has ended.

NOTE: If the process results in termination of the provider's enrollment, the termination date should be effective the first Monday following 10 working days (excluding weekends and holidays) after notification that the appeals process has ended.

A child care facility's enrollment will be terminated as an SC Voucher Program provider for, but not limited to, the following reasons:

5.19.1 Failure to Meet Regulatory Requirements

If the provider's regulatory status is revoked, denied, or suspended, or an injunction is issued to close the facility, the provider's enrollment will be terminated. The termination of enrollment process shall be initiated immediately.

If a provider is under appeal with Child Care Licensing (CCL) and deficiencies or violations are found that ***are life threatening or pose an immediate and substantial threat to the health and/or safety of the children enrolled***, the Director of Early Care and Education can make the decision to remove all SC Voucher Program children from the facility during the appeals process. If an injunction is issued to close the facility by CCL, then the children will be removed immediately.

5.19.2 Failure to Maintain History of Compliance

History of Compliance is defined as having:

- 1) No frequent (three or more within six months) deficiencies posing substantial threat to the health or safety of a child that involve supervision, compliance with ratios, or health and safety violations.
 - a. Maintaining Staff-Child Ratios Requirements – Providers shall at all times maintain staff-to-child ratios. When it has been determined a provider has failed to meet the required staff: child ratios three or more times during any six-month period, the termination of enrollment process will be initiated.
 - b. Maintaining Supervision Requirements – Providers shall at all times maintain supervision requirements. When it has been determined that a provider has failed to meet supervision of children requirements three or more times during any six-month period, the termination of enrollment process will be initiated.
 - c. Maintaining Regulatory Capacity – Providers shall at all times maintain the facility's regulatory capacity. When it has been determined a provider has exceeded the regulatory capacity at a facility three or more times during any six-month period, the termination of enrollment process will be initiated.

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- d. Maintaining Health and Safety Regulations - Providers shall at all times maintain health and safety regulations. When it has been determined that the provider has received multiple violations which affect the health and safety of children, the termination of enrollment process will be initiated.
- 2) No multiple (three or more within six months) deficiencies posing substantial threat to the health or safety of a child that involve supervision, compliance with ratios, or health and safety violations.
 - a. **Maintaining a Combination of Ratios, Supervision, Regulatory Capacity, or Health and Safety** – When it has been determined a provider has failed to meet a combination of ratios, supervision, regulatory capacity requirements or health and safety (#a, b, c, and d above) during any on-site visit, or individually for three or more times during any six month period (i.e., first violation ratios, second violation supervision, third violation ratios), the termination of enrollment process will be initiated.
- 3) Maintaining History of Compliance in which no significant event occurs that poses a substantial threat to the health or safety of a child that involve supervision, compliance with ratios, or health and safety violations.

5.19.3 Failure to Maintain Required Program Assessment Scores

Center-Based Providers: During 2018 - 2019, ABC Quality is conducting a pilot with the newly revised ABC Quality Tools. During this year, ABC Quality Assessors will be conducting on-site assessments to measure the provider's compliance to the standards and indicators in the ABC Quality Program Manual. The provider will not receive an actual score during the pilot phase. At the end of the pilot, after determining the established program scores for each Level, the scores and their equated Level will be posted on our websites at www.scchildcare.org or www.abcquality.org. These will then become the established scores and providers must at least meet the minimum (Level C) to remain enrolled. During the pilot, new ABC providers will not have an assigned Level until the end of the pilot period when scores are established for each Level. They will be paid at the Level C payment rate during the pilot period. For existing providers, the pilot period is a hold harmless period. They will also be notified at the end of the pilot period what their level would be. However, they can choose to accept the new level or remain at the current level until their next assessment.

Once the pilot period is over, the provider must at least score the minimum to remain enrolled.

Family/Group Providers:

The minimum score required for enrollment and to maintain enrollment is 80% for Level B providers. If a Level B Family/Group facility scores less than 65% overall during an on-site visit, then termination shall be initiated with that review. If the facility scores at least 65%, but less than the 80% required, then 2 more assessments will be conducted. If after the third assessment the score is still below 80%, termination will be initiated. There is no minimum score for Level C providers.

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5.19.4 Use of Corporal Punishment

ABC Quality defines corporal punishment as the use of physical force to the body as a discipline measure. Physical force to the body includes but is not limited to spanking, slapping, biting, and shaking.

If the owner/operator of the facility administers corporal punishment, termination of facility enrollment will occur on the first offense.

If staff in a child care center uses corporal punishment, and the corporal punishment was not condoned by the owner/operator, the provider should be given an opportunity to take appropriate corrective action. If appropriate action is taken, termination of enrollment will not occur.

If further instances of corporal punishment are used at the facility within any 12-month period, the termination of enrollment process will be initiated.

5.19.5 OHAN Findings

If a staff's name at an ABC Quality facility is entered into the Central Registry, and the perpetrator is not barred from the facility, the termination of enrollment process will be initiated immediately. For Family/Group facilities, the termination of enrollment process will be initiated immediately. The Director of Early Care and Education may make a decision to remove all SC Voucher Program children from the facility during the appeals process.

5.19.6 Failure to Submit Required Corrective Action

If a provider does not correct the deficiencies/violations within the time frame allowed (including any extension of time allowed for correction), the termination of enrollment process may be initiated.

NOTE: In the event ABC Quality terminates a provider's enrollment during the enrollment period, and the Appeals Office upholds the provider, any outstanding corrective action not affected by the appeal must be submitted.

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5.19.7 Facility Moves

If the facility moves to another location, and the new location does not meet Regulatory requirements, the termination of enrollment process will be initiated. The effective termination date will be the first Monday following the date of the move.

5.19.8 Failure to Provide Child Care Services at Enrolled Address and/or Providing Services at a Location that is Not Enrolled and or which the child is not Connected.

Providers must notify ABC in advance of days the facility will be temporarily closed or if the facility is moving or permanently closing.

Per the Provider Agreement, providers are authorized only to serve children at the site which is enrolled and has been approved by ABC Quality. When children are served at a location that has not been approved by ABC Quality, this potentially places children in harm. For example, the other location may not be a licensed facility where health and safety codes are met. Additionally, ABC is paying for a higher quality of care at the enrolled location and thus cannot guarantee the quality of care at locations other than the enrolled site.

Children must be served at the location for which they have been connected. If the provider has two or more locations enrolled, they may not switch or transport children between locations without notifying SC Voucher for authorization. Children will appear on the SVL for the location in which they have been connected. When it is verified that children are being served at a location other than the enrolled address, the termination of enrollment process will be initiated.

5.19.9 Failure to Respond to Attempts by SCDSS Staff to Reach the Provider

If there are three documented attempts within a period of 15 days (excluding weekends and holidays) by SCDSS to reach the provider, by phone, letter, e-mail, and/or on-site visit and there is no response by the provider, the termination of enrollment process shall be initiated, if there are children connected. Funds will be recouped for the period of time when services could not be verified.

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5.19.10 Failure to Operate During Stated Hours of Operation

If there are three documented incidents of non-compliance with the stated hours of operation during any 12-month period, the termination of enrollment process may be initiated.

5.19.11 Failure to Maintain LAN (Local Area Network) Phone Service

Providers are required to have LAN phone services where an SC Voucher child is being served. Cell phones are not permitted as the primary/sole phone service. When it becomes known to the SC Voucher Program that a provider does not have LAN phone services at a facility where SC Voucher Program child care services are provided, the provider should be given 30 days to secure LAN phone services. If the provider does not secure LAN phone services within the 30 days, or if it is documented that the provider did not have active LAN phone services two times within any 12-month period, the termination of enrollment process may be initiated. Verification can be made by and SCDSS staff.

NOTE: FFN providers are the only providers allowed to have cell phones as the sole phone source.

5.19.12 Misuse of SC Voucher Program Grant Funds

If a provider uses SC Voucher Program grant funds on purchases other than its approved use and the provider does not reimburse the SC Voucher Program within the time frame given for reimbursement (including any extension of time approved), the termination of enrollment process may be initiated. Recoupment of the funds will also be initiated.

5.19.13 Fraud/Misrepresentation

If a provider intentionally makes a false statement or misrepresentation regarding a material fact or fails to disclose a material fact that results in obtaining, attempting to obtain, or continuing to receive SC Voucher Program funds which the provider would not otherwise qualify to receive, the termination of enrollment process will be initiated. Funds will be recouped for the period of time when the provider did not qualify for the funds.

5.19.14 Owner/Operator or Director Guilty of Fraud in a State-Funded or Federally-Funded Program

If an owner/operator is found guilty of committing fraud in another state-funded or federally-funded program, the termination process will be initiated. If a director is found guilty of committing fraud in another state-funded or federally-funded program and the director is retained in the capacity as director of the facility, the termination of enrollment process will be initiated.

5.19.15 Verbal or Physical Abuse by a Provider

If a provider curses or yells at any SCDSS staff, the provider will be sent a certified letter after the first offense. The letter will describe the incident and inform the provider that another such incident will result in termination being initiated. If a second offense occurs, the termination of enrollment process will be initiated. If the provider threatens, or physically assaults any SCDSS staff during the course of conducting SCDSS business, the termination of enrollment process will be initiated.

5.19.16 Refusal to Allow Representatives Access to the Facility

If a provider refuses to allow a SCDSS staff on the premises or in the building of an enrolled child care facility, and the SCDSS staff is on official SCDSS business during the stated operating hours of the facility and the provider is open for business, the provider will be sent a certified letter after the first offense, describing the incident and notifying the provider that as a result of the incident:

- A. Any available bonus or grant for the review period is forfeited, AND
- B. If SCDSS staff are denied access during any future visits, the termination of enrollment process will be initiated.

If a second incident occurs, the termination of enrollment process will be initiated.

5.19.17 Smoking/Consumption of Alcoholic Beverages/Use of Non-Prescription Narcotic or Illegal Substances on the Premises

If a provider has three documented incidents of violating Child Care Licensing Regulation # 114-505A during the hours the program is in operation, the termination of enrollment process shall be initiated.

Family Child Care Home Operator employed Outside Home: If it is found that the operator of a Family Child Care Home, who was enrolled after these procedures went into effect, is working outside the home, ABC Quality will send a letter to the provider explaining that policy prohibits them from doing so and giving them an opportunity to correct. If after this is done, and it is discovered the operator is still working outside the home or the provider refuses to comply, then the termination of enrollment process shall be initiated.

5.20 Process for Terminating a Provider Enrollment

The following shall occur when the SC Voucher Program is initiating termination of an SC Voucher Program provider's enrollment:

5.20.1 Life-Threatening or Substantial Threat of Harm

When there are life-threatening issues at an ABC Quality facility, the termination of enrollment process shall be initiated immediately and CCL shall be notified. Life-threatening issues include, but are not limited to the following:

- Sewer backed up in facility
- No water in the facility
- Over-heated facility
- Fire alarm disconnected
- A child seriously injured or death due to lack of supervision or negligence by staff
- Lack of supervision resulting in a child leaving the facility unnoticed
- Lack of supervision resulting in a child being left at another location
- A child removed due to abuse or neglect by staff
- Ratios exceeded by 25 percent or more, etc.

If the termination of enrollment process results in termination, the termination of enrollment should be effective immediately after the appeals process ends. The Director of Early Care and Education may make a decision to remove all SC Voucher Program children from the facility during the appeals process.

5.20.2 Non-Life-Threatening Situations

If the reason for the termination of enrollment is not determined to be life threatening and does not pose an immediate and substantial threat to the health and/or safety of the child, termination of enrollment shall follow normal procedures as outlined in section 5.20.4

5.20.3 Notification to Child Care Staff

If termination of enrollment results after the appeals process, the ABC Quality Designee will send an e-mail to notify the SC Voucher Control Center of the final decision to terminate enrollment and the effective enrollment termination date.

5.20.4 First Notification to Provider from ABC Quality

A written letter, prepared by the ABC Quality Designee and signed by the ABC Quality Program Manager, will be sent by certified mail to the provider notifying the provider of the SC Voucher Program's intent to terminate enrollment. The letter will include, at a minimum:

- 1) Notice that the termination of enrollment process is being initiated
- 2) Reason for the termination of enrollment
- 3) Current number of SC Voucher Program children connected and receiving services from the provider
- 4) Information regarding the provider's right to file an appeal within 30 days and the process for filing an appeal
- 5) Contact person and information in case the provider has questions.

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5.20.5 Appeals

The ABC Quality office will track the termination of enrollment of providers to determine if the provider files an appeal within the 30-day time frame allowed for filing an appeal.

Once ABC Quality receives notification that a provider has filed an appeal, the ABC Quality Designee will enter this information into the SC Voucher Program database, so that no new SC Voucher Program children can be connected during the appeals process.

If a provider does file an appeal (regardless of the SC Voucher Program level), the Provider Appeals and Hearing Process should be followed.

If during the appeals process the violations are life-threatening or pose an immediate and substantial threat to the health and/or safety of the children enrolled, the Director of Early Care and Education may make a decision to remove all SC Voucher Program children from the facility.

5.20.6 Final Notification to Provider from ABC Quality

If ABC Quality prevails after the appeals process has ended, ABC Quality will send a letter to the provider to notify them of the final decision to terminate enrollment. The letter will include, at a minimum:

- 1) Effective termination of enrollment date
- 2) Waiting period for re-enrollment
- 3) Statement that payment will not be made for care provided to a child remaining in the facility after the date of termination of enrollment
- 4) Contact person and information in case the provider has questions

5.20.7 Final Notification to the Clients and the Provider from the SC Voucher Program

After receiving the final notification from ABC Quality that a facility is being terminated, the SC Voucher Program will send a letter to all SC Voucher Program clients connected to the facility, notifying them that the facility's enrollment is being terminated and that the SC Voucher Program will not pay for services after the termination of enrollment date.

The SC Voucher Program Control Center will send a final notice to the provider as well as a letter to the clients, notifying the provider of the facility's termination of enrollment from the SC Voucher Program and the last date payment will be made to the facility on behalf of SC Voucher Program clients.

Parents will be given an opportunity to select another ABC Quality Program facility for their child. A listing of all Levels A, B, and C facilities are available at www.scchildcare.org. Parents may also request a printed list of ABC Quality provider by calling the SC Voucher Program Control Center at (800)476-0199.

Parents may choose to remove their child from the facility prior to the official termination of enrollment date, but must call the SC Voucher Program Control Center to receive prior approval. If any SC Voucher Program parents continue to choose the provider after the official termination of enrollment date, the parents will be responsible for full payment to the provider after the termination of enrollment date.

5.20.8 Referral Resources to Assist Clients

The SC Voucher Program should make every effort to assist clients in finding other child care arrangements. Additionally, parents can be referred to the South Carolina Child Care resource and Referral Network.

5.20.9 Provider Files

A copy of all e-mails, notices and other related documents will be placed in the provider's files as applicable. The provider's file will be placed in a terminated status.

5.21 Exceptions to the Process for Terminating a Provider Enrollment

The detailed steps in Section 5.20, [Process for Terminating a Provider Enrollment](#), do not apply in these situation. However, a termination letter is generated by the SC Voucher Program upon termination in the following situations:

- A. Provider has no current SC Voucher Program children and has closed the program or vacated the facility and did not notify ABC Quality or SC Voucher Program.

EXAMPLE: ABC Quality conducts unannounced visit and finds facility abandoned. ABC Quality will attempt to reach the provider by phone. If unsuccessful, then a letter will be mailed notifying the provider that they must contact ABC Quality within five working days of receipt of the letter or the file will be closed. If no response is received, then the file will be closed. Should a provider reopen at another location and wish to apply for enrollment, they must wait one year before they can reapply.

- B. Provider has no current SC Voucher Program children connected and the ABC Quality cannot reach anyone either at the facility (on-site) or by phone during the normal hours of operation.
 - a. ABC Quality will send a letter notifying the provider that they must contact ABC Quality within five working days of receipt of the letter or their file will be closed.
 - b. If there is no response by the provider, the file will be closed and the provider must wait one year before they can reapply.

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C. Facility Ownership Changes

- a. A provider must immediately notify ABC Quality or the SC Voucher Program of any changes in ownership of the facility. A change in ownership invalidates the enrollment agreement as it is not transferable. It also invalidates the DSS License or Registration. Agreements are non-transferable. The provider's file will be placed in a closed status. The new owner may apply for by completing the application process and meeting the enrollment requirements.
- b. The provider must notify ABC Quality at least 30 days prior to the sale.

VERY IMPORTANT NOTE: It is extremely crucial to notify ABC Quality of the sale of the facility so that payment under the provider's TAX ID number can be stopped. If the provider fails to do this and the new owner continues to receive the SVLs and submits them, payment will continue to be made under the original provider's TAX ID, and thus the original provider is responsible for payment of taxes due. The SC Voucher Program cannot be held responsible when providers fail to notify the SC Voucher Program of the sale. Providers should NOT send this notification in with their last SVL, but must call or write ABC Quality directly.

- D. Provider notifies ABC Quality or the SC Voucher Program that they are closing. The termination date will be the first Monday following the date of the closure. The provider must wait six months before re-enrolling at any level.
- E. Provider has no children enrolled (private pay or SC Voucher):

When providers do not have any children enrolled, ABC Quality cannot conduct observations and therefore the provider is unable to meet the Process Quality Indicators. Providers who have not had any children at all for at least one year will be closed. In this situation, providers can reapply at any time without a waiting period.

F. Child Care Licensing Closes Provider's File:

When it is known that Child Care Licensing has closed a provider's file, meaning the provider no longer has a License or Registration, then ABC Quality will also close the provider's file. Reasons this might occur would be if the provider notified Child Care Licensing, but failed to notify ABC Quality or SC Voucher.

NOTE: The above terminations are not appealable.

5.22 Reclassification

ABC Quality is a rating and improvement system with emphasis on improving the quality provided. Providers should strive to continually make improvements in their programs by implementing policy and processes that have great impact on what they do. Reclassification is when a provider is moved from one Level to another within the Quality Rating and Improvement System.

Moving from One Level to Another for Center-based Providers:

During each year's observation visit, the score received for the observation (Process Quality) combined with the score received from the last desk review (Structural Quality) will comprise the level the provider earns. Depending upon what this is, the provider's level could remain the same or change. During the observation visit each year, if the provider wishes to submit additional evidence for the Structural Quality in order to obtain additional points, they may do so. An example would be submitting a revised policy or evidence of a new indicator the program is meeting. The provider may also choose to wait until their desk review to submit any additional evidence.

Moving from One Level to Another for Family/Group Providers:

Family and Group providers can request to move from a Level C to a Level B at any time they feel they can meet the requirements. They may contact ABC Quality to initiate this process. Currently, there is no Level A for family and group child care homes. Providers cannot request to move down in Levels.

Reclassification is not appealable.

Process for Reclassification:

When it has been determined that a provider will be reclassified either higher or lower in the Quality Rating System, a new provider rate sheet and a copy of the provider's published rates will be sent to SC Voucher, along with a request to change the provider level, and adjust the provider rates, if needed.

5.23 Voluntary Termination by the Provider

Providers may voluntarily request to end their enrollment/agreement at any time as an enrolled ABC Quality provider at any level by notifying the ABC Quality Program in writing or through a documented telephone contact.

NOTE: Voluntary termination of a provider's enrollment agreement is not appealable. If the provider requests to voluntarily end their enrollment agreement, and then later requests to rescind the termination of their agreement, ABC Quality is under no obligation to do so, particularly if the provider's file has been terminated in the SC Voucher Program.

The provider may not reapply for enrollment at any level for a period of one year from the effective date of termination.

Providers who have received a grant must stay in the SC Voucher Program for the period required by the grant, or the grant funds will be recouped.

5.24 Re-Enrollment

5.24.1 Waiting Period for Re-Enrollment

All providers, regardless of whether they voluntarily terminate or ABC Quality initiates the termination must wait 1 year from the actual termination date before they can reapply to ABC Quality. If a provider appeals ABC Quality's decision to terminate then, then the actual termination date would be at the end of the appeals process.

Upon expiration of the provider's agreement, if ABC Quality does not offer another agreement, then the provider must wait one year from the end date to reapply.

5.24.2 Exemption of Waiting Period

If extenuating circumstances exist, the Director of Early Care and Education may grant an exemption of the waiting period for applying for enrollment, if recommended by ABC Quality. No exemption will be granted for providers who are terminated for failure to maintain History of Compliance with regulatory requirements.

5.25 Enrollment/Re-Enrollment Exceptions

The following are reasons a provider is ineligible to participate or re-enroll in the SC Voucher Program at any level:

5.25.1 Death of a Child

Any institution or its principals who have contributed to the death or serious injury of a child by failing to comply with minimum health and safety regulations (defined as SC Child Care regulations) is ineligible to participate in the SC Voucher Program at any level.

5.25.2 Fraud

Any institution or its principals who have been convicted of fraud are ineligible to participate in the SC Voucher Program at any level.

FRAUD and ABC Quality

ABC Quality takes fraud very seriously. In every policy and document given to providers, ABC Quality strives to make known its expectations of providers for participation in the program, along with subsequent action for non-compliance.

ABC Quality maintains a 1-800 number for complaints and this number can be used by the public to reports complaints and incidents of fraud.

Definition:

ABC refers to fraud as the following (but not limited to):

- 1) Intentionally making a false statement; misrepresentation regarding a material fact; failure to disclose a material fact/information; or any action that results in obtaining, attempting to obtain, or continuing to receive ABC funds, which the provider would not otherwise qualify to receive, or to circumvent or help others circumvent the requirements of ABC Quality.

Examples of this could include billing clients for services when they are being paid through SC Voucher for the service; serving children at unauthorized locations because they have reached their capacity at their current location or have opened a new location which they don't want to enroll; continuing to bill for clients who have left their program, allowing another provider or location that is not enrolled to use your Federal ID or Social Security number to connect children, collecting the payment and distributing it to them; submitting falsified documents such as a high school diploma/degree and CPR/First aid cards, etc.

- 2) Conviction of fraud in a federal/state court with ABC Voucher or ABC Quality
- 3) Billing for services and receiving payment for services or goods that were not obtained in accordance with requirements of ABC Quality, the Provider Agreement and ABC Provider Business Procedures.

ABC Quality Procedures for investigation of suspected fraud:

Management is responsible for the investigation of any fraud against the ABC Quality Program as it pertains to the Provider Agreement and the Provider Business Procedures.

Fraud can be reported/discovered by any of the following means:

- through a complaint made against the provider by either a parent or an employee of the program.
- through notification from other staff in the Division of Early Care and Education (DECE) (i.e. Child Care Licensing Specialist)
- through one of our community partners who are present in child care programs throughout the state.
- Through the results of an audit from the Division of Audits.
- Through an on-site monitoring visit by ABC Quality.
- When ABC Quality is made aware of possible fraud, the following will occur, but not necessarily in this order:
 - All reports of fraudulent activity will be investigated.
 - Contact complainant regarding information about the circumstances of the fraud; determine how they concluded this; obtain any documentation/evidence they may be able to provide.
 - All information is kept confidential and only shared with employees who need to be aware.
 - ABC Quality may do further investigation of the evidence, such as verifying the authenticity of documents that may have been falsified.
 - ABC may conduct an on-site investigation independently or in conjunction with another area within the DECE.
 - ABC may rely on evidence found during an on-site investigation by another area within the DECE.
 - ABC Quality will review the evidence and if the fraud is related to ABC payments, information will be obtained from SC Voucher, such as reports regarding clients connected to the provider and weeks of service that the provider was paid. The provider may also be contacted to submit documents such as attendance log, staff list, etc.
 - ABC Quality and/or SC Voucher staff will contact ABC recipients who may be connected to the complaint to verify if the information is correct, i.e. if ABC children are found being served at an unauthorized location.

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- If there is any question or doubt regarding the validity of the information from the complainant, ABC Quality will contact the provider to notify them and obtain any feedback, and documentation they have to dispute the claim.
- ABC may refer a provider to the Division of Internal Audits if the scope of the fraud involves payment.
- ABC may consult with the DSS agency attorney to discuss evidence before a decision is rendered.
- Once a decision has been made that the provider has committed fraud, the provider will be staffed with management and if in agreement, the provider will be sent a termination letter outlining the reasons. The provider has the right to appeal this decision, and the agency's appeal process will be followed.
- If the agency's decision is upheld in the appeals process, then ABC will initiate recoupment of funds, if applicable.

5.25.3 Falsified Documents

Institutions or principals who falsify or misrepresent official, legal documents (i.e., birth certificates, degrees, transcripts, etc.), or other SC Voucher Program documents (SVL, attendance records) and submit to agency representatives are ineligible to participate in the SC Voucher Program at any level.

5.25.4 Administrative or Judicial Determination of Abuse and/or Neglect

Any institution or its principals who abuse or neglect a child and/or whose name has been entered into the Central Registry cannot be enrolled as long as the perpetrator continues to be employed and/or present at the facility.

5.25.5 Ineligibility to Participate in Publicly Funded Programs

Any institution or its principals who are ineligible for any other publicly funded program due to the above criteria are prohibited from participating in the SC Voucher Program at any level. However, this prohibition does not apply if the institution or principal has been fully reinstated in, or determined eligible for, that program, including the payment of any debts owed.

5.26 Amendments to a Provider's File

A provider's file may be amended at any time. An amendment can be initiated by the provider, ABC Quality, or SC Voucher Control Center staff. The provider must notify the following appropriate program area of any changes or amendments that need to be made to their enrollment:

- A. Level A, B or C providers – Contact ABC Quality
- B. FFN providers – Contact SC Voucher Control Center staff

NOTE: Changes should not be sent with the SVL.

Amendments may occur for, but are not limited to, the following reasons:

5.26.1 Adding or Deleting Additional Age Groups

A provider may request to add another age group not previously authorized if they are currently providing child care services for that age group (Level A, B or C) or at any time for an FFN provider. To request an additional age group, the provider must:

- 1) Contact the appropriate program area and request an additional age group be added.
- 2) Meet regulatory requirements for the age groups served.
- 3) Receive an on-site assessment from ABC Quality as needed for level A, B or C

For Level A, B, and C a provider may request to add half-time or full-time for an age group for which they are already authorized without a visit being required. FFN can add at any time.

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A provider or the SC Voucher Program may delete an age group under the following circumstances:

- A. A provider should request to delete an age group if they are no longer serving an age group or does not want to be authorized for that age group.
- B. The SC Voucher Program may delete an age group if it is determined that the provider is no longer serving that age group or is not meeting regulatory requirements for that age group.

5.26.2 Change in Facilities Regulatory Status

The provider must notify the appropriate program area if one of the following occurs:

- A. Provider changes from Family to Group
- B. Provider changes from Family or Group to a Center
- C. Provider changes from a Group to a Family
- D. Provider changes from Center to a Family or Group

5.26.3 Change in Name of Child Care Facility

If the provider changes the name of the child care facility, the provider must:

- 1) Notify ABC Quality.
- 2) Submit new enrollment paperwork provided by ABC Quality reflecting the new name

5.26.4 Change in Director of Child Care Facility

If there is a change in the director of the child care facility, a provider must notify ABC Quality

5.26.5 Change in Mailing/Payment Address or Phone Numbers

If there is a change in the facility address where services are provided [other than the provider has moved], such as a change because of 911 or payment address, or phone number, the provider must:

- 1) Notify ABC Quality.
- 2) Submit a signed W-9 Tax form which can be requested from the appropriate program area. The W-9 is used for address changes only.

5.26.6 Working Telephone

If there is a change in the facility phone number where services are being delivered, the provider must notify ABC Quality.

- The provider must maintain a working LAN telephone at all times, at the facility where services are being delivered. Non-published numbers are not allowed.
- FFN providers are the only providers allowed to have cell phones as the sole phone source.

Chapter 6

Case Management

6.1 Absences

6.1.1 Allowable Absences

A child is allowed a maximum of 31 absences per 52 weeks of care that are funded and connected. If the child is authorized for less care, they will receive a pro-rated share of allowable absences based on the number of weeks of services received. See Scale of Allowable Absences ([Appendix 5](#)). A client receives the Scale of Allowable Absences in their eligibility packet once they have been determined eligible and have been entered into the SC Voucher Program. Services may be terminated if the child exceeds the allowable number of absences. When a family is authorized to receive child care, it is assumed the family needs these services and will use it on a daily basis. If there are legitimate reasons for a child to be absent, the client and/or the provider may seek a waiver of excessive absences. If no waiver is granted, the absences will count and the child will be terminated when they exceed their allowable absences.

A provider is paid the weekly rate for the child even when absences occur. A child may have individual weekly scheduled days when they attend the facility. Failure to attend on these days must be reported as an absence.

EXAMPLE: A parent may work three 12-hour shifts on Monday, Tuesday and Thursday and decide to keep the child at home on Wednesday and Friday when they are not scheduled to work. The child would not be considered absent these two days (Wednesday and Friday); however, if the child failed to attend on the other days, they would be considered absent.

EXAMPLE: A parent/child is authorized for half-time care and attends the provider only three days a week. The two days of the week that the child does not attend the provider are not considered to be absences. Those days are reported as NSD (Not a Service Day) and are automatically waived.

Chapter 6: Case Management

Once a child exceeds the number of allowable absences, they will be terminated and a system generated letter will be sent to the client and the provider. The following absence codes should be used:

ABS CODE		ABS DESC
COV		CHILD HAD COURT-ORDERED VISITATION
DEC		CHILD IS DECEASED
FCL		FACILITY CLOSED
FNL		CHILD ON FUNERAL LEAVE
HOS		CHILD OUT WITH SERIOUS INJURY/ILLNESS/HOSPITALIZATION
MOV		CHILD MOVED OUT OF COUNTY/STATE
NLA		CHILD NO LONGER ATTENDS
NSD		NOT A SERVICE DAY FOR THE CHILD
SIK		CHILD OUT SICK
VAC		CHILD ON VACATION
CNS		CHILD NEVER STARTED THE FACILITY
REL		RELIGIOUS HOLIDAY
HAZ		HAZARDOUS WEATHER

6.1.2 Waiver of Absences

The Control Center will be responsible for the waiver of any absences. Control Center staff are responsible for the review and determination of good cause for waiver requests for all absences.

An absence will be waived only when good cause has been determined. Good cause exists if circumstances prevent the child from attending the child care provider. All situations are different and the Control Center staff must use prudent judgment in determining whether or not good cause exists and be able to justify any waiver determination. A client statement may be accepted in the absence of other documentation such as a doctor's statement, court papers, etc. Examples of good cause include, but are not limited to:

- Illness of child or custodial parent (with or without doctor's statement)

NOTE: If the child is chronically ill, secure a statement from the physician.

- Child's absence from the home, i.e., visits to the absent parent or other relative. If applicable, obtain a copy of the court order for court-ordered visitation.

NOTE: If known prior to the child being absent, the child care worker should make contact with the provider to determine if the provider will be holding a slot for the child. If so, the child care worker should request a start/stop date for the child care services.

All documentation to support a waiver is to be maintained in the client's file, and an entry placed in the client's memo field indicating the date and reason for the absence. When a client is terminated based on excessive absences, a system generated letter is sent to the client and the provider. Proper termination notice will be given. When a client/child is terminated for excessive absences, the client or the provider have until the date of the termination to submit any documentation to request waivers of absences to the Control Center. Documentation submitted after the termination date will not be reviewed. When documentation is submitted prior to the termination date, staff will review it to determine if any absences can be waived. If absences can be waived and the child is below the allowable absences after the waivers, their services will be reinstated back to the original authorization of services, and the termination will be reversed.

6.2 Stop and Start Dates

A parent may need to have a break in care in situations where the child is with a non-custodial parent for court ordered visitation, vacation, hospitalization, etc. for a period of a week or more. The parent may ask the provider to hold the child's slot during the time the child is away. The provider may bill for only 10 consecutive absences before dropping the child from their center. However, the provider may agree to insert a stop and start date for the child when the duration of the absence is known. By inserting a stop and start date, an absence does not count against the child and the child is allowed to start back with the provider at the agreed upon time. Both the parent and the provider must agree to this arrangement prior to the extended absence.

6.3 Breaks in Work, School or Training

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. The SC Voucher Program staff will terminate the child care services effective the first Monday after the 3 months (90 days) from the break, and the Termination letter will be sent to the client and the provider.

- If the client obtains employment, or begins school or training during the 90-day period, they must submit documentation to the Control Center in order for eligibility to be re-determined. If the client is determined to be eligible, the termination will be overturned and the client will be authorized for the child care services for which they were originally authorized.
- If the client does not obtain employment, or begin school or training during the 90-day period, or does not contact the Control Center during the 90-day period to inform staff about new employment/school/training, the termination will stand and child care services will end as of the date of termination.

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- If, when the client notifies the Control Center, it has been 90 days or more since the client stopped working or attending school or training, then child care services will be terminated for the client effective the first Monday after 10 working days from the date of notification.

NOTE: The exception to this policy occurs if a client has a break in employment/school/training due to a disability or medical leave. See [Verification of Disability](#).

6.4 Retention Schedule

All client and provider case file material including, but not limited to the following, shall be maintained in the child care imaging system for a period of five years plus current year or until all applicable audits have been completed:

- 1) Child Care Referral (DSS Form 3004, When applicable)
- 2) SC Voucher Program Child Care Application (DSS Form 3791)
- 3) Work/School/Training Verification
- 4) Eligibility Worksheet (DSS Form 37110)
- 5) Written correspondence from client/provider
- 6) Enrollment Forms, agreements and rates forms.

If an audit is in progress, all documents shall be maintained until the audit is complete. Child care applications for applicants who are denied and who are subsequently not funded shall be maintained for 12 months.

6.5 Transfers from One Provider to Another

A client may transfer from one provider to another provided the client contacts the Control Center either by phone or in writing and receives approval prior to the transfer. The effective date of transfer is the first Monday following the seventh working day after the day the Control Center receives the phone call or receives the written notice. State holidays and weekends are not considered work days in counting the seven days.

A client may transfer from one provider to another through the following process:

- A. A client must notify the Control Center either by telephone or in writing and receive approval prior to the transfer.

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- B. The effective date of the transfer will be the first Monday following the seventh working day after the Control Center receives the phone call or written notice from the client requesting the transfer.

To determine the effective date of transfer, the day the Control Center receives the phone call or written notice is considered day one of the notice. See **EXCEPTION** below. The child care worker begins counting seven working days from that date. In counting the seven days, State observed holidays [i.e. 4th of July, Labor Day, etc.] or weekends are not included, as they are not considered working days. Whatever date the seventh working day falls on, the transfer date will be the following Monday.

EXAMPLE: A request is made on Wednesday. Counting seven working days beginning with Wednesday, the working day would fall on Thursday of the next week. The transfer date would be the next Monday following this Thursday.

EXCEPTION: If notification is received on a Thursday, then Friday is counted as day one. If notification is received any other day of the week (Monday, Tuesday, Wednesday or Friday), that same day is always counted as day one.

NOTE: When a client requests a transfer from a FFN provider, the connection will be ended the first Sunday following the request. No notice is required to the FFN provider.

- C. Notice may be waived under unusual circumstances if sought by the client and approved by a supervisor. The Control Center will notify the provider if the waiver is approved.
- D. The previous provider will not be paid after the start date is established for the new provider.

NOTE: THE SC VOUCHER PROGRAM WILL NOT PAY TWO PROVIDERS FOR THE SAME WEEK, unless the parent also has a less than half-time arrangement.

- E. The previous provider will be notified in writing via a Transfer Letter of the client's last authorized day of service.

SPECIAL NOTE: A client with unpaid fees at the time of the transfer will still be allowed to transfer. It is the responsibility of the provider to ensure client fees are paid timely.

6.6 Early Releases

A provider may voluntarily choose to release a child from their facility. In doing so, the provider forfeits future payments. When extenuating circumstances exist and a parent needs to be released from a provider prior to a given transfer date, the Control Center Supervisor or designee may grant the early release if deemed appropriate. If an early release is not granted and the client removes the child prior to the transfer date, the client will be responsible for payment to the new provider until the transfer/re-connection date.

NOTE: If the provider refuses to allow the child to attend, connections will be ended and the children will be given an early release.

6.7 Transfers of Foster and Child Protective Service Clients

Only a CPS/FC Case Manager may authorize the transfer of a CPS or Foster Care child. There may be extenuating circumstances which require immediate actions from the CPS/FC Case Manager, which may include an effective transfer date that does not follow the seven-day notice rule. CMs must be aware of the provider's notice policy and is required to give the provider as much notice as possible before moving the CPS/Foster child. A child care payment may be made for a CPS/Foster child requiring an out-of-state placement where the care is provided by a child care center.

Control Center staff may complete the transfer in Voucher Plus but should follow-up with an email to the appropriate CPS/FC eligibility worker informing them of the transfer request. The CPS/FC eligibility worker will then notify the county case manager of the request for transfer in order for the new referral form to be sent.

NOTE: Case managers must submit a new DSS Form 3004 to reconnect a CPS or Foster child to a new provider.

6.8 Notifying Clients and Providers of Transfers

When a client is approved to transfer, the previous provider will be notified of the client's last authorized day of service (always a Sunday) via a [Transfer Letter](#). The Transfer Letter will be sent to the client and the provider from whom the client is transferring. The client is instructed at the time they request a transfer that in order for services to be authorized for a new provider, the Control Center must receive a connection form in advance of the client starting services with the new provider. If the new provider begins serving the client before the effective date of transfer, the client is responsible for the full cost of the services prior to authorization.

6.9 Client Moves to Another County

For TANF cases only, when a client moves to another county, the child care worker in the former county must terminate the child care and ensure that the proper termination procedures are followed. If an [early release](#) from the former provider is granted, the child care worker must document this in the memo field. If there is time remaining in the approved eligibility period or the TANF benefit case is transferred to the new county, a new application must be processed in order to continue child care services.

6.10 Changes Within the Eligibility Period

A client is required to report all changes within their family household unit within 10 calendar days of the date the change occurs. Not all changes require a re-determination of eligibility.

A new application is required and a re-determination is necessary when:

- A. The change causes the client to change from one eligibility category to another, unless the change can be processed according to seamless eligibility policy.
- B. There is a change in the family size (such as having additional children).

A new application is **NOT** required; however, the amended application processed will be followed when:

- A. The change causes an increase in the client fee.

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- B. A change in employment necessitates a change to full-time care for a client who is initially determined eligible for half-time care only. Changes from half-time to full-time or full-time to half-time will be effective the Monday after the change has been requested forward unless payments have not been made.

Changes in address, telephone numbers or income that do not increase the client fee will not require a new or amended application, but the changes should be made in the SC Voucher Program database to update page 1 and/or page 2 of the voucher system and document memo field.

In those instances where eligibility is being re-determined and a new or amended application is needed, if the child is eligible for continued care under their applicable funding source, up to 52 weeks of care will be given. If the change causes the client to be ineligible, services are terminated the first Monday following the 10th working day after the Control Center is notified.

Amended Application Process

The SC Voucher Program child care application can be amended by the child care eligibility worker upon notification of family household changes within the child care case.

It is strongly recommended that the following process be followed:

- 1) Closeout the current application in the SC Voucher Program database
- 2) Print the application from the SCOSA or On-base system
- 3) Print and update the most current application from SCOSA or On-base to include the change(s), such as new employment information, adding a child, etc. and any other applicable changes
- 4) Initial any changes made to the application
- 5) Complete a new Eligibility Worksheet
- 6) Enter in the updated application into the SC Voucher Program database and obtain a new application number
- 7) Ensure that all sections of the SC Voucher Program database are updated to include new employment information, as appropriate AND
- 8) Send the case to child care imaging.

NOTE: If only 30 days or less remain on the SC Voucher Program Application, the child care eligibility worker will request the client complete a new application.

6.11 Desk Review Process

A desk review process is in place to review a percentage of all child care eligibility workers' cases approved every two weeks. This process is used to ensure that eligibility has been determined correctly. Available agency data systems, such as CHIP, PATS, and CAPSS are accessed, as appropriate, to ensure child care is in the correct child care category. The reviewer determines that all paperwork and documentation are in the case record. A review of the SC Voucher Program database is also conducted to ensure that information from the application has been properly entered. Any errors or improper payments addressed should be corrected by eligibility staff within 5 days of notification of the error/improper payment.

These desk reviews are considered to be a preventative measure that will assist SCDSS in conducting the improper payments reporting process. The reviews are also used to identify training needs for staff and to strengthen policy and procedures.

6.12 Monthly Child Care Caseload Monitoring

An active child care caseload report is reviewed monthly against agency data systems to ensure continued child care eligibility. Upon reviewing the report, the appropriate action is taken to terminate child care services or process seamless transitional child care for clients moving from TANF child care to TCC. The following reports are being reviewed on a monthly basis:

- TCC cases with open TANF benefit cases
 - TCC child care is terminated
- TANF child care cases that have closed TANF benefit cases
 - Report lists the TANF benefit cases closed for transitional closure codes. The TANF child care may be seamlessly switched to TCC
 - Report gives non-transitional closure codes. The TANF child care cases are terminated according to SC Voucher Program's termination policy.

6.13 Termination of Services to Clients

6.13.1 When a Provider Stops Serving a Client

A provider has a right to stop serving a client or child if either is disruptive to the program or does not comply with the provider's established policies. The provider must notify the client and the Control Center by calling the provider line at [800-262-4416] before discontinuing services to the client. The following applies when a provider wants to stop serving a client:

- A. The reason for discontinuing services must be included, i.e. failure to pay fees, parent does not pick child up on time, or child displays disruptive behavior, etc.
- B. The connection will end the last day of the service week, (always a Sunday) in which the provider asked the client to leave.
- C. The client should be notified by the provider a minimum of three working days in advance of the effective date of the discontinuation of services.
- D. The client should be allowed to finish any week in which the provider has billed for the client.

NOTE: If the provider decides to stop serving a child in the middle of a week and does not allow the child to attend or finish the week, the client will be granted an early release to transfer the child to a new provider. The first provider will not be paid for that week of care.

6.13.2 Termination by the SC Voucher Program

The Control Center may terminate a client's child care services at any time during the client's eligibility. Once a decision has been reached to terminate services, the provider will receive written verification through the following process:

- 1) If termination of services is initiated by the child care worker or the Control Center, the provider and client will be notified in writing that the services are being terminated and all payments for services rendered after the termination date become the client's responsibility.
- 2) Proper notice (10 days from the date of determination) will be given to both the parent and the provider of the effective termination date.

6.13.3 Termination of a Client

Services are terminated when a client or child is no longer eligible to receive SC Voucher Program child care services or no longer wants the service. This may come at any time during the eligibility period. When the client becomes ineligible, the entire family becomes ineligible and services are terminated. When a child becomes ineligible for reasons such as reaching age 13, or exceeding the allowable absences, services are terminated for that child only.

Reasons for terminations include, but are not limited to:

- The client/child is no longer eligible. This includes, but is not limited to, the following:
 - The client/child does not meet specific eligibility criteria or requirements.
 - The client's income exceeds Income Standards.
 - The child does not live with the client.
 - The client intentionally submits false information.
 - The client moves out of state.
 - The child exceeds allowable absences.
- The client/child no longer needs services. The client did not select a provider within 15 calendar days of notification of eligibility.
- The client moves from one county to another. In these situations, the client's services are terminated by the former county if the client is a TANF client.

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NOTE: A situation where a client is terminated from a particular provider for not following a facility's policy does not constitute a termination from the SC Child Care Program.

When the Control Center is notified that a client and/or recipient needs to be terminated, the following procedure is followed:

- A. On the date that a termination of a client or recipient is determined necessary, the child care worker starts counting 10 working days (excluding weekends and holidays), with day one being the next day. The effective date of termination will be the first Monday following the 10th working day from the date of determination.
- B. A termination within the SC Voucher Program will not be backdated. If a request is made for termination that has not followed the 10-working day notice rule, Control Center staff will change the effective date to reflect the 10-working day notice.
- C. When a termination for excessive absences is required, if the client's end of eligibility is 30 days or less from the day the determination is made that the child has exceeded allowable absences, the termination will not be completed. In those instances, the client will be allowed to continue receiving services for that child until the end of the eligibility period.

For a Welfare Reform (WR) client, recommendations for termination or reinstatement of services will be coordinated between the county Case Manager (as appropriate) and the SC Voucher Program child care eligibility worker. When a WR client has exceeded the allowed number of absences, the Control Center staff will initiate the termination of services to the child, or the entire family as deemed appropriate. This will also include a child who is funded under the CPS or FC set-aside. The Control Center staff will inform the appropriate child care eligibility worker of the termination.

6.13.4 Notifying Client and Provider of Termination

When a decision to terminate a client/child is reached by the Control Center, the client and provider will be mailed a Denial/Termination Letter that reflects the effective date of termination. The termination notice is intended to:

- Give the client time to make other arrangements outside of the SC Voucher Program
- Give program staff adequate time to process the paperwork
- Allow timely notification to the client and provider of the termination before the effective date of termination.

The effective date of termination is the first Monday following the 10th working day from the date of determination. (Holidays and weekends are not considered work days.) The client is also sent a notice regarding his/her right to request a fair hearing.

6.14 Client Complaints

Clients may make a complaint related to child care provided through the SC Voucher Program by calling 1-800-763-2223. A client is encouraged to report concerns or complaints about the following:

- A provider whom the client suspects of violating minimum licensing standards
- A provider whom the client suspects is not providing quality child care, as defined by the SC Voucher Program Standards.

When a call is received, it is logged-in and maintained. A substantiated complaint is:

- Made available to the public upon request.
- Placed in the provider's permanent file maintained by Quality Monitoring.
- Forwarded to the Control Center for necessary action when it results in the provider being terminated from the SC Voucher Program.

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Quality Monitoring staff in Columbia answers the complaint line and encourages clients to notify SCDSS Child Care Licensing (CCL) when a provider is suspected of violating minimum licensing standards. Quality Monitoring also follows up with CCL and notifies the Control Center when a provider's license has been suspended or revoked. A provider will be removed from the enhanced provider list and the vendor agreement will be terminated, suspended, or denied if a provider is not in good standing with CCL.

Quality Monitoring determines appropriate action after a complaint is investigated. Investigations may include unannounced on-site visits.

6.15 End of Service Notification

Sixty days prior to a client's services ending, the client and provider receive an end-of-service notice that indicates the last day of SC Voucher Program child care services. Additionally, the last day of SC Voucher Program service for a child also appears on the remittance advice which the provider receives when they are paid.

EXCEPTION 1: A child must be connected for more than 60 days of services in order for an end-of-service notice to be generated.

EXCEPTION 2: If services are backdated and the last day of service has already passed, no end of service notice will be generated.

6.16 Close Outs

A close out is requested only when a client is moving from one eligibility category to another. A close out shortens the existing eligibility period so a new application may be entered. A letter is not generated when a close out is done.

6.17 System Generated Letters

The SC Voucher Program generates letters to inform applicants of action taken regarding their SC Voucher Program child care services; they are the official documentation for clients and providers. These letters include:

- **Eligibility Letter** – This letter is produced when an applicant's child care application has been entered into the SC Voucher Program database. The letter informs the applicant that the application has been approved, and the child for whom child care services has been requested has been approved.
- **Authorization/Connection Letter** – This letter is generated after the Control Center has connected a client's child to a specific provider. The letter includes:
 - Name of provider to whom the child has been connected
 - Start and stop dates of the connection to that provider
 - Client fee amount to be paid for each child connected
 - Rate to be paid the provider for each child
 - Total number of weeks each child is connected.
- **Services End Letter** – This letter is produced 60 days before the end of a child's last connection, or the end of the child's eligibility period, whichever comes last. The letter informs the client and the provider of record that the child's services are scheduled to end on the date listed, and that the SC Voucher Program is not responsible for any payments for the child after the date indicated.
- **Client Termination Letter** – This letter is generated the day after a client or a child is terminated in the SC Voucher Program. The letter includes:
 - Name of child to be terminated
 - Reason for the termination
 - Effective date of the termination.

A copy of the letter is sent to the client and to the provider of record.

- **Provider Termination Letter** - This letter is generated the day after a provider is terminated in the SC Voucher Program. It includes the effective date of the termination and the reason for the termination.
- **Client Notice of Provider Termination** – This letter is generated for the client who was connected to a provider who has been terminated in the SC Voucher Program. The letter informs the client of the effective termination date and notifies them of the need to select a new provider.

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- **Transfer Letter** – This letter is generated when a client is transferring their child from one provider to a new provider. It gives the effective date of the transfer and the name of the child being transferred. A copy of the letter is sent to the client and to the provider of record.

Chapter 7

Payment Information

7.1 Payment Information

The SC Voucher Program reimburses the child care provider directly for services rendered to an eligible client. No payments are remitted directly to the client.

Prior to serving the first SC Voucher Program child, the provider must be enrolled in the SC Voucher Program. The provider must also submit a connection form or fax to the Control Center or SCDSS must notify the Control Center of the start/stop dates for a child so the connection can be made. Once the initial connections have been made, the Service Voucher Log (SVL) will be generated and sent to the provider. The SVL is the official billing document for the SC Voucher Program. It should be reviewed, completed, and signed by the provider and returned promptly after receipt to ensure timely payment. After the first SVL is generated, the provider receives another each time a payment for reimbursement is mailed. SVL's will continue to generate as long as the provider has active connections which have not been paid.

7.1.1 Payment Methods

All providers must submit the SVL before payment can be remitted. There are three different payment methods:

- **Direct Deposit:** Direct deposit is offered to all providers. However, the provider must elect to enroll in the direct deposit method. The provider must submit a direct deposit form, [DSS Form 1105](#), along with a voided check to enroll. Once approved to receive their payments via direct deposit, the provider will no longer receive a paper check. However, the SVL and remittance advice forms will continue to be mailed to the provider with every payment cycle.
 - If a provider is receiving direct deposit payments from another State agency, the child care payments will be made into that same account and may not be changed unless the account is changed with the originating State agency.

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- If at any time during their enrollment a provider needs to change their account information, they must call the Control Center and must submit a written request along with a new direct deposit form, [DSS Form 1105](#), and a voided check to do so. The pre-note process will take place again and the provider may receive a paper check.
- **Check:** A provider may choose to receive a paper check. In order to do this, the provider must submit a written request to Child Care Payables requesting to be paid by paper check and must indicate the reason why they do not want direct deposit.
 - Unless the provider is receiving a CAPSS payment or TANF benefit via the debit card, the provider may choose to receive a paper check. In order to do this, the provider must submit a written request to Child Care Payables requesting to be paid by paper check and must indicate the reason why they do not want their child care payments via the debit card.

7.1.2 Requests for Payment

A request for payment will be honored only if the provider has been authorized by the SC Voucher Program to serve the child. The authorization for each SC Voucher Program child gives the dates of approved child care services for a child. It is the provider's responsibility to maintain this information and bill only for eligible weeks. When a child is absent for a week due to vacation or illness the provider may bill for the week but must report those absences on the SVL using the proper absence code. If a provider plans to close their facility for a week or longer (summer, etc.), the provider must notify the Control Center at least one month in advance of the closing, and must not bill for that period unless private pay parents are charged. A provider will not be paid for a child who is absent longer than two consecutive weeks (Monday – Friday) unless the child returns to the facility in the third week. When a child is absent for 10 consecutive days and does not return to the facility on any day of the third week, the Control Center staff will end the child's connection on the Sunday following the 10 consecutive absences. When a child is absent for 10 consecutive days the provider must document the absences on the SVL using the proper absence code. If the child does not return in the third week, the provider should indicate a drop/transfer and pay until date for the child on the SVL. Once the connections have been ended, if the child returns to the

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provider after that third week, a new connection form will be needed in order to reconnect.

Completing an SVL correctly the first time will ensure payment within 10-14 working days after receipt of the information.

NOTE: Payments over one year old will not be honored.

The provider cannot submit the SVL until the last service date listed on the SVL. An SVL submitted prior to the ending date on the SVL will be returned to the provider and payment will be delayed.

7.1.3 Hand-Delivered SVL's

A provider may hand-deliver their completed, signed, original SVL to the drop box located at State Office SCDSS. Child Care Payables staff pick up from the drop box daily. A hand-delivered SVL is processed with all other payments. Delivering the SVL to the drop box does not guarantee a quicker payment. Payment should still be expected to be made within 10-14 working days from the date of receipt.

7.1.4 Payment Instructions

Payment is expected to take from 10 to 14 working days from receipt of the completed, signed, original SVL. A provider is asked and expected to wait until the 14th working day before calling about reimbursement. The provider is reimbursed by a paper check or direct deposit, for services delivered. See [Payment Methods](#) along with the applicable Remittance Advices, and the next SVL, if appropriate.

A provider receives a Provider Remittance Advice with each reimbursement received.

The Provider Remittance Advice identifies the client, child, and payment amount for each transaction making up the payment total. A provider is expected to match the Provider Remittance Advice against the provider's copy of the SVL to ensure proper payment for each transaction.

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There are four types of remittance advice forms:

- 1) **Paid Remittance Advice:** This form indicates which clients and weeks were paid.
- 2) **Rejected Remittance Advice:** This form indicates which clients and weeks were not paid and the reason.
- 3) **Adjusted Remittance Advice:** This form indicates if funds were deducted from the provider's check, the amount, and the reason. An adjusted remittance advice is sent only when there have been adjustments to the provider's payment due to overpayments.
- 4) **Grant Remittance Advice:** This form indicates the amount of the grant paid.

The provider may call the Control Center (1-800-262-4416) with any questions regarding payment problems, and/or questions about transactions that did not process.

7.1.5 Provider Check Pickup

A provider is not allowed to pick up a paper check reimbursement unless extenuating circumstances are present, as determined by SC Voucher Program Manager and/or Child Care Payables.

7.1.6 Provider Adjustments

Provider payments will be adjusted when necessary to correct errors made by the payment agency or the service agency. The types of provider adjustments are:

- **Receivable Adjustment:** The process of collecting over-payment made to a provider. In this case, funds will be taken back for the specific period requested. The connection will be deleted or shortened once the adjustment is complete.
- **Partial Receivable Adjustment:** The process of collecting a portion of the over-payment made to a provider. In this case, one would process the adjustment for the difference between full-time and half-time care. The connection will not change; it will still reflect a full-time connection, but the difference between the full-time and half-time rate will be taken from the provider's payment.
- **Partial Payable Adjustment:** The process of paying a provider for an under-payment. In this case, one would process the adjustment for difference between half-time and full-time care. The connection will not change; it will still reflect a half-time connection, but the provider would receive the difference between the half-time and full-time rate.
- **Payable Adjustment:** The process of paying a provider for services due that cannot be paid under the normal SVL payment process.

The payment to a provider who owes money and has active connections will be deducted from future reimbursements until the debt has been satisfied.

7.1.7 Tax Liens and Levies

If an SC Voucher Program provider does not pay their applicable state or federal taxes, a lien or levy may be imposed on their SC Voucher Program reimbursements by the Internal Revenue Service and/or the State Revenue Department through the Comptroller General's Office. The provider's reimbursement will continue to be garnished until the unpaid amount of taxes has been recouped.

Chapter 8

Fair Hearings

8.1 Appeals/Fair Hearings

8.1.1 The Client Appeal

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. Lack of funding or the natural ending of services at the end of an eligibility period are not negative actions taken by the SC Voucher Program and will not be allowed to be reasons a client requests an appeal. In instances where a client requests an appeal based on lack of funding or ending of services, the appeal will be dismissed. **Client appeal hearings are held by the agency that makes the decision that the client is appealing.**

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 client/applicant or a person acting on their behalf, such as a legal representative, relative, or friend. Staff must not impede, limit, or interfere in any way with the client's right to request a fair hearing.

During an appeal process, the client is responsible for paying for their own child care arrangements. SC Voucher Program child care services will resume if the decision is in favor of the client.

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8.1.2 Appeals/Fair Hearings

If a client or provider disagrees with any decision that results in the denial or termination of their SC Voucher Program services, they may request a fair hearing before SCDSS. If the client or provider wishes to appeal the decision, they must notify SCDSS in writing, postmarked within 30 days of receiving a service denial notice or termination letter. The notice of intent to appeal should be directed to:

**South Carolina Department of Social Services
Individual and Provider Rights
P.O. Box 1520
Columbia, South Carolina 29202-1520**

If notice of intent to appeal is not submitted to SCDSS within the 30-day period, the right to challenge the denial or termination will be lost and the decision will become final.

8.1.3 Provider Appeals

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/FNI/FRO/FRI Providers

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8.1.4 Connecting Clients During an Appeal

No new SC Voucher Program clients will be allowed to connect to an SC Voucher Program facility during an appeal with SCDSS, the SC Voucher Program or Child Care Licensing. A provider may continue serving a child who is currently connected unless the health and/or safety of the child is jeopardized. However, if a provider is currently caring for a child and the services come up for renewal, or the family is determined to be eligible for extended weeks of care and the provider is under an appeal, the family will have to find alternative child care arrangements.

8.1.5 Staff Roles in Appeals/Fair Hearings

When a client requests a fair hearing as a result of a negative action, DIPR will notify the SC Voucher Program. SC Voucher Program staff are responsible for sending a copy of the denial or termination letter to DIPR.

When DIPR schedules the fair hearing for the client, a copy of the letter will be sent to either the State Office or the county SCDSS office, depending on which office initiated the negative action. The appropriate staff is responsible for:

- A. Completing a summary of the situation that led to the negative action
AND
- B. Submitting a copy of the summary, application and supporting documentation to DIPR and the client prior to the scheduled date of the fair hearing.

This information must be completed and sent timely so that DIPR and the client receive it in advance of the scheduled fair hearing date.

A fair hearing will be scheduled via the telephone unless the client requests a face-to-face hearing. On the date of the fair hearing, the appropriate county or State Office staff is responsible for attending the face-to-face hearing or for calling DIPR at (803) 898-8080 before the scheduled telephone hearing. The appropriate staff will represent SCDSS at the hearing, and will be responsible for presenting the facts and situation which led to the negative action which resulted in the denial or termination of the client's child care services.

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After the fair hearing, DIPR will send a letter containing the decision of the hearing officer to the client and to the appropriate SCDSS staff person. If the negative action is upheld, no further action is necessary. However, if the negative action is reversed, the staff person is responsible for reinstating child care services for the affected client/child through the end of the existing eligibility period.

Chapter 9

Fraud/Improper Payments

9.1 Misuse of Services

9.1.1 Reporting/Investigating Misuse

When circumstances exist that cause a provider or another individual to suspect a client or provider is inappropriately receiving SC Voucher Program child care services, it should be reported to the Control Center at 1-800-262-4416.

9.1.2 Misuse of Services

The client must report and verify the following changes within 10 calendar days of the date the change occurs:

- Income
- Family size
- Address
- Employment/educational training status
- Change in hours of employment/training/education
- Assistance grant
- Other circumstances that affect eligibility.

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.

Appendix 1: Child Care Income Standards

9.1.3 Determination of Misuse

During the application process, the client is informed that it is their responsibility to provide correct information when the application is completed. Additionally, the client is given a copy of the Applicant Rights and Responsibilities that emphasizes the need for accurate information. Further, the service application includes a statement which must be signed by the client. In signing this statement, the client declares that the information contained within the application is true to the best of their knowledge. The information provided by the client is the basis for determining client intent of misuse of services.

If it is determined that a client intentionally misrepresented themselves, the client will be terminated for life and will not be allowed to apply or receive child care services through the SC Voucher Program.

9.2 Improper Payments

In November 2002, the Congress passed the Improper Payments Information Act of 2002 (IPIA). The major objective of the legislation was to enhance the accuracy and integrity of federal payments. This legislation, in conjunction with implementing guidance from the Office of Management and Budget (OMB), requires executive branch agency heads to review their programs and activities annually, identify those that may be susceptible to significant improper payments, estimate amounts improperly paid, and report on the amounts of improper payments and actions to reduce them.

9.3 Fraud

The SC Voucher Program receives reports of potential fraud through our 1-800 phones lines and the agency Fraud Hotline. Reports are researched and actions taken as appropriate to terminate child care services.

The SC Voucher Program is required by federal regulations to recover child care payments that are the result of fraud. These payments shall be recovered from the party responsible for committing the fraud. The current system adjustment process addresses recoupment of payments to a provider.

Appendix 1: Child Care Income Standards

Child Care Income Standards

October 1, 2019 – September 30, 2020

NOTE: A client must have income within the range in the entrance column in order to enter the program.

NOTE: A client will become ineligible when his income exceeds the income in the exit column.

Family Size	Gross Family Income			
	Monthly		Annually	
	Entrance	Exit	Entrance	Exit
1	\$0 – 1,749	\$2,704	\$0 – 20,992	\$32,443
2	\$0 – 2,288	\$3,535	\$0 – 27,452	\$42,425
3	\$0 – 2,826	\$4,367	\$0 – 33,911	\$52,408
4	\$0 – 3,364	\$5,199	\$0 – 40,370	\$62,390
5	\$0 – 3,902	\$6,031	\$0 – 46,829	\$72,372
6	\$0 – 4,441	\$6,863	\$0 – 53,288	\$82,355
7	\$0 – 4,542	\$7,019	\$0 – 54,500	\$84,227
8	\$0 – 4,643	\$7,175	\$0 – 55,711	\$86,098
9	\$0 – 4,743	\$7,331	\$0 – 56,922	\$87,970
10	\$0 – 4,844	\$7,487	\$0 – 58,133	\$89,842
11	\$0 – 4,945	\$7,643	\$0 – 59,344	\$91,713
12	\$0 – 5,046	\$7,799	\$0 – 60,555	\$93,585
13	\$0 - 5,147	\$7,955	\$0 - 61,764	\$95,460
14	\$0 - 5,248	\$8,111	\$0 - 62,976	\$97,332
15	\$0 - 5,349	\$8,267	\$0 - 64,188	\$99,204
16	\$0 - 5,450	\$8,423	\$0 - 65,400	\$101,076

NOTE: Family Size entrance is based on 55% of State Median Income (SMI), and exit is based on 85% SMI.

Appendix 2: Child Development Fee Scale

Child Development Fee Scale

October 1, 2019 – September 30, 2020

NOTE: The participant client fee is per child, per week and must be assessed for all child care eligibility categories with the exception of TANF, CPS-Out Foster Care, Homeless and Dual Language Learners.

Family Size	Monthly Income	Client Fee	Family Size	Monthly Income	Client Fee	Family Size	Monthly Income	Client Fee	Family Size	Monthly Income	Client Fee
1	\$ 0 - 1,431	\$6.00	5	\$ 0 - 3,193	\$6.00	9	\$ 0 - 3,881	\$6.00	13	\$ 0 - 4,211	\$6.00
	1,432 - 1,749	\$11.00		3,194 - 3,902	\$11.00		3,882 - 4,743	\$11.00		4,212 - 5,147	\$11.00
	1,750 - 2,067	\$14.00		3,903 - 4,612	\$14.00		4,744 - 5,606	\$14.00		5,148 - 6,083	\$14.00
	2,068 - 2,386	\$17.00		4,613 - 5,322	\$17.00		5,607 - 6,468	\$17.00		6,084 - 7,019	\$17.00
	2,387 - 2,704	\$20.00		5,323 - 6,031	\$20.00		6,469 - 7,331	\$20.00		7,020 - 7,955	\$20.00
2	\$ 0 - 1,872	\$6.00	6	\$ 0 - 3,633	\$6.00	10	\$ 0 - 3,964	\$6.00	14	\$ 0 - 4,294	\$6.00
	1,873 - 2,288	\$11.00		3,634 - 4,441	\$11.00		3,965 - 4,844	\$11.00		4,295 - 5,248	\$11.00
	2,289 - 2,704	\$14.00		4,442 - 5,248	\$14.00		4,845 - 5,725	\$14.00		5,249 - 6,202	\$14.00
	2,705 - 3,120	\$17.00		5,249 - 6,056	\$17.00		5,726 - 6,606	\$17.00		6,203 - 7,157	\$17.00
	3,122 - 3,535	\$20.00		6,057 - 6,863	\$20.00		6,607 - 7,487	\$20.00		7,158 - 8,111	\$20.00
3	\$ 0 - 2,312	\$6.00	7	\$ 0 - 3,716	\$6.00	11	\$ 0 - 4,046	\$6.00	15	\$ 0 - 4,376	\$6.00
	2,313 - 2,826	\$11.00		3,717 - 4,542	\$11.00		4,047 - 4,945	\$11.00		4,377 - 5,349	\$11.00
	2,827 - 3,340	\$14.00		4,543 - 5,367	\$14.00		4,946 - 5,844	\$14.00		5,350 - 6,322	\$14.00
	3,341 - 3,854	\$17.00		5,368 - 6,193	\$17.00		5,845 - 6,744	\$17.00		6,323 - 7,294	\$17.00
	3,855 - 4,367	\$20.00		6,194 - 7,019	\$20.00		6,745 - 7,643	\$20.00		7,295 - 8,267	\$20.00
4	\$ 0 - 2,753	\$6.00	8	\$ 0 - 3,798	\$6.00	12	\$ 0 - 4,129	\$6.00	16	\$ 0 - 4,459	\$6.00
	2,754 - 3,364	\$11.00		3,799 - 4,643	\$11.00		4,130 - 5,046	\$11.00		4,460 - 5,450	\$11.00
	3,365 - 3,976	\$14.00		4,644 - 5,487	\$14.00		5,047 - 5,964	\$14.00		5,451 - 6,441	\$14.00
	3,977 - 4,588	\$17.00		5,488 - 6,331	\$17.00		5,965 - 6,881	\$17.00		6,442 - 7,432	\$17.00
	4,589 - 5,199	\$20.00		6,332 - 7,175	\$20.00		6,882 - 7,799	\$20.00		7,433 - 8,423	\$20.00

Appendix 3: Maximum Payment Allowed

Maximum Payment Allowed

October 1, 2019 – September 30, 2020

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL A+ CHILD CARE CENTERS (NAC)		
	Urban	Rural
Age 0 through 2 Full Time	\$205	\$150
Age 0 through 2 Half Time	156	112
Age 3 through 5 Full Time	182	140
Age 3 through 5 Half Time	126	100
Age 6 through 12 Full Time	150	130
Age 6 through 12 Half Time	82	77
LEVEL A CHILD CARE CENTERS (ERS)		
	Urban	Rural
Age 0 through 2 Full Time	\$200	\$145
Age 0 through 2 Half Time	154	109
Age 3 through 5 Full Time	177	135
Age 3 through 5 Half Time	124	90
Age 6 through 12 Full Time	145	125
Age 6 through 12 Half Time	81	76

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL B+ CHILD CARE CENTERS (EPC)		
	Urban	Rural
Age 0 through 2 Full Time	\$195	\$135
Age 0 through 2 Half Time	150	105
Age 3 through 5 Full Time	167	125
Age 3 through 5 Half Time	120	87
Age 6 through 12 Full Time	130	115
Age 6 through 12 Half Time	77	72
LEVEL B CHILD CARE CENTERS (ECR)		
	Urban	Rural
Age 0 through 2 Full Time	\$190	\$135
Age 0 through 2 Half Time	150	105
Age 3 through 5 Full Time	167	125
Age 3 through 5 Half Time	120	87
Age 6 through 12 Full Time	130	115
Age 6 through 12 Half Time	77	72

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL C CHILD CARE CENTERS (LRC)		
	Urban	Rural
Age 0 through 2 Full Time	\$185	\$130
Age 0 through 2 Half Time	140	100
Age 3 through 5 Full Time	162	120
Age 3 through 5 Half Time	118	85
Age 6 through 12 Full Time	120	100
Age 6 through 12 Half Time	75	70
LEVEL NR – EXEMPT/WAIVERED LEVEL B+ CHILD CARE CENTERS (EBB)		
	Urban	Rural
Age 0 through 2 Full Time	\$169	\$125
Age 0 through 2 Half Time	120	90
Age 3 through 5 Full Time	155	117
Age 3 through 5 Half Time	98	77
Age 6 through 12 Full Time	130	115
Age 6 through 12 Half Time	70	65

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL NR - EXEMPT/WAIVERED LEVEL B CHILD CARE CENTERS (EXB)		
	Urban	Rural
Age 0 through 2 Full Time	\$159	\$115
Age 0 through 2 Half Time	110	80
Age 3 through 5 Full Time	145	107
Age 3 through 5 Half Time	88	67
Age 6 through 12 Full Time	125	110
Age 6 through 12 Half Time	65	60
LEVEL NR – EXEMPT/WAIVERED LEVEL C CHILD CARE CENTERS (EXT)		
	Urban	Rural
Age 0 through 2 Full Time	\$145	\$100
Age 0 through 2 Half Time	95	66
Age 3 through 5 Full Time	130	92
Age 3 through 5 Half Time	73	52
Age 6 through 12 Full Time	110	95
Age 6 through 12 Half Time	50	49

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL B+ GROUP CHILD CARE HOMES (EPG)		
	Urban	Rural
Age 0 through 2 Full Time	\$143	\$108
Age 0 through 2 Half Time	108	80
Age 3 through 5 Full Time	133	105
Age 3 through 5 Half Time	108	75
Age 6 through 12 Full Time	108	98
Age 6 through 12 Half Time	83	70
LEVEL B GROUP CHILD CARE HOMES (EGP)		
	Urban	Rural
Age 0 through 2 Full Time	\$141	\$106
Age 0 through 2 Half Time	106	78
Age 3 through 5 Full Time	131	103
Age 3 through 5 Half Time	106	73
Age 6 through 12 Full Time	106	96
Age 6 through 12 Half Time	81	68

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL C GROUP CHILD CARE HOMES (LRG)		
	Urban	Rural
Age 0 through 2 Full Time	\$135	\$100
Age 0 through 2 Half Time	100	75
Age 3 through 5 Full Time	125	95
Age 3 through 5 Half Time	100	70
Age 6 through 12 Full Time	100	90
Age 6 through 12 Half Time	75	65
LEVEL B+ LICENSED FAMILY CHILD CARE HOMES (EPF)		
	Urban	Rural
Age 0 through 2 Full Time	\$143	\$108
Age 0 through 2 Half Time	108	80
Age 3 through 5 Full Time	133	105
Age 3 through 5 Half Time	108	75
Age 6 through 12 Full Time	108	98
Age 6 through 12 Half Time	83	70

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL B LICENSED FAMILY CHILD CARE HOMES (LFY)		
	Urban	Rural
Age 0 through 2 Full Time	\$141	\$106
Age 0 through 2 Half Time	106	78
Age 3 through 5 Full Time	131	103
Age 3 through 5 Half Time	106	73
Age 6 through 12 Full Time	106	96
Age 6 through 12 Half Time	81	68
LEVEL B+ REGISTERED FAMILY CHILD CARE HOMES (RFY)		
	Urban	Rural
Age 0 through 2 Full Time	\$139	\$104
Age 0 through 2 Half Time	104	79
Age 3 through 5 Full Time	129	99
Age 3 through 5 Half Time	104	74
Age 6 through 12 Full Time	104	94
Age 6 through 12 Half Time	79	69

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL B REGISTERED FAMILY CHILD CARE HOMES (EFY)		
	Urban	Rural
Age 0 through 2 Full Time	\$137	\$102
Age 0 through 2 Half Time	102	77
Age 3 through 5 Full Time	127	97
Age 3 through 5 Half Time	102	72
Age 6 through 12 Full Time	102	92
Age 6 through 12 Half Time	77	67
LEVEL C LICENSED FAMILY CHILD CARE HOMES (LFH)		
	Urban	Rural
Age 0 through 2 Full Time	\$135	\$100
Age 0 through 2 Half Time	100	75
Age 3 through 5 Full Time	125	95
Age 3 through 5 Half Time	100	70
Age 6 through 12 Full Time	100	90
Age 6 through 12 Half Time	75	65

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL C REGISTERED FAMILY CHILD CARE HOMES (RFH)		
	Urban	Rural
Age 0 through 2 Full Time	\$125	\$95
Age 0 through 2 Half Time	90	70
Age 3 through 5 Full Time	12	90
Age 3 through 5 Half Time	95	65
Age 6 through 12 Full Time	90	75
Age 6 through 12 Half Time	60	50
LEVEL NA – RELATED FAMILY, FRIEND AND NEIGHBOR CARE – PROVIDED IN THE CHILD’S HOME (FRI)		
	Urban	Rural
Age 0 through 2 Full Time	\$45	\$45
Age 0 through 2 Half Time	27	27
Age 3 through 5 Full Time	42	42
Age 3 through 5 Half Time	27	27
Age 6 through 12 Full Time	42	42
Age 6 through 12 Half Time	22	22

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL NA – UNRELATED FAMILY, FRIEND AND NEIGHBOR CARE – PROVIDED IN THE CHILD’S HOME (FNI)		
	Urban	Rural
Age 0 through 2 Full Time	\$45	\$45
Age 0 through 2 Half Time	27	27
Age 3 through 5 Full Time	42	42
Age 3 through 5 Half Time	27	27
Age 6 through 12 Full Time	42	42
Age 6 through 12 Half Time	22	22
LEVEL NA – RELATED FAMILY, FRIEND AND NEIGHBOR CARE – PROVIDED OUTSIDE OF THE CHILD’S HOME (FRO)		
	Urban	Rural
Age 0 through 2 Full Time	\$45	\$45
Age 0 through 2 Half Time	27	27
Age 3 through 5 Full Time	42	42
Age 3 through 5 Half Time	27	27
Age 6 through 12 Full Time	42	42
Age 6 through 12 Half Time	22	22

Appendix 3: Maximum Payment Allowed

Care Type	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL NA – UNRELATED FAMILY, FRIEND AND NEIGHBOR CARE – PROVIDED OUTSIDE OF THE CHILD’S HOME (FNO)		
	Urban	Rural
Age 0 through 2 Full Time	\$45	\$45
Age 0 through 2 Half Time	27	27
Age 3 through 5 Full Time	42	42
Age 3 through 5 Half Time	27	27
Age 6 through 12 Full Time	42	42
Age 6 through 12 Half Time	22	22

Appendix 4: Urban / Rural County Designation

Urban / Rural County Designation

For the purpose of establishing the maximum payment rates paid by the SC Voucher Program, each county is designated as either a rural or urban county. The maximum payment rates for urban counties are slightly higher than those for rural counties. A county is designated as either urban or rural based on specific criteria as identified by the SCDSS. The following urban/rural designations apply:

Urban		Rural		
Aiken	Greenville	Abbeville	Greenwood	Saluda
Allendale	Horry	Calhoun	Hampton	Union
Anderson	Lexington	Chester	Jasper	Williamsburg
Bamberg	Marion	Chesterfield	Kershaw	
Barnwell	Marlboro	Clarendon	Lancaster	
Beaufort	Pickens	Colleton	Laurens	
Berkeley	Richland	Darlington	Lee	
Charleston	Spartanburg	Dillon	McCormick	
Cherokee	Sumter	Edgefield	Newberry	
Dorchester	York	Fairfield	Oconee	
Florence		Georgetown	Orangeburg	

Appendix 5: Scale of Allowable Absences

Scale of Allowable Absences

ABSENCES

When a child is approved for child care services under the SC Voucher Program, they are allowed a set number of absences based on the number of weeks of child care services authorized. The Authorization/Connection letter lists the authorized number of weeks of child care services.

The allowable absences are as follows:

1 week of child care = 1 absence	27 weeks of child care = 16 absences
2 weeks of child care = 1 absence	28 weeks of child care = 17 absences
3 weeks of child care = 2 absences	29 weeks of child care = 17 absences
4 weeks of child care = 2 absences	30 weeks of child care = 18 absences
5 weeks of child care = 3 absences	31 weeks of child care = 19 absences
6 weeks of child care = 4 absences	32 weeks of child care = 19 absences
7 weeks of child care = 4 absences	33 weeks of child care = 20 absences
8 weeks of child care = 5 absences	34 weeks of child care = 20 absences
9 weeks of child care = 5 absences	35 weeks of child care = 21 absences
10 weeks of child care = 6 absences	36 weeks of child care = 22 absences
11 weeks of child care = 7 absences	37 weeks of child care = 22 absences
12 weeks of child care = 7 absences	38 weeks of child care = 23 absences
13 weeks of child care = 8 absences	39 weeks of child care = 23 absences
14 weeks of child care = 8 absences	40 weeks of child care = 24 absences
15 weeks of child care = 9 absences	41 weeks of child care = 25 absences
16 weeks of child care = 10 absences	42 weeks of child care = 25 absences
17 weeks of child care = 10 absences	43 weeks of child care = 26 absences
18 weeks of child care = 11 absences	44 weeks of child care = 26 absences
19 weeks of child care = 11 absences	45 weeks of child care = 27 absences
20 weeks of child care = 12 absences	46 weeks of child care = 28 absences
21 weeks of child care = 13 absences	47 weeks of child care = 28 absences
22 weeks of child care = 13 absences	48 weeks of child care = 29 absences
23 weeks of child care = 14 absences	49 weeks of child care = 29 absences
24 weeks of child care = 14 absences	50 weeks of child care = 30 absences
25 weeks of child care = 15 absences	51 weeks of child care = 31 absences
26 weeks of child care = 16 absences	52 weeks of child care = 31 absences

Appendix 6: Glossary

Glossary

ABC Quality:

The entity that enrolls, monitors, and provides technical assistance to providers enrolled in the ABC Quality SC Voucher Program, and makes all changes to a provider's file. There are two offices of ABC Quality; one located in Columbia and one in Greenville.

Absence:

When the child is not present (absent all day) at the provider's facility during the service unit (week) either due to illness, vacation, or court-ordered non-custodial visitation or for other known or unknown reasons.

ACC:

Applicant Child Care

Adjustments:

Adjustments are made to payments to a provider that has been over paid or under paid for a particular timeframe. There are four types of adjustments:

- **Receivable Adjustment:** The process of collecting an over-payment made to providers. In this case, funds will be taken back for the specific period requested. The connection will be deleted or shortened once adjustment is complete.
- **Partial Receivable Adjustment:** The process of collecting a portion of the over-payment made to providers. In this case one would actually process the adjustment for the difference between FT and HT care. The connection will not change; it will still reflect a FT connection but the difference between the FT and HT rate will be taken from the provider's payment.
- **Partial Payable Adjustment:** The process of paying a provider for under-payment. In this case one would actually process the adjustment for difference between HT and FT care. The connection will not change; it will still reflect a HT connection but the provider would receive the difference between the HT and FT rate.
- **Payable Adjustment:** The process of paying a provider for services due that cannot be paid under the normal SVL payment process.

A/R:

Applicant/Recipient

Appendix 6: Glossary

Authorized Service Period:

The specific time frame that child care services are authorized to a client and a specific provider.

BBA:

Balanced Budget Act

Billing Rate:

The provider's weekly service rate minus any applicable client fee, and any discount for a second child.

Care Type:

The age groups 0-2, 3-5, 6-12 or 13-19 when special needs in which the provider has enrolled with the SC Voucher Program. Providers cannot offer services to ABC clients or receive payment for service in a care type in which they have not been enrolled.

CCC:

Child Care Center

CCDF:

Child Care Development Fund

CCL:

Child Care Licensing

Center-based Care:

Facility licensed by SCDSS to serve 13 or more children.

Child:

The recipient of child care services.

Child Care Payables Department:

The area that is responsible for overseeing the receipt, tracking and processing of all child care payments for the SC Voucher Program. This area is also known as Fiscal or Child Care Expenditures.

Child Name:

The first and last name of the child that is eligible to receive child care services.

Appendix 6: Glossary

Child Number:

The client's Social Security number plus the two digit code 01, 02, etc. assigned to the child. It identifies the child for the purpose of payment and system activities. Providers should never change the assigned child number.

CHIP:

Client History Information Profile

Client/Client Name:

An individual who has met the eligibility criteria and is funded for child care. The client is listed on the SVL by the initial of their first name and their last name. Example: S. Jones

Client Fee:

That portion of the provider's weekly service rate (cost) which is based on the client's family size and income, and paid by the client directly to the provider. The fee amount is established by SCDSS on the basis of family size and gross family income.

Client Number/ID:

The client's Social Security Number (SSN). This number identifies all client activity in the system. The on-line SVL will list only the last four digits of the SSN.

Client Termination of Eligibility:

Action taken when the client is no longer eligible for services. Once notified that the client is terminated, the provider is not eligible for payment for services. Proper notice is always given when terminating child care services.

CM:

Case Manager

Connection:

A start and stop date (linked to a specific provider) within the SC Voucher Program.

Connection form:

The blue card or fax that must be completed by both the client and the child care provider and submitted to the Control Center for approval prior to the child starting the facility.

Appendix 6: Glossary

CPS:

Child Protective Services

CPS-In:

Child Protective Services child care identifier when the child remains in the home.

CPS-Out:

Child Protective Services child care identifier when the child placed with a caretaker relative out of the child's home.

DLL:

Dual Language Learner.

DIPR:

Division of Individual and Provider Rights

Drop/Transfer:

The date indicated by the provider of when a child stopped attending the facility or moved to another child care provider.

Eligibility Period:

The potential amount of time for which a client can receive child care services. Eligibility periods are for 52 weeks and may be shortened based on the client's individual eligibility needs.

Emancipation Statement:

A NOTARIZED statement signed by both parents stating that the parents have entirely surrendered the responsibility of the care and custody of the minor and the right to the minor's earnings and is under no legal obligation to support the minor. The SC Voucher Program uses this statement for eligibility purposes only. However, this information may be made available under the Freedom of Information Act.

End Date:

The last date of service authorization.

Appendix 6: Glossary

Facility Cost:

The cost a provider charges all parents for a week of child care. Note: Parents are responsible for the difference between the facility cost and the amount paid by the SC Voucher Program, plus any applicable client fee.

Family Child Care Home (FCCH):

Home registered or licensed by SCDSS to serve no more than six children.

Family Household Unit:

Term used by the SC Voucher Program to refer to a TANF Benefit Group (BG). Per the TANF Policy Manual, a BG is considered the group of individuals whose income, resources, and/or needs impact the eligibility and amount of benefits in a TANF case. BG members include sanctioned and disqualified individuals, as well as Family Cap children.

Family Independence (FI):

Child care assistance provided to current TANF stipend clients to encourage participation in approved employment, education, or training activities. These requirements are met through the Family Independence Program in South Carolina in an effort to emphasize parental responsibility and self-determination.

Family Independence Stipend:

A monthly payment made to a family who meets the required eligibility standards; previously referred to as Welfare or AFDC.

FEIN:

Federal Identification Number

FFN:

Family, Friend or Neighbor Provider.

FI CARES Program:

Family Independence Challenging Adults through Rehabilitation, Education and Services Program.

Appendix 6: Glossary

Fiscal/Child Care Expenditures:

The area that is responsible for overseeing the receipt, tracking and processing of all child care payments for the SC Voucher Program. This area is also known as Child Care Payables.

FLSA:

Fair Labor Standards Act

FNO:

Family, Friend and Neighbor provider where child care is provided by a non-relative outside of the child's home.

FNI:

Family, Friend and Neighbor provider where child care is provided by a non-relative in the home of the child.

FOIA:

Freedom of Information Act

Foster Care (FC):

Children who are in the custody of SCDSS, and placed out of their home by and/or under the supervision of SCDSS.

FRO:

Family, Friend and Neighbor provider where child care is provided by a relative outside of the child's home.

FRI:

Family, Friend and Neighbor provider where child care is provided by a relative in the home of the child.

Full-Time Care:

Thirty or more hours of child care service provided during one week. There is no outer limit for full-time care.

Appendix 6: Glossary

Funded:

Any child for whom dollars have been allocated in their name.

GED:

General Equivalency Diploma

Group Child Care Home (GCCH):

Home or building licensed by SCDSS to serve no more than 12 children.

Half-Time Care:

Less than thirty (30) hours, but more than fifteen (15) hours of child care service provided during one week.

HS:

Human Services

HUD:

Housing and Urban Development

IFCCS:

Intensive Foster Care and Clinical Services

IIRIRA:

Illegal Immigration Reform and Immigration Responsibility Act

In Loco Parentis:

In the position or place of a parent.

IRS:

Internal Revenue Service

LES:

Leave Earning Statement

Appendix 6: Glossary

Less than Half-Time Care (LHT):

Less than fifteen (15) hours of child care services provided during a week. No registration fee is allowed for this care-type. This care-type only applies to Welfare Reform participants (FI, TCC1, TCC2, TCC/24, and TCC/FS) receiving subsidized child care and can be used in conjunction with a full or half-time connection and may be used alone. It cannot be used in conjunction with F/T or H/T to pay the same provider.

Letter 147-C

IRS Form; EIN Previously Assigned. The taxpayer and/or their authorized representative must call the IRS Business and Specialty Tax Line at 1-800-829-4933 to request the Letter 147-C, EIN Previously Assigned. A practitioner may call the Practitioner Priority Service (PPS) Line at 1-866-860-4259 for verbal confirmation. A faxed or written verification will not be provided to the practitioner calling PPS.

Level A:

Exemplary programs measured against rigorous quality standards.

Level B:

Programs measured against quality standards beyond basic state regulations.

Level C:

Programs meeting basic licensing regulations (health & safety).

Major Parent:

Parent in the home of a teen parent under the age of 18.

Maximum Rate:

Maximum weekly rates established by SCDSS on the basis of a market rate survey of urban and rural counties, type of facility, and care types.

OHAN:

Out-of-Home Abuse and Neglect

OnBase:

Imaging database that houses all child care applications and documentation except TANF child care cases which are in SCOSA.

Appendix 6: Glossary

Processed:

When a payment has gone through the payment process.

Provider:

An authorized child care group, home, or center-based facility or a non-regulated care arrangement provided by family, friends, or neighbors to care for eligible children with the SC Voucher Program.

PROWA:

Personal Responsibility and Work Opportunity Act

Provider Number:

The Federal Employer Identification Number [FEIN] or Social Security Number (SSN) of the provider. This number identifies the provider for purposes of payment, tracking and reporting.

Registration Fee:

A fee most providers charge to client's participating in a child care program. This fee covers program costs not included in the service rate i.e., insurance, materials, supplies. This fee may not exceed the fee charged to private-paying children in the child care program. Registration fees are automatically paid based on registration information submitted by the provider at initial enrollment. A provider is not eligible for a registration fee for clients receiving less than half-time care. The provider may require the client to pay the fee if the client has used up their allocation for registration fees.

Remittance Advice:

A document included with the provider's check. There are three different types:

- 1) Paid Remittance Advice: indicates what clients and weeks were paid
- 2) Rejected Remittance Advice: indicates which clients and weeks were not paid and the reason
- 3) Adjusted Remittance Advice: indicates if funds were deducted from the provider's check, the amount, and the reason. An Adjusted Remittance Advice is sent only when there have been adjustments to the provider's payment due to overpayments.

SCDE:

South Carolina Department of Education

Appendix 6: Glossary

SCDSS:

South Carolina Department of Social Services

SC Voucher Program:

The South Carolina statewide child care assistance program funded by the Child Care and Development Fund (CCDF), Social Services Block Grant (SSBG) and State match.

SC Voucher Program Control Center: (Control Center):

The authorized child care voucher system management center that is available to provide assistance to clients and providers, and to handle child care applications, funding and connecting.

Providers call:

1-800-262-4416 for notification requirements and/or questions concerning SC Voucher Program procedures.

Parents call:

1-800-476-0199 for any questions.

SC Voucher Program Database:

Automated child care eligibility system used to process the child care application, connect children to providers, and make payments to the providers.

Second Child Discount:

The second child discount is a discount that is determined by the provider at enrollment to apply to families with multiple children. The second child discount applies to all children in the family except the youngest.

Service Codes:

Those codes assigned to identify the type of payment being made to the provider, i.e. CS for client services, RF for registration fees, and GR for grants.

Service Cost:

The provider rate as reflected in the SC Voucher Program.

Appendix 6: Glossary

Service Unit:

One week of child care [Monday - Sunday]. A service unit may be for half-time, full-time, or less than half-time child care.

Service Voucher Log [SVL]:

A pre-printed payment request form used to process payments to providers for eligible clients.

SNAP:

Supplemental Nutrition Assistance Program

SSA:

Social Security Administration

SSBG:

Social Services Block Grant

SSI:

Supplemental Security Income

SSN:

Social Security Number

Start Date:

The date services are authorized to begin by SCDSS or the SC Voucher Program/ Control Center staff.

Stop Date:

The last date of service authorization. Services are not paid past this date.

TANF:

Temporary Assistance for Needy Families

TANF/CO:

Temporary Assistance for Needy Families – Child Only.

TCC:

Transitional Child Care

Appendix 6: Glossary

TCC/FS:

Transitional Child Care/Full Family Sanction.

Teen Parent:

Individual under the age of 20 who has parented or is pregnant.

Teen Parent/Adult:

Individual under the age of 20 whose primary role in the TANF Family is parent.

Two-Parent Family:

A Benefit Group (BG) in which two or more parents are included in the family as defined in the TANF Policy Manual.

USCIS:

United States Citizenship and Immigration Services

USDA:

United States Department of Agriculture

VISTA:

Volunteers in Service to America

Week:

Monday through Sunday

Appendix 7: Glossary of Forms

Glossary of Forms

THE FOLLOWING FORMS AND LETTERS ARE FOR REFERENCE ONLY

Please consult the Master Forms Index for the original form

DSS Form 1105-1	Authorization Agreement and Enrollment Form for Electronic Vendor Payment and Remittance Advice
DSS Form 1245	Request for Wage Information
DSS Form 1245 SPA	Request for Wage Information (Spanish Version)
DSS Form 1247	Medical Release/Physician's Statement
DSS Form 1247-SPA	Medical Release/Physician's Statement (Spanish Version)
DSS Form 1269	Request for Support Services
DSS Form 3004	CPS/Foster Care Child Care Referral Form
DSS Form 3772	Client Rights and Responsibilities
DSS Form 3772 SPA	Client Rights and Responsibilities (Spanish Version)
DSS Form 3774	FFN Child Care Enrollment and Agreement Form
DSS Form 3775	Non-Related FFN Application for Consideration of Enrollment
DSS Form 3776	FFN Child Care Certification
DSS Form 3778	Health and Safety Grant Reimbursement Request
DSS Form 3791	SC Voucher Program Application
DSS Form 3791 SPA	SC Voucher Program Application (Spanish Version)
DDS Form 3791 A	SC Voucher Program Special Needs Addendum.
DSS Form 3792	Client Connection Form
DSS Form 3792 SPA	Client Connection Form (Spanish Version)
DSS Form 37101	ABC Quality – Provider Agreement
DSS Booklet 37103	FFN Provider Business Procedures
DSS Booklet 37104	Parent Handbook
DSS Booklet 37104	Parent Handbook (Spanish Version)

Appendix 7: Glossary of Forms

DSS Booklet 37105	ABC Quality Provider Business Procedures
DSS Form 37107	Provider Rate Form
DSS Form 37108	Provider Enrollment Form
DSS Form 37109	Fair Hearing Process
DSS Form 37110	Client Eligibility Worksheet
DSS Form 37117	Guardianship/In Loco Parentis Verification
DSS Form 37124	FFN Central Registry Release of Information and Consent Form
DSS Form 37126	Out of State Enrollment Form and Agreement

[Eligibility Letter](#)

[Authorization/Connection Letter](#)

[Services End Letter](#)

[Client Termination Letter](#)

[Provider Termination Letter](#)

[Transfer Letter](#)

What's New (Revisions)

Vol 030- Revisions 09.01.20

1. Added COVID-19 Information
2. Added SCDSS Mission Statement
3. Manual section 1.2.1 was revised to add language about the process to request FOIA requests, the address where to send requests and the fee schedules.
4. Manual section 1.3 was revised to include language that staff should refrain from searching for or researching cases on staff, co-workers, friends, relatives and acquaintances.
5. Manual section 2.1.8, a bullet was added indicating that if only the yearly salary is provided, use the yearly salary and divide by 12 to get the gross monthly income.
6. Deleted Work Number from all identified sections of the manual as Work Number is no longer an available resource.
7. Manual section 2.1.10 Language added: If the applicant indicates that they are not receiving the child support on a regular basis, you may not count the CS income.
8. Manual section 2.1.8 under Presumptive eligibility changed six weeks of full time care to 12 weeks of full time child care to allow them time to obtain the wage information from their new employer.
9. Removed all manual sections and references to STARS as STARS is no longer a valid program.
10. Changed all Family Independence and FI language to Temporary Assistance for Needy Families and TANF.
11. Manual Section 2.12, added language: Cases in the investigative phase are not eligible to apply for child care. The case must be in an open/active status.
12. Added Section 2.1.9 Graduated Phase Out
13. Added Section 2.12.7 Child Care After Adoption
14. Added to section 2.12.9 of the manual: If the minor foster child (in the case of a teen parent) is in a group home or shelter and has an open/active foster care case, services may be provided if the foster child is working, attending school or is working in conjunction with attending school. The application would be entered in the teen parent's name and their income would be counted.
15. Added language to section 2.18 Homeless Child Care that limits a maximum of 2 consecutive years of funding at the same address. Exceptions to policy may be made on a case by case basis with approval from the Program Manager.

Appendix 8: What's New (Revisions)

16. Added section 2.21 CCDF/DISC Funding category.
17. Added section 2.22 Early Head Start Child Care Partnership category.
18. Added section 2.23 CCDF-CR Funding.
19. Section 3.2.2 added language on coordinating changes of pseudo social security numbers e with the designated staff to update the pseudo social security number to the actual number in order to align the changes with the SVL.
20. Section 3.6. added Help Me Grow Health Screening brochure form
21. Section 4.1.7 Dual Funding. Added language It is the responsibility of the person determining the most recent eligibility to process the case as dual funded.
22. Section 4.2 – Added Exception to immunization requirement: Families that are experiencing homelessness are given a 90 day grace period to provide proof of immunization.
23. All of section 5 was aligned with the policies and procedures of ABC Quality
24. Section 6.6 Early Releases added note: If the provider refuses to allow the child to attend, connections will be ended and the children will be given an early release.
25. Added to section 6.7 Control Center staff may complete the transfer in Voucher Plus but should follow-up with an email to the appropriate CPS/FC eligibility worker informing them of the transfer request. The CPS/FC eligibility worker will then notify the county case manager of the request for transfer in order for the new referral form to be sent.
26. Section 6.9 Added language to clarify that when a client moves from one county to another, a new application is required only when the client is receiving TANF.
27. Section 6.12 – Removed the TANF to PATS and TCC to CHIP report.

Vol 029- Revisions

1. Updated manual language to change from FI to TANF
2. Manual Section 1.3 Conflict of Interest
Added Child care staff, to include supervisors, should refrain from searching for and researching cases on staff, co-workers, friends, relatives, and acquaintances.
3. Manual Section 2.13 and 2.13.6 Child Welfare Child Care
Added in school, training, or documented disability
4. Manual Section 2.1.5 Establishing the Need for Child Care
Broke travel time into its own section. New section 2.1.5.1

Appendix 8: What's New (Revisions)

5. Manual Section 2.1.6 Family Definition.
Added Foster child is included when in a family case that is applying for non-foster care services for their own children
6. Manual Section 2.1.7 Income Definition and Calculations
Added If child support is listed in an open CHIP case, the CHIP CS amount should be used. If not in CHIP, and an amount is listed on the application, you should use that amount.
NOTE: Child support is calculated the same way as gross income. If paid weekly, multiply the amount by 4.33, bi-weekly by 2.16, etc.
7. Manual Section 2.1.10 Treatment of Shift Premium, Shift Differential, and Paid Time Off
Added For initial child care determination and redetermination of eligibility, shift premium, shift differential and paid time off are counted. Shift premium and shift differential is pay that an employee receives for working the least desirable hours at a business. Paid time off is pay that an employee receives as part of having available sick or vacation time. The hours and pay for each of these categories will be counted when determining income if listed on any of the pay stubs.
8. Manual Section 2.6 Family Independence
Title changed to Temporary Assistance for Needy Families (TANF)
9. Manual Section 2.6.2 TANF Two-Parent Program
Added note about both parents needing to be in an approved component.
10. Manual Section 2.7 JUMMP Child Care
Deleted entire section as JUMMP is no longer a program.
11. Manual Section 2.7.1 Child Care Authorization/Approval Process
Deleted entire section as JUMMP is no longer a program.
12. Manual Section 2.7.2 ACC/JUMMP
Deleted entire section as JUMMP is no longer a program.
13. Manual Section 2.7.3 FI/JUMMP
Deleted entire section as JUMMP is no longer a program.
14. Manual Section 2.7.4 TCC/JUMMP
Deleted entire section as JUMMP is no longer a program.
15. Manual Section 2.7.5 JUMMP Non-Compliance
Deleted entire section as JUMMP is no longer a program.
16. Manual Section 2.7.6 Client Curing Sanction
Deleted entire section as JUMMP is no longer a program.

Appendix 8: What's New (Revisions)

Appendix 8: What's New (Revisions)

17. Manual Section 2.7.7 FI Benefit Case Closure/Denial
Deleted entire section as JUMMP is no longer a program.
18. Manual Section 2.7.8 JUMMP Participant Transferred to the County DSS Office
Deleted entire section as JUMMP is no longer a program.
19. Manual Section 2.15 Criminal Domestic Violence
Removed funding for this category is limited and is for only a lifetime maximum of 52 weeks.
Added bulleted list of criteria
20. Manual Section 2.20 Family Literacy Child Care
Expanded description and added bulleted list of criteria
21. Manual Section 2.21 Dual Language Learner
Added section and criteria
22. Manual Section 2.7.9 Transitional Child Care
Removed the status code and sending to TCC unit
23. Manual Section 2.9 Transitional Child Care
Changed 60 days to 30 days
Added what CHIP screen are to be included with the Seamless case.
24. Manual Section 3.2.1 Client and Recipient Social Security Numbers
Added "but cannot require"
25. Manual Section 4.1.2 Provider Selection
Removed specific staff names
26. Manual Section 4.1.6 Registration Fees
Changed language in the note that said ABC Program will pay to SC Voucher Program may pay.
27. Manual Chapter 5 Provider Information
All mention of ABC Quality providers has been updated to be in compliance with the new Quality Standards with ABC Quality.
28. Manual Section 5.2.4 Provisional Licenses
Updated language to remove Level A or B and changed to "as an ABC Quality Provider"

Appendix 8: What's New (Revisions)

29. Manual Section 5.2.5 Providers Not Eligible to be Enrolled in the SC Voucher Program

Title changed to Providers Not Eligible for Enrollment/RE-enrollment in ABC Quality.

Added: Programs Who are on a Corrective Action Plan (CAP) with Child Care Licensing or have an open OHAN investigation - Programs who are on a CAP with Child Care Licensing are not meeting the History of Compliance to Licensing Regulations and thus cannot enroll until the completion of the CAP. Any facility that has an open OHAN investigation cannot enroll until the case has been successfully resolved.

Programs Whose Primary Business is not Child Care – Programs who want to enroll, but their primary business is not child care, e.g. karate/martial arts, dance studios, gymnastics and tutoring facilities will be staffed on a case-by-case basis, and ABC Quality reserves the right to deny enrollment. Existing programs in ABC Quality can remain enrolled.

Family Child Care Home Operators who are Employed Outside the Home during the Hours of Operation - the primary operator is the person whose name is on the Registration/License. They cannot be employed at another job during the hours they indicate their family child care home is in operation.

Programs Operating in Strip Malls or Buildings which do not have a Designated Safe Outside Play Area for children – the program must provide a designated safe area away from vehicular traffic or other possible hazards. If cars are present, the program must provide secure barriers for protection against bodily injury.

Programs With at Least Two Occurrences of an Adverse Action Taken Against them and/or Have Not Been Offered Another Agreement by ABC Quality – If there have been at least two instances whereby the provider was either terminated by ABC Quality and ABC was upheld or if ABC Quality could not offer the provider another Enrollment Agreement, the provider cannot re-enroll. This can be two instances of the same or a combination.

Provider Received A Grant And Did Not Comply With The Terms And Conditions Of The Grant - the provider did not meet the terms and conditions of the grant, i.e. provider did not stay enrolled for the stated amount of time, and the funds were not paid back.

Appendix 8: What's New (Revisions)

Two Programs Within The Same Physical Structure Or Address – When an existing provider wants to enroll a second program, and the program is housed either within the same structure or property, and is not covered under separate DSS License or Approvals, then the second program cannot be enrolled. Example: a licensed program is enrolled to serve ages 6 weeks to age 6. Provider wants to enroll an exempt program for ages 6 to 12 years of age at the same location or address, then this is not allowed.

Providers who Have Operated Illegally – 1) Providers who have been cited as an illegal operation by Child Care Licensing prior to applying with ABC or 2) if an existing ABC provider is either found to be operating illegally at the enrolled site (e.g. a License-Exempt is operating more than 4 hours per day), or if the provider is operating another location that is deemed an illegal operation.

Providers who Have Been Terminated Previously for an offense that could have impacted the health & safety or well-being of the child(ren) - If a provider was terminated or their Agreement was not renewed for the following reasons, but not limited to, then ABC Quality reserves the right to deny the provider the opportunity to re-enroll: a Significant Event as defined under History of Compliance, hiding children from DSS employees so as to not be cited for being out of ratio/over capacity, or were serving children at locations unknown to DSS employees.

NOTE: Upon receiving a provider's application for enrollment in the ABC Quality, if it is known by ABC Quality that the provider purchased the facility from a provider whose enrollment was terminated due to Numbers 1 through 4 above, then the new owner shall submit legal documentation verifying the change of ownership and provide a notarized statement that the previous owner has no financial or personal interest or association with the child care facility.

30. Manual Section 5.2.6 Dual Employment

Changed SC Voucher to ABC Quality

Updated form number

31. Manual Section 5.2.7 When New/Updated Provider Paperwork is Needed

Removed new paperwork is required every three years thereafter.

Changed waiting period for reenrollment to one year from 6 months. \

Added "when a provider moves" and "when a facility changes its name"

32. Manual Section 5.3 Health and Safety Pre-Service Training.

Bullet 3 deleted within 90 days of hire and change to all caregiving staff prior to enrollment and after enrolment, new staff must complete within 90 days of hire.

Appendix 8: What's New (Revisions)

33. Manual Section 5.3 Health and Safety Pre-Service Training
Under Pediatric First Aid, added as long as funding remains available.
Added all caregiving staff prior to enrollment and after enrolment, new staff must complete within 90 days of hire.
Added Note: On-line CPR/First Aid training is not accepted.
Deleted training topic tables
34. Manual Section 5.4.1 Provider Grants
Entire section reworded.
35. Manual Section 5.4.2 Non-Compliance with Grant Terms
Entire section reworded
Note moved from 5.4.3 regarding failure to use grant funds.
Changed SC Voucher to ABC Quality
36. Manual Section 5.4.3 Recoupment of Grant Funding
Title changed to Exceptions to Grant Funding.
37. Manual Section 5.7 Provider Selection and Types
Removed Level A and B
Changed to enrolled ABC Quality providers.
Added the scchildcare.org website.
38. Manual Section 5.7.1 Reports of Abuse and Neglect
Changed Level A, B and C to Regulated facilities –report to Child Care Licensing, Exempt providers, report to ABC Quality, FFN Provider – report to SC Voucher Control Center.
39. Manual Section 5.7.2 Level A and B Providers
Title change to Provider levels and Process for Enrollment
Entire section rewritten to include levels A, B and C
40. Manual Section 5.7.3 Level C Providers
Deleted the entire section as it's been combined in other areas.
41. Manual Section 5.8 Three Year Provider Agreement
Title Changed to Provider Enrollment Agreement
Entire section rewritten.
42. Manual Section 5.9 Expiration of Three Year Enrollment Agreement
Title changed to Expiration of the Provider Enrollment Agreement
Entire section re-written
43. Manual Section 5.10 Subsequent Enrollment Criteria
Title changed to Criteria for Renewal of Provider Enrollment Agreement
Entire section re-written

Appendix 8: What's New (Revisions)

- 44. Manual Section 5.11 Subsequent Enrollment Process
Title changed to Process for Re-Enrollment
Entire section reworded
- 45. Manual Section 5.12 History of Compliance
Entire section reworded
- 46. Manual Section 5.12.3
New Section Added: History of Compliance for License-Exempt Providers
- 47. Manual Section 5.13.1 Process for Determining Compliance for Enrollment for Levels A and B
Title change to Process for Determining Compliance for Enrollment
Changed Quality Monitoring to ABC Quality
- 48. Manual Section 5.13.2 Process for On-going Monitoring for Levels A and B
Title change to Process for On-going Monitoring
Removed A and B levels
Added referral to SCCCRRN
Changed corrective action plan to Quality Improvement Plan (QIP)
- 49. Manual Section 5.13.3 Process for Offering a Corrective Action Plan (CAP)
Title change to Process for Offering a Quality Improvement Plan (QIP)
Entire section reworded
- 50. Manual Section 5.14 Corrective Action
Removed “during monitoring visit
Changed SC Voucher Program to ABC Quality
Updated wording to A
- 51. Manual Section 5.17.2 Rate Increases for Level A and Be Child Care Providers.
Title changed to Rate Increases for All Levels.
Change QRIS Quality Monitoring Staff to ABC Quality
Changed Level A and B Provider Rate form to Rate Form
Added Exception: FFN providers call the SC Voucher Control Center.
Added: Any provider who has not submitted all corrective action will not be allowed to receive a rate increase. Upon satisfactory correction, they may request a rate change.
- 52. Manual Section 5.17.3 Rate Increase for Level C and Family, Friend and Neighbor Child Care Provider.
Title changed to Rate Increases for Family, Friend and Neighbor Child Care Provider.

Appendix 8: What's New (Revisions)

- 53. Manual Section 5.18.4
New section
- 54. Manual Section 5.18-5
New section
- 55. Manual Section 5.18.6
New section
- 56. Manual Section 5.19 Adverse Actions by the SC Voucher Program
Title changed to Adverse Actions by ABC Quality
Changed SC Program to ABC Quality
- 57. Manual Section 5.19.5 Failure to Maintain Required Program Assessment Scores
Entire section reworded
- 58. Manual Section 5.19.3 Failure to Meet Regulatory Requirements.
Changed Child Care Services Director to the Director of Early Care and Education.
- 59. Manual Section 5.19.4 Failure to Maintain History of Compliance.
Deleted number 3 regarding CPR.
- 60. Manual Section 5.19.6 Failure to Maintain National Association for the Education of Young Children (NAEYC) Accreditation (Level A only).
Per ABC Quality, this section has been deleted.
- 61. Manual Section 5.19.7 Use of Corporal Punishment.
Change wording from The SC Voucher Program defines... to ABC Quality defines.
Removed Note that A Level C provider must comply with CCL regulations in regard to corporal punishment as it's included with all enrolled providers.
- 62. Manual Section 5.19.8 OHAN Findings.
Changed SC Voucher Program to ABC Quality and changed Child Care Services Director to the Director of Early Care and Education.
- 63. Manual Section 5.19.9 Failure to Submit Required Corrective Action.
Changed SC Voucher Program to ABC Quality and removed "three year".
- 64. Manual Section 5.19.11 Failure to Provide Child Care Services at Enrolled Address
Combining 5.19.11 and 5.19.12 to title change of Failure to Provide Child Care Services at Enrolled Address and/or providing services at a location that is not enrolled and or which the Child is not connected
Entire section reworded

Appendix 8: What's New (Revisions)

65. Manual Section 5.19.19 Failure to Maintain SC Voucher Program Documentation
Entire section deleted.
66. Manual Section 5.19.22 Smoking in a Facility
Title changed to Smoking/Consumption of Alcoholic Beverages/Use of Non-Prescription Narcotic or Illegal Substances on the Premises
67. Manual Section 5.19.13 Failure to Respond to Attempts by SC Voucher Program Staff to Reach the Provider
Title has been changed to Failure to Respond to Attempts by SC DSS Staff to Reach the Provider.
68. Manual Section 5.19.15 Failure to Maintain LAN (Local Area Network) Phone Service.
Added Verification can be made by any SCDSS staff.
69. Manual Section 5.19.17 Fraud.
Title has been changed to Fraud/Misrepresentation.
70. Manual Section 5.19.19 Failure to Maintain SC Voucher Program Documentation Requirements.
Per ABC Quality, this section is being deleted.
71. Manual Section 5.19.20 Verbal or Physical Abuse of SC Voucher Staff.
Title has been changed to Verbal or Physical Abuse by a Provider.
Changed all SC Voucher Program language to SCDSS.
72. Manual Section 5.19.21 Refusal to Allow SC Voucher Program Representative Access to the Facility.
Title has been changed to Refusal to Allow SCDSS Representatives Access to the Facility.
Changed all SC Voucher Program language to SCDSS.
73. Manual Section 5.20.1 Life-Threatening or Substantial Threat of Harm.
Changed all SC Voucher Program language to ABC Quality.
Changed Child Care Services Director to the Director of Early Care and Education.
74. Manual Section 5.20.2 Non-Life-Threatening Situations
Deleted “notices should be effective the first Monday after 10 working days (excluding weekends and holidays) from the date the final termination notice is mailed to the provider, unless a different time frame is otherwise noted in this document. This allows for mail delivery of the notices and time for the families to make other child care arrangements.”
Added “shall follow normal procedures outlined in section 5.20.4”.

Appendix 8: What's New (Revisions)

75. Manual Section 5.20.3 Notification to Child Care Staff
Changed QRIS Quality Monitoring Designee to ABC Quality Designee. And Control Center to SC Voucher Program Control Center.
76. Manual Section 5.20.4 First Notification to Provider from SC Child Care Program Monitoring.
Title Changed to First Notification to Provider from ABC Quality.
Changed QRIS Quality Monitoring Designee to ABC Quality Designee
Changed Child Care Services Director to ABC Quality Program Manager
77. Manual Section 5.20.5 Appeals
Changed QRIS Quality Monitoring to ABC Quality
Deleted The SC Voucher Program System Liaison will notify the QRIS Quality Monitoring office if a Level C provider files an appeal.
Changed Child Care Services Director to the Director of Early Care and Education.
78. Manual Section 5.20.6 Final Notification to Provider from SC Voucher Quality Monitoring.
Title changed to Final Notification to Provider from ABC Quality.
Changed SC Voucher Program to ABC Quality.
Changed Quality Monitoring to ABC Quality.
79. Manual Section 5.20.7 Final Notification to the Clients and the Provider from the Control Center
Changed title to Final Notification to the Clients and the Provider from the SC Voucher Program.
Changed Quality Monitoring to ABC Quality
Changed SC Voucher Program facility to ABC Quality Program facility
80. Manual Section 5.20.8 Referral Resources to Assist Clients
Added: Additionally, parents can be referred to the South Carolina Child Care resource and Referral Network.
81. Manual Section 5.22 Reclassification
Entire section reworded
82. Manual Section 5.23 Voluntary Termination by the Provider
Change SC Voucher Program to ABC Quality
Changed reenrollment waiting period from six months to one year.
83. Manual Section 5.24.1 Waiting Period for Re-Enrollment of Terminated Enrollments
Title change to Waiting Period for Re-Enrollment
Entire section rewritten

Appendix 8: What's New (Revisions)

84. Manual Section 5.24.2 Waiting Period for Provider Who Voluntarily Terminates
Deleted entire section
85. Manual Section 5.24.3 Waiting Period When Provider is not Eligible for Subsequent
Deleted entire section
86. Manual Section 5.24.4 Exemption of Waiting Period
Changed SC Voucher Program management to the Director of Early Care and Education
Changed Program Monitoring Staff to ABC Quality
87. Manual Section 5.26 Amendments to a Provider's File
Changed Quality Monitoring to ABC Quality
88. Manual Section 5.26.1 Adding or Deleting Additional Age Groups
Added Level C in with level A and B
Added Receive an on-site assessment from ABC Quality as needed for level A, B or C.
89. Manual Section 5.26.2 Change in Facilities Regulatory Status
Removed NOTE: The provider must notify the appropriate program area immediately if their registration or license is revoked or the application for renewal is denied by CCL.
90. Manual Section 5.26.3 Change in Name of Child Care Facility
Removed "the appropriate program area in writing or by phone." And changed to "notify ABC Quality".
Changed 2. To Submit new enrollment paperwork provided by ABC Quality reflecting the new name.
91. Manual Section 5.26.4 Change in Director of Child Care Facility
Removed "the appropriate program area in writing or by phone."
Added must notify ABC Quality.
Also removed Level A and B providers must: 1.Submit documentation [i.e. degree, CDA, diploma, etc.] showing that the new director meets the qualifications outlined in the Child Care Standards 2. If needed, submit signed educational plan indicating the director will obtain approved credential, certificate, diploma, or degree within three years. An educational plan can be obtained from ABC Quality Monitoring.
92. Manual Section 5.26.5 Change in Mailing/Payment Address or Phone Numbers
Removed "the appropriate program area in writing or by phone." And changed to "notify ABC Quality".

Appendix 8: What's New (Revisions)

- 93. Manual Section 5.26.6 Working Telephone
Removed “the appropriate program area in writing or by phone.” And changed to “notify ABC Quality”.
- 94. Manual Section 6.1.1 Allowable Absences
Added hazardous weather absence code
- 95. Manual Section 6.13.3 Termination of a Client
Removed must wait for 6 months before reapplying.
- 96. Manual Section 6.16 Close Outs
Added A letter is not generated when a close out is done.
- 97. Manual Section 7.1.4 Payment Instructions
Removed debit card transfer
- 98. Manual Section 8.1.3 Provider Appeals
Updated Quality Monitoring to ABC Quality
- 99. Glossary of Forms
Removed DSS Form 1027 JUMMP Communication Form
Removed DSS Form 3773 Level C Provider Rate Certification Form
Removed DSS Form 3781 Pre-Authorization Form
Renamed DSS Form 37101 from Level C Provider Enrollment Form and Agreement to ABC Quality – Provider Agreement
Removed DSS Form 37106-1 and 37106-2
Renamed DSS Form 37108 to Provider Enrollment Form

Appendix 8: What's New (Revisions)

Vol 028- Revisions 06.01.18

1. Changed "Connection card" to "Connection form" throughout manual.
2. Updated all language to remove Liz Smith and replaced with Shelah Strange.
3. Updated all sections that indicated 150%-175% of poverty to 55%-85% SMI
4. Manual Section 1.4 Voluntary Program language change
5. Manual Section 1.6 The SC Voucher Program Control Center language change
6. Manual Section 1.7 Child Care Payables additions
7. Manual Section 2.1. Citizen/Alien Status bookmark added
8. Manual Section 2.1.7 Income Definitions changed title
9. Manual Section 2.1.7 Income Definition and Calculations added Gross to definitions and adjusted gross income information for self-employed.
10. Manual Section 2.1.7 Income Definition and Calculations added Work Number to database list
11. Manual Section 2.2.4 Verification of Work added information on pay stubs
12. Manual Section 2.2.5 Verification of School changed language and added a note
13. Manual Section 2.2.7 Verification of Self-Employment added language for UBER, LYFT, and taxi drivers
14. Manual Section 2.2.9 Verification of Disability added language
15. Manual Section 2.6.2 FI Two-Parent Program changed language
16. Manual Section 2.8 Transitional Child Care (TCC) added Federal Time Limits
17. Manual Section 2.13.5 The Interstate Compact on the Placement of Children (ICPC) added language
18. Manual Section 2.14 Non-Welfare Low-Income Families added language
19. Manual Section 2.16 Head Start changed and added language
20. Manual Section 2.17 changed language
21. Manual Section 2.18 Special Needs changed language
22. Manual Section 2.18 Special Needs changed language concerning IEP's
23. Manual Section 3.2 Child Care Application changed language
24. Manual Section 3.5 Eligibility Worksheet changed language
25. Manual Section 3.6 Notification of Eligibility added Health Screening Form
26. Manual Section 4.1.1 Parental Choice changed language
27. Manual Section 6.1 Absences added Religious Holidays
28. Manual Section 6.1.2 Waiver of Absences removed language
29. Manual Section 6.3 Breaks in Work, School or Training changed language
30. Manual Section 6.4 Retention Schedule changed language
31. Manual Section 6.7 Transfers of Foster and Child Protective Service Clients added note

Appendix 8: What's New (Revisions)

32. Manual Section 6.13 Termination of Services to Clients removed language
33. Changed all old "What's New" Titles from What's New to Revisions
34. Appendix 1 Update
35. Appendix 2 Update
36. Updated Forms Section

Vol 027- Revisions 11.01.16

1. Manual Section 5.3 becomes the section to outline the policy in the Health and Safety Pre-Service Training Certificate.
2. The section numbers had to be re-numbered.
3. Appendix 1 Updated to include the new child care income guidelines for October 1, 2016 – September 30, 2017
4. Appendix 2 Updated to include the new fee scale for October 1, 2016 – September 30, 2017

Vol 026-Revisions 08.01.16

1. Manual Section 2.1.12 Section added to include new asset limit per CCDF Regulations

Vol 025-Revisions 05.01.16

1. Manual Section 2.1.8 Section revised to include policy for the treatment of overtime income.
2. Manual Section 2.1.9 Section revised to include policy about treatment of irregular fluctuations of income.
3. Manual Section 2.2.1 Deleted reference to searching Facebook, etc. for verification of a client's eligibility since blocked by the agency.
4. Manual Section 2.2.4 Revised to give six weeks of presumptive eligibility instead of 30 days.
5. Manual Section 2.3 Revised to include policy based on the new CCDF law and proposed regulations for providing child care assistance for 12 months regardless of temporary changes. Defined temporary and non-temporary changes.
6. Manual Sections 2.3 through 2.17 re-numbered.

Appendix 8: What's New (Revisions)

7. Manual Section 2.13 items 2, 3 and 4 have been updated to allow CPS-IN and CPS-OUT cases can get up to 52 weeks of child care.
8. Manual Section 2.19 This section added to provide information about the Homeless child care category.
9. Manual Section 2.20 This section added to provide information about the Family Literacy child care category.
10. Manual Section 4.1 Revised to include that connections, from connection cards received, are also made for dates indicated in the memo field by eligibility staff.
11. Manual Section 6.11 Revised to include a time limit of 5 days for correcting desk review errors/improper payments.
12. Appendix 1 Updated to include new income guidelines for 2015 – 2016 and revised the exit guidelines effective May 1, 2016 to coincide with 85% State Median Income (SMI).
13. Appendix 2 Update to include the new income guidelines for 2015 – 2016 and revised the exit guidelines effective May 1, 2016 to coincide with 85% State Median Income (SMI).
14. Appendix 3 Updated to reflect the provider rate increases which were effective February 1, 2016.

Vol 024-Revisions 07.01.15

1. Manual Section 2.1.6 Added section C and re-lettered the section to allow for same sex marriages to be considered when determining the family household unit when determining eligibility for child care.
2. Manual Section 2.9 May 2015 transitional child care, year 2 (TCC2) policy was restored to allow families working full-time to get full-time child care, previous policy only allow for part-time child care. All cases that were currently receiving TCC2 were reviewed. If the eligibility worksheet indicated that the families were eligible for full-time child care then the child care services were reconnected to begin receiving full-time child care on or around June 1, 2015.
3. Manual Section 2.12.3 Section deleted since information is in the following two sections. Reminder of 2.12 has been re-numbered.
4. Manual Section 2.12.5 Foster care child care policy has been expanded to allow for the foster parent to be working, in school/training, or disabled.

Appendix 8: What's New (Revisions)

5. Manual Section 2.12.6 Foster care child care policy has been expanded to allow for the foster parent to be working, in school/training, or disabled.
6. Manual Section 2.12.7 Foster care child care policy has been expanded to allow for the foster parent to be working, in school/training, or disabled.
7. Manual Section 3.4.2 Revised to add that as of July 1, 2015 CPS-Out clients do not pay a client fee. CPS-Out clients determined eligible for child care on or after July 1, 2015 will not have a client fee assessed.
8. Manual Section 4.1.6 Effective July 1, 2015, the registration fee paid for children via voucher system will be increased from \$50 to \$100 per year.
9. Manual Section 5.6.7 Revised to reflect change in out-of-state providers reimbursement rate. Reimbursement changed effective July 1, 2015 from Level B Rural to Level B Urban.

Vol 023-Revisions 10.01.14

1. Throughout the policy manual, references to ABC Child Care program have been removed and replaced with SC Voucher program to reflect name changes within the Division.
2. Manual Section 2.5.3 Section revised to provide clarification to the FI/CO child care policy.
3. Manual Section 2.5.4 Section created to provide new policy for a new category of child care, Family Independence/Child-Only – Protective Services (FI/CO-PS).
4. Appendix 1 Child Care Income Standards updated to reflect the October 1, 2014 - September 30, 2015 income guidelines.
5. Appendix 2 Child Development Fee Scale updated to reflect the October 1, 2014 - September 30, 2015 income guidelines.
6. Appendix 3 Child Care Maximum Payment chart updated to reflect the Quality Incentive Bonus increase for Level A Child Care Centers.

Appendix 8: What's New (Revisions)

Vol 022-Revisions 03.01.14

1. Manual Section 1.8 Section revised to delete the old child care website address.
2. Manual Section 2.1.8 Section revised to add under the wage or salary section, items to include shift differential, holiday, and leave pay. No change in policy. This is just for clarification.
3. Manual Section 2.2.5 Section has been revised to give direction on how to handle school verification of a dependent child age 18-21.
4. Manual Section 6.13.3 Removed an old reference to the county child care workers.
5. Manual Section 7.1.2 Section has been revised to indicate when a child is absent from a facility for two consecutive weeks (Monday – Friday) but returns on any day of the third week, the provider can continue to bill and be paid for that time period for the child.

Vol 021-Revisions 01.01.14

1. Manual Section 2.1.8 Beginning with this section and sections throughout the manual, clarification has been made to reflect the child care eligibility workers ongoing practice of using 30 consecutive check stubs when processing a child care application. References to “recent” have been removed to avoid confusion.
2. Manual Section 2.12.2 Section clarified to reflect the child care eligibility workers ongoing practice of using agency databases as verification for child care eligibility.
3. Manual Section 5.11 Section clarified policy effective 06/01/13 to include that Child Care Licensing bi-annual inspections of child care providers are used by ABC Quality to determine health and safety compliance.
4. Manual Section 5.13 Operating procedures have been clarified effective 06/01/13 to reflect practices for notification of providers that corrective action is needed.

Appendix 8: What's New (Revisions)

Vol 020-Revisions 11.01.13

1. Manual Section 2.1.7 Section has been revised to show an example on how unusual pay amounts should be calculated when determining an applicant's gross monthly income. Also removed the definition of employment out of this section that discusses income. Employment definition is already in Section 2.2.3.
2. Manual Section 2.1.9 Section has been updated to change the name of the Income Exclusion listed under letter 'M' from Special Service Supplemental Benefits for Adoption to Adoption Subsidy.
3. Manual Section 2.2.3 Section has been revised to state that substitute teaching, along with other as needed job employment or job assignments, are not considered employment unless they are long-term placements.
4. Manual Section 2.2.4 Section has been revised to clarify that when verifying employment, paystubs showing employment for 30 consecutive days are preferred. However, if the applicant submits paystubs covering less than 30 days, and there is a year-to-date amount included on the paystubs, the year-to-date amount may be used to calculate gross monthly income.
5. Manual Section 2.2.5 Section has been updated to reflect that post-secondary institutions have criteria to determine if a student based on their registration is considered a full or part-time student.
6. Manual Section 2.6 Any references to CJU have been changed to CERCU. Also, verbiage was added to indicate that child care can be approved for five weeks in order for a client to cure an FI sanction.
7. Manual Section 2.6.2 Effective October 1, 2013, the number of weeks approved for ACC/JUMMP child care changed from seven to six weeks.
8. Manual Section 2.6.3 Revised to indicate JUMMP contractors can send the DSS 1027 directly to the child care eligibility unit via SCOSA when child care continues to be needed.
9. Manual Section 2.6.4 Item B has been updated to reflect how to determine child care start date for TCC/JUMMP child care in those rare cases in which the FI benefit was denied for income from the job found by JUMMP.
10. Manual Section 2.7 No new policy, just clarifies that a TCC client that becomes temporary disabled due to pregnancy, injury, etc. and unable to work and care for a child may continue to receive child care as long as they remain employed and has verification that their job is being held for them.
11. Manual Section 2.8.1 Section revised to give guidance when switching FI or FI/JUMMP child care to transitional child care. Also, section clarified when a new child care application is needed.

Appendix 8: What's New (Revisions)

12. Manual Section 2.12.6 Section has been clarified for foster care child care to indicate employment verification can be made using one check stub containing year-to-date income. This has been the process just needed to clarify.
13. Manual Section 3.4 Section has been revised to state that if there is a gap in the eligibility period of a week or more when a client submits a new application, the family must have monthly income below the entrance guidelines to qualify for assistance.
14. Manual Section 5.6 Clarified the Note
15. Manual Section 5.6.7 Section clarified to state out-of-state FFN provider can be approved only for CPS and Foster Care child care cases and only with prior approval of the arrangement by the designated program staff and human services worker.
16. Manual Section 6.10 Section has been updated to state that a new application is required and a re-determination is necessary when a change within a client's household causes the client to change from one eligibility category to another, unless the change can be processed according to seamless eligibility policy.
17. Appendix 1 has been updated to reflect the Child Care Income Standards which are effective from October 1, 2013 – September 30, 2014.
18. Appendix 2 has been updated to reflect the Child Development Fee Scale which is effective from October 1, 2013 – September 30, 2014.
19. Appendix 3 has been updated to reflect the Maximum Payment Allowed rates which are effective from October 1, 2013 – September 30, 2015.

Appendix 8: What's New (Revisions)

Vol 019-Revisions 05.01.13

1. Manual Section 2.2.3 Section has been revised to state that when an applicant is in a long-term substitute teaching assignment, verification of the assignment is required. An applicant who has a new commission-only job may receive three months of child care in order to establish a work history. Continued eligibility will be re-determined at the end of this time period. A Note has also been added to state that travel time may be considered when determining the number of hours worked per week. Furthermore, verbiage also has been added to clarify that an FI parent may not be required to participate a minimum of 15 hours.
2. Manual Section 2.2.4 Section has been updated to clarify that when pay stubs are not available to verify work, a letter on company letterhead may be submitted which indicates the hourly rate of pay and the number of hours; however, these statements from employers will be verified by the child care eligibility worker. Policy regarding the presumptive eligibility process for new employment has been moved from Section 2.5.4 to 2.2.4. Verbiage regarding the procedures that the FI CM must follow has been removed.
3. Manual Section 2.2.5 Section has been revised to state that, except for FI recipients, applicants may submit proof of paid school registration for the term in which they are applying for child care assistance as verification that they are participating in an educational program. Units of service for school participation may also be used. The Note has been revised to clarify that actual class instruction time issued for programs that do not use a credit hour system will also be considered, along with travel time. Furthermore, when determining whether an applicant qualifies for part-time or full-time child care assistance, an applicant who is registered to attend nine or more credit hours of graduate school is considered attending school full-time; therefore, full-time child care may be authorized.
4. Manual Section 2.2.7 Section has been updated to state that the most current copy of a self-employed applicant's individual income tax return and the profit/loss statement may be used to obtain an accurate estimate of income. If the applicant is newly self-employed, an applicant may be given three months of child care services to allow time to show a work history. Continued eligibility will be determined after this time period.
5. Manual Section 2.2.9 Section has been revised to state that eligibility criteria in some child care categories may not allow the applicant to be disabled.

Appendix 8: What's New (Revisions)

6. Manual Section 2.4.1 Section has been updated to state that the FI CM or designated county staff can complete the ABC Child Care Application when an FI applicant applies for ACC.
7. Manual Section 2.4.2 Section has been revised to state that when an FI benefit case is approved, the FI CM will meet with the client at the Family Plan appointment. If child care is needed, a new DSS Form 1269, Request for Support Services, and the DSS Form 3791, ABC Child Care Application, may be sent via SCOSA to the ABC Mailbox to the FI child care unit. If the FI benefit application is denied, the child care will be allowed to end in accordance with termination policy and the memo field in the ABC Voucher System may be documented.
8. Manual Section 2.5 Section has been updated to reflect that the purpose of child care through FI is to provide the necessary child care for a family to participate in approved employment, education, training or to comply with their Family Plan.
9. Manual Section 2.5.1 Section has been revised to add that if child care assistance is needed for an FI client in the CARES Program, the FI CM will send the FI child care unit via the ABC Mailbox in SCOSA the DSS Form 1269, Request for Support Services, and the DSS Form 3791, ABC Child Care Application, and other documentation as appropriate to request child care.
10. Manual Section 2.5.3 Section has been updated to state that in an FI Child Only case, if a parent/caretaker has a verified permanent disability, a physician's statement indicating the inability of the patient to care for their own children or children in their custody will be provided.
11. Manual Section 2.6.1 Section has been updated to state that income data from CHIP or SCOSA imaging may also be used when determining eligibility.
12. Manual Section 2.6.4 Section has been revised to include a Special Note stating that for the period of June 2012 through August 2012, the ABC Program operated under original JUMMP policy to allow transitional child care when the FI benefit case was denied due to earned income. This policy was later clarified to reflect the current policy notated in this section.
13. Manual Section 2.7 Section has been updated to state that when determining eligibility for transitional child care, travel time is also considered when calculating the number of hours worked each week.
14. Manual Section 2.7.1 Section has been updated to state that when determining eligibility for transitional child care in a two-parent family, travel time is also considered when calculating the number of hours worked each week.

Appendix 8: What's New (Revisions)

15. Manual Section 2.8 Section has been revised to state that when establishing eligibility for TCC1, the child care eligibility worker will use CHIP to determine that the FI benefit case has been closed for a transitional closure reason and to determine the effective date of FI benefit closure to ensure that the appropriate number of service weeks are given to the client.
16. Manual Section 2.8.1 Section has been updated to state that when the FI Child Care Unit becomes aware that an open FI child care case needs to go seamless, the TCC Unit will determine the effective date of closure in CHIP to ensure that the appropriate number of weeks are approved, starting from the effective date of closure.
17. Manual Section 2.9 Section has been revised to state that the TCC2 eligibility category is for an individual whose first year of transitional eligibility time limit is ending. If the parent is currently receiving TCC1, the ABC Voucher System sends an automated notification to the parent and to the provider 60 days prior to the services ending. The policy stating that TCC2 cannot be retroactive and the participant cannot be reimbursed for any payments made prior to the established date of eligibility has been removed. To receive child care through TCC2, the individual must not be receiving an FI benefit and the FI benefit closed for a transitional reason.
18. Manual Section 2.11 Section has been updated to remove the verbiage which states that the child care worker must also attach a copy of the mini-budget and a copy of the CAP2 screen to the DSS Form 1269 when determining eligibility for TCC/Full Family Sanction-1.
19. Manual Section 2.12.2 Section has been revised to remove verbiage stating that there may be situations in which the child care worker in the county where the child resides and the county of case management will need to work together to secure services needed for the child has been removed. A CPS child may also receive child care up to 26 weeks, with a possible extension up to 26 additional weeks. The Note has been revised to state that when a CPS case is closed or no longer active, the child care case will be terminated according to ABC Program termination policy upon notification from the HS worker.
20. Manual Section 2.12.6 Section has been updated to state that exceptions to the work requirement for foster parents may be made by the Child Care Director/designee on a case-by-case basis.

Appendix 8: What's New (Revisions)

21. Manual Section 2.12.7 Section has been revised to include additional procedures that the referring Foster Care CM is responsible for, including requesting authorization from State Office to approve child care for a child in specialized or intensive foster care (E) and for submitting a waiver request, as appropriate, for use of a child care facility that is not licensed (F). Verbiage stating that the child care worker in the county of case management is responsible for determining eligibility for child care and that coordination is essential has been removed.
22. Manual Section 2.14 Current policy has been updated to state that parents must meet the basic ABC Program criteria and verify participation with a state-funded domestic violence program as required.
23. Manual Section 2.15 Section has been clarified to state that a parent applying for Head Start child care must meet basic ABC Program funding criteria, as funding is available. If approved for services, the child must attend the Head Start approved child care site for a minimum of two weeks prior to transferring to another provider. Failure to attend for two weeks may result in the termination of services, unless otherwise approved by the grantee.
24. Manual Section 2.16 Section has been updated to state that parents applying for child care assistance through First Steps must meet the basic ABC Program criteria. Furthermore, provider selections may be limited for this category of child care.
25. Manual Section 3.2 Section has been revised to state that agency databases such as CHIP, PATS and CAPSS, and documentation from SCOSA imaging, may be used in conjunction with the ABC Child Care Program Application to determine eligibility for child care services. A Note has been added which states that an ABC application is not used for a family moving from FI to the first year of transitional child care or from ACC/JUMMP to FI/JUMMP and TCC/JUMMP.
26. Manual Section 3.2.5 Section has been updated to state that while it is recommended that the child care application be signed and dated by the applicant, that it is not required if all other eligibility criteria is met.
27. Manual Section 3.3 Section has been revised to state that the parent/caretaker receives a copy of their rights and responsibilities in an eligibility packet that is mailed to them and it is provided on the last page of the application.
28. Manual Section 3.3.1 The Note has been updated to state that a client receiving services under CPS or FC may only choose a licensed facility or program, unless otherwise approved for a waiver to policy.

Appendix 8: What's New (Revisions)

29. Manual Section 3.4 Section has been revised to state that if there is a gap in services of a week or more when the client submits a new application, the family must have monthly income below the entrance guidelines to qualify.
30. Manual Section 5.6.5 Section has been updated to state that an individual receiving ABC vouchers for their own child, grandchild, foster child, or other child in their custody cannot become an FFN provider for someone else.
31. Manual Section 5.6.7 Section has been updated to state that although out-of-state providers are primarily enrolled to allow payment of child care costs for children in CPS or FC, that this option can be used for all child care categories. Specific procedures regarding out-of-state providers are thoroughly outlined in this updated policy.
32. Manual Section 6.10.1 Section has been added to explain the process that a child care eligibility worker should follow when amending an ABC application.
33. Manual Section 6.12 Section has been revised to include a synopsis of the monthly child care caseload monitoring reports.
34. Glossary Definitions for Major Parent, Teen Parent and Teen Parent/Adult have been added.

Vol 018-Revision 02.01.13

1. Manual Section 1.3 Section has been revised to include policy regarding conflicts of interest when determining eligibility for child care services. Sections 1.3 through 1.7 were renumbered sequentially.
2. Manual Section 2.5.4 Section has been added to include policy regarding the presumptive eligibility process for an FI client who has obtained employment and is in the process of verifying their employment.
3. Manual Section 2.5.5 Section has been added to include policy regarding the process for amending an ABC Child Care Application due to a change that causes a new eligibility period to be determined.
4. Manual Section 2.7 Section has been updated to clarify that a parent who works from 15 to 29 hours a week is considered working part-time with determining eligibility under Transitional Child Care (TCC).
5. Manual Section 2.7.1 The Note has been revised to clarify that in a two-parent household where one parent works at least part-time and the other attends only school, the household is eligible to apply for TCC. Also added is a new TANF Closure Code, JE, which is used for a JUMMP participant whose earned income exceeds the FI benefit income limit.

Appendix 8: What's New (Revisions)

6. Manual Section 2.8 Section has been updated to clarify eligibility requirements for a TCC1 applicant and to include a link to policy regarding the criteria a two-parent family must meet to be eligible for TCC1.
7. Manual Section 2.8.1 Section has been revised to clarify ongoing policy regarding seamless eligibility for first year transitional child care.
8. Manual Section 2.12.6 Section has been revised to update policy regarding verification of working hours for foster parents.
9. Manual Section 4.1.7 Section has been revised to include an Exception regarding registration fees that the ABC Program will pay to for a client when a facility closes and the client is forced to find another provider.
10. Manual Section 5.6.7 Section has been added to clarify policy regarding out-of-state providers approved for the ABC Program.

Vol 017-Revision 10.01.12

1. Manual Section 2.11 Section has been revised to update the verbiage in the Note regarding child care assistance for Child Welfare cases and to reiterate that it is the sending state's responsibility to provide assistance to the child when a child is placed in South Carolina from another state.
2. Manual Section 5.1.2 Section has been revised to state that as of September 1, 2009, a GCCH provider must meet the same fire codes as a CCC provider, and that some county zoning offices no longer allow GCCH providers. Also, a provider who resides in a mobile home needs to contact the State Fire Marshal's Office to determine if the structure meets fire codes.
3. Manual Section 5.6 Section has been revised to state that a child care payment may be made for a CPS/Foster child who requires an out-of-state placement where the care is provided by a child care center. Out-of-state family, group or informal child care arrangements will not be authorized.
4. Manual Section 6.7 Section has been revised to state that a child care payment may be made for a CPS/Foster child who requires an out-of-state placement where the care is provided by a child care center.
5. Appendix 1 The Child Care Income Standards chart has been updated to reflect the current income limits which are effective October 1, 2012 through September 30, 2013.

Appendix 8: What's New (Revisions)

6. Appendix 2 The Child Development Fee Scale has been updated to reflect the current participation fees which are effective October 1, 2012 through September 30, 2013.

Vol 016-Revision 08.01.12

1. Manual Section 1.4 Section has been revised to include a Note which states that child care staff should refer any questionable situations regarding suspected abuse or neglect of a child to a supervisor.
2. Manual Section 2.1.1 Section has been revised to include a Note which states that notarized statements from friends or relatives are not acceptable methods for verification of residency.
3. Manual Section 2.1.6 Section has been revised to clarify the Note by adding that the loco parentis form or other documentation must be available to verify why a dependent child who is not in the FI or SNAP budget is in the home when determining who is in the family household unit.
4. Manual Section 2.1.7 Section has been revised to state that the child care worker may use CHIP information to verify income information when other documentation is not provided.
5. Manual Section 2.2.1 Section has been revised to clarify policy regarding the use of internet and social networking sites when researching cases, verifying information and determining eligibility.
6. Manual Section 2.2.2 Section has been revised to include a Note which states that notarized statements from friends or relatives are not acceptable methods for verification of an absent parent.
7. Manual Section 2.2.7 Section has been revised to state that child care may be denied or closed for a client who has been employed in the same self-employment business for at least one year without any substantial changes and is not making at least minimum wage.
8. Manual Section 2.4.1 Section has been revised to state that the ABC Child Care Application, DSS Form 3791, should be completed with the client by the FI CM, and not by the child care worker.
9. Manual Section 2.5 Section has been revised to state that an FI parent is responsible for paying the difference in what the ABC Program pays and what the provider charges, if applicable. Likewise, FI child care may be authorized up to 26 weeks at a time; additional weeks may be added up to 52 weeks per application.

Appendix 8: What's New (Revisions)

10. Manual Section 2.5.1 Section has been revised to state that FI-CARES child care may be authorized up to 26 weeks; additional weeks may be added up to 52 weeks per application.
11. Manual Section 2.5.3 Section has been revised to state that in FI/CO two-parent families, both parents/caretakers must be working at least part-time.
12. Manual Section 2.8 Section has been revised to include a Note which states that only part-time children may be authorized for the second year of Transitional Child Care (TCC2) regardless of the client's work schedule.
13. Manual Section 2.9.2 Section has been revised to include a Note which states that only part-time child care may be authorized for the second year of Transitional Child Care (TCC24-2).
14. Manual Section 2.10.2 Section has been revised to include a Note which states that only part-time child care may be authorized for the second year of Transitional Child Care (TCC/FS-2).
15. Manual Section 2.13 Section has been revised to state that funding for the criminal domestic violence category is limited and is only for a lifetime maximum of 52 weeks.
16. Manual Section 3.2.2 Section has been revised to state that staff should document the memo field as soon as possible once an actual SSN has been received.
17. Manual Section 3.2.4 Section has been revised to state that when custody is in question, CHIP screens may be used as verification.
18. Manual Section 3.2.5 Section has been revised to indicate that a signed application is not required for a family moving from JUMMP/ACC to JUMMP/FI and JUMMP/TCC1 as these are treated as seamless eligibility.
19. Manual Section 3.6 Section has been revised to state that the parent handbook contains the options sheet for choosing a child care provider, a holiday schedule, and a copy of the client's rights and responsibilities.
20. Manual Section 4.1 Section has been revised to include the ABC Program website addresses: childcare.sc.gov, abcqualitycare.org, and scchildcare.org as resource guides that a client may use to help find quality child care.
21. Manual Section 4.1.10 Section has been revised to state that the Authorization/ Connection letter includes the client name and the last four digits of the client's SSN.
22. Manual Section 4.1.11 Section has been revised to clarify that the termination policy relating to children who do not connect to a provider also applies to children who do not reconnect to a provider.

Appendix 8: What's New (Revisions)

23. Manual Section 5.2.5 Section has been revised to include a person who is employed by SCDSS within the State, Regional or County offices as an individual who is not eligible to be enrolled in the ABC Program.
24. Manual Section 5.6.5 Section has been revised to include a person who is employed by SCDSS within the State, Regional or County offices as an individual who is not eligible to be a Family, Friend, or Neighbor provider in the ABC Program.
25. Manual Section 5.16.3 Section has been revised to include the Child Care Enrollment and Agreement Form, DSS Form 3774, as a form that a Level C Family, Friend or Neighbor provider may request from the ABC Child Care Control Center when wishing to increase their rates.
26. Manual Section 5.18.2 Section entitled 'Process for Incomplete Applications' has been added to clarify policy regarding the time frame in which a potential client or provider must follow when applying for enrollment in the ABC Program.
27. Manual Section 5.18.3 Section entitled 'Denials for Incomplete Applications' has been added to clarify policy regarding the denial of child care services when a client or provider fails to submit a completed application package within the deadline.
28. Manual Section 6.3 Section has been renamed from 'Interrupted Activities' to 'Breaks in Work, School or Training' and has been revised to clarify the termination policy relating to when a client stops working or attending school or training.
29. Table of Contents has been updated to include a Forms sections.

Vol 015-Revision 04.01.12

1. Manual Section 2.16 Section has been revised to clarify the policy regarding the Special Needs application process for parents whose child has a documented disability or special need. Child care may only be authorized for the child with the disability or special need; other children who are listed on the application who do not have a documented disability or special need will not be approved for services under the special needs funding.
2. Manual Section 2.7 Section has been revised to add a new CHIP closure code for transitional child care (first year).
3. Please review Chapter 5, Provider Information, in its entirety for significant revisions, specifically Manual Section 5.6.4, which relates to Central Registry and Sex Offender checks required for Family, Friend and Neighbor providers.

Appendix 8: What's New (Revisions)

4. Manual Section 5.6.4 Section has been updated to include a Note which clarifies policy regarding the use of internet and social networking sites when researching cases, verifying information and determining eligibility.
5. Manual Section 6.1.1 Section has been revised to state that when a waiver has not been granted for an allowable absence, the absence will count and the child will be terminated when the number of allowable absences is exceeded. A second Example is also provided to illustrate what is considered an allowable absence when a parent/child is authorized for half-time care.
6. Manual Section 6.1.2 Section has been revised to clarify the policy when a client/child is terminated for excessive absences and the client or the provider wishes to submit documentation which may show that the absences in question should be allowed. Documentation submitted after the termination date will not be reviewed.
7. Manual Section 9.1 Section has been updated to clarify the reporting process when potential fraud is suspected.

Vol 014-Revision 10.01.11

1. Manual Section 2.1.4 Section has been revised to clarify the Note to state that when a child care worker is entering a case for a child(ren) where the parent is not a legal citizen, but the child(ren) is, a pseudo SSN must be created for the parent in order to process the application. The child care worker must no longer use the oldest child's SSN.
2. Manual Section 2.10.1 Section has been added to clarify that eligibility for TCC/FS-1 begins the first month of FI benefit ineligibility due to full family sanction.
3. Manual Section 2.10.2 Section has been added to clarify that a client who completes TCC/FS-1 may reapply for an additional 12-month period based on the availability of child care funding. The child care category for the second year is TCC/FS-2.
4. Manual Section 2.11.4 Section has been revised to state that in a CPS-In case, a family can receive only 26 weeks of child care. An additional 26 weeks may be granted if approved by the County Director (not to exceed 52 weeks). A Note has also been added to state that CPS clients who are not working, in school, or training can receive up to full-time child care as needed. Finally, if the family's income is above the maximum exit income in a CPS-In case, the fee is assessed at a dollar less than the maximum exit amount.

Appendix 8: What's New (Revisions)

5. Manual Section 2.11.5 Section has been revised to state that in a CPS-Out case, a client who is not working, in school, or training can receive up to full-time child care as needed.
6. Manual Section 4.1.7 Section has been revised to state that registration fees are automated and paid on a provider's SVL~ after a child has had three consecutive paid weeks of services.
7. Manual Section 5.1.4 Section has been retitled and revised to state that Self-Arranged Child Care (SAC) is now referred to as Family, Friend, and Neighbor Care (FFN) and to clarify the two types of FFN care: 1) Child care provided in the home of the family member, friend or neighbor is coded as FNO in the ABC Voucher System; 2) Child care provided in the home of the child is coded as FNI in the ABC Voucher System. Policy regarding In-home Child Care (IHC), unregulated child care provided in the child's home, now falls under FNI criteria. All references to SAC have been changed to FFN; all references to IHC have been changed to FNI.
8. Manual Section 5.6.4 Section has been retitled and revised to state that Self-Arranged Child Care (SAC) is now Family, Friend and Neighbor Care (FFN).
9. Manual Section 5.6.5 Section has been retitled and revised to reflect that former policy regarding the denial of SAC arrangements applies to the denial of FFN arrangements.
10. Manual Section 5.6.6 Section has been retitled and revised to state that policy regarding In-Home Care (IHC) applies to Family, Friend, and Neighbor Care (In the Child's Home) (FNI).
11. Manual Section 5.8 Section has been revised to state that when a second child discount is applied, it will remain in effect until the connection ends, the child transfers to another provider, or eligibility ends.
12. Manual Section 6.9 Section has been added to clarify termination procedures a child care worker should take when a client moves to another county.
13. Manual Section 6.10 Section has been revised to add that when a client moves to another county, a new application is required and a re-determination is necessary.
14. Manual Section 6.11.3 Section has been revised to state that when a client or child is no longer eligible for services, the county child care worker must request the termination by documenting the request in the memo field and 67 the case.

Appendix 8: What's New (Revisions)

15. Appendix 1 has been updated to list the current Child Care Income Standards which are effective October 1, 2011 through September 30, 2012.
16. Appendix 2 has been updated to list the current Child Development Fee Scale which is effective October 1, 2011 through September 30, 2012.

Vol 013-Revision 09.01.11

1. Chapter 3, Application Process, has been reformatted to provide a clearer understanding of the application process and its relevance to the program purpose.

Sections are entitled as follows:

9.4 Intake and Application

9.5 Child Care Application

9.6 Applicant Rights and Responsibilities

9.7 Child Care Income Standards

9.8 Eligibility Worksheet

2. Chapter 4, Provider Authorization, is a new chapter which incorporates policy previously found in Chapter 3. Sections are entitled as follows:

4.1 Provider Authorization/Connection

4.2 Immunizations

3. Chapter 5, Provider Information, includes policy previously found in Chapter 4. Sections are entitled as follows:

5.1 Child Care Provider Definitions

5.2 Required Regulatory Status

5.3 Grants

5.4 ABC Parent/Caretaker/Guardian Who Owns a Child Care Program

5.5 Licensing/Registration Requirements

5.6 Provider Selections and Types

5.7 Maximum Payment Rates

Appendix 8: What's New (Revisions)

5.8 Second Child Discounts

5.9 Provider Rate Changes

5.10 Records

5.11 Termination of a Provider's Enrollment

5.12 Re-enrollment

5.13 Amendments to a Provider's File

4. The remaining chapters have been renumbered as follows:

Chapter 6, Case Management

Chapter 7, Payment Information

Chapter 8, Fair Hearings

Chapter 9, Fraud/Improper Payments

Vol 012-Revision 08.01.11

1. Manual Section 3.2 Section has been revised to change the link for Pseudo/Temporary Social Security Numbers.
2. Manual Section 2.1.9 Section has been revised to state that children's earnings are excluded when computing gross income for eligibility purposes UNLESS the child is emancipated or is a teen parent with an FI benefit case in his/her own name.
3. Manual Section 2.1.9 Section has been revised to add the Montgomery GI Bill to the list of loans or grants which are excluded when calculating an undergraduate student's income for eligibility purposes.
4. Manual Section 2.6.1 Section has been revised to clarify the criteria a Two-Parent Family must follow in order to qualify for part-time child care assistance.
5. Manual Section 2.11 Section entitled Low-Income Applicant Child Care (LIACC) has been deleted as the agency no longer has funding available for this eligibility category.
6. Sections 2.12 through 2.17 are now 2.11 through 2.16.
7. Manual Section 2.11.6 Section has been revised to state that a foster care case must be entered using the foster child's actual income. If there is no income, then a zero-dollar amount (\$0) should be entered.

Appendix 8: What's New (Revisions)

8. Manual Section 3.4.2 Section has been revised to change the acronym for less-than half-time care from LTHT to LHT. The Glossary has also been updated to reflect this change.
10. Manual Section 4.6.4 Section has been revised to remove verbiage stating that the ABC Program authorizes services to an eligible client who chooses an SAC provider and that the name, address, and telephone number of the local SCDSS office will be given to those clients who are interested in using an SAC provider.
11. The section has also been revised to include verbiage stating that a client's request for an SAC provider for all funding sources is processed through the ABC Control Center, except CPS/FC cases, unless an exception is approved.
12. Manual Section 4.6.5 Section has been revised to state that a potential SAC provider(s) must be denied when he/she resides in the same household as the child approved for child care services. The verbiage stating that if a child care worker cannot validate the need for child care services, the arrangement will not be approved has been removed.

Vol 011-Revision 11.01.10

1. Please review Chapter 2, specifically Sections 2.5.3 and 2.9, for important changes to the following eligibility categories: FI-Child Only (FI/CO) and Transitional Child Care (TCC24).
2. Manual Section 2.5.3 Item C has been revised to remove verbiage regarding a parent/caretaker relative's temporary or permanent disability and how the disability related to FI/CO child care eligibility.
3. Manual Section 2.7 Item A has been revised to state that with regards to TCC1 eligibility, an individual's case must be closed (rather than terminated) from FI due to earned income exceeding FI income guidelines. The CHIP Closure Code chart has also been updated to clarify the CHIP codes and reasons for closure/denial actions.
4. Manual Section 2.8 Item A has been revised to state that the eligibility category TCC2 is for an individual whose first year of TCC and TCC/FS (no longer TCC24) is ending.
5. Manual Section 2.9 Section has been revised to remove verbiage regarding TCC24 employment criteria and to distinguish between TCC24-1 and TCC24-2.
6. Manual Section 3.7 Section has been revised to include information about the use of the DSS Form 3781, Pre-Authorization Notice.

Appendix 8: What's New (Revisions)

7. Manual Section 4.6.6 Section has been revised to clarify that an in-home child care provider must be at least 21 years of age and cannot live in the same household as the child. Additionally, the ABC Program will not pay for child care services to any member of the household in which the child(ren) reside(s).
8. DSS Form 3781 has been revised. It is a Pre-Authorization Notice for use by the child care workers in the county, if necessary, to give child care providers a child care start date. Frequently, providers ask for written approval that a child(ren) has been approved for child care services through the ABC Program. If the provider requires written authorization prior to receipt of the official Authorization/Connection Letter generated by the ABC Voucher System, then this notice may be used. This should be helpful when providers need to accept a child(ren) for emergency placement, such as CPS or Foster Care child care arrangements.
9. The new ABC Child Care Application, DSS Form 3791, will be in the master forms index November 1, 2010. This application will be used for all child care categories entered into the ABC Child Care Voucher System.
10. The DSS Form 37110 and DSS Form 37111, Eligibility Worksheets, are being merged into one form. Effective November 1, 2010, all child care staff will use the DSS Form 37110, Client Eligibility Worksheet.
11. DSS Form 3782 is no longer available.

Appendix 8: What's New (Revisions)

Vol 010-Revision 10.01.10

1. References to Protect-In and Protect-Out have been changed throughout the manual to CPS-In and CPS-Out, respectively, to correlate with changes recently made to the ABC Voucher System
2. Appendix 1 The Child Care Income Standards chart has been updated to reflect the effective dates of October 1, 2010, through September 30, 2011. Please note the federal government extended the 2010 Federal Poverty Guidelines; therefore, the income guideline amounts did not change this year.
3. Appendix 2 The Child Development Fee Scale has been updated to reflect the effective dates of October 1, 2010, through September 30, 2011. Please note the federal government extended the 2010 Federal Poverty Guidelines; therefore, the income guideline amounts did not change this year.

Vol 009-Revision 09.01.10

1. Manual Section 1.2.1 Section has been revised to clarify the length of time a worker is to maintain client and provider case files.
2. Manual Section 2.1.2 Section has been revised to clarify that the age an applicant must be in order to apply for the ABC Program does not apply to FI and FI/CO fund sources.
3. Manual Section 2.1.5 Section has been revised to clarify the specific requirements an applicant must meet before being determined eligible to receive child care assistance.
4. Manual Section 2.1.6 Section has been revised to clarify family definitions with regards to the following:

D: A Note has been added to clarify policy relating to a dependent child(ren) who is in either the FI, FI/CO or TCC category.

G: A teen parent living with his/her own parent/caretaker who has his/her own FI benefit case.

I: A foster parent's employment status when determining the eligibility of a foster child to receive child care assistance.

J: The age a minor may be considered emancipated and that an emancipated minor is not included in the FI or SNAP budget.

Appendix 8: What's New (Revisions)

5. Manual Section 2.12.3 Section has been revised to clarify that in a CPS case, the parent/caretaker is responsible for paying to the provider the difference between what the provider charges and what the ABC Program pays for.
6. Manual Section 2.12.4 Section has been revised to clarify that in a CPS-In case, if the parent/caretaker refuses to provide income verification, the child care worker must enter income in the Voucher System at \$1.00 below entrance maximum in order to assess the client fee. Also, the HS CM must sign the application if the parent/caretaker refuses.
7. Manual Section 2.12.5 Section has been revised to clarify that in a CPS-Out case, if the parent/caretaker refuses to provide income verification, the child care worker must enter income in the Voucher System at \$1.00 below entrance maximum in order to assess the client fee. Also, the HS CM must sign the application if the parent/caretaker refuses.
8. Manual Section 5.4 Section has been revised to clarify which documents in a case file need to be maintained by the child care worker.
9. Glossary The acronym for the Supplemental Nutrition Assistance Program (SNAP) has been added.

Vol 008-Revision 06.01.10

1. Manual Section 4.4 Section has been revised to clarify that a parent/caretaker or guardian who owns a registered FCCH, licensed GCCH, or center will not receive child care assistance for any child in his/her custody.

Vol 007-Revision 03.01.10

1. Manual Section 2.1.7 Note has been revised to state that overtime will be counted when it appears on at least half of the paystubs submitted with a child care application, even if the overtime pay amounts vary with each paystub.
2. Manual Section 2.2.5 A paragraph has been added to clarify the policy used to determine full-time and part-time child care assistance for a parent/guardian who attends school.
3. Manual Section 3.4.2 Section has been revised to state that less-than-half-time care (LTHT) may be used in conjunction with a full-time or half-time care arrangement or it may be used alone; however, it cannot be used to pay the same child care provider.

Appendix 8: What's New (Revisions)

4. Manual Section 7.1.1 Section has been revised to state that an appeal hearing will be dismissed if the reason for the appeal is due to either lack of funding or the natural ending of services at the end of the eligibility period.
5. Less than Half-Time Care (LTHT): A Glossary entry has been added to define less-than-half-time care.

Vol 006-Revision 02.01.10

1. Manual Section 2.6 Section has been revised to state that an individual whose FI benefit ends due to the 24-month FI time limit may apply for Transitional Child Care (TCC) and if eligible may be authorized for up to two years.
2. Manual Section 2.7 Section has been revised to add a Note which states that TCC1 may be authorized for up to 52 weeks. The CHIP closure reason for the CHIP closure code 'TL' has also been changed to 'Closed due to FI time limit'.
3. Manual Section 2.9 Section has been revised to state that an individual who qualifies for TCC24 for 12 months may reapply for an additional 12-month period if funding permits.
4. Manual Section 2.10 Section has been revised to state that an individual who qualifies may receive TCC/FS for 12 months and may reapply for an additional 12-month period if funding permits.
5. Manual Section 2.12.6 Section has been revised to state that employment verification may be provided on company/business letterhead indicating that the foster parent is employed and his/her work hours. Actual wages do not have to be provided.
6. Manual Section 3.3.3 Section has been revised to replace Appendix 6 with DSS Form 37117, Guardianship/In Loco Parentis Verification.
7. Manual Section 4.4 Section has been updated to reflect that an ABC parent/foster parent who owns a licensed/registered center will not receive assistance to provide care for his/her own child or foster child. This is not a change in policy. The word 'center' was inadvertently omitted in previous volumes.
8. Manual Section 4.6.5 Section has been revised to clarify that an SAC arrangement must be denied when the provider is a member of the same FI/FS family household unit as the parent applying for child care, even if a member of the FI/FS household unit has been disqualified and is not in the FI/FS budget.

Appendix 8: What's New (Revisions)

Vol 005-Revision 12.01.09

1. Manual Section 2.1.7 Section has been revised to clarify types of employment defined as income.
2. Manual Section 4.12 Sections 4.12 and 4.12.1 have been revised to clarify that a terminated provider may not re-enroll in the ABC Child Care Program at any level.

Vol 004-Revision 11.01.09

1. Manual Section 3.3.3 A Note has been added to state that the Guardianship/In Loco Parentis Form must be notarized.
2. Manual Section 4.6.4 Section has been revised to clarify that if an SAC provider wants to care for more than one unrelated family, the provider must become licensed or registered in order to continue receiving payments for child care services.
3. Manual Section 4.6.5 List has been revised to add that an individual receiving ABC vouchers for his/her own child(ren) cannot become an SAC provider.
4. Manual Section 5.10.1 Section has been revised to clarify that a provider has the right to stop serving a client or child, rather than terminating services. Only the ABC Program can terminate child care assistance for a client.
5. Appendix 3 The Maximum Payment Allowed chart has been revised to reflect the effective dates from October 1, 2009 to September 30, 2011.

Appendix 8: What's New (Revisions)

Vol 003-Revision 10.01.09

1. Manual Section 2.4.1 Section has been revised to include the application process for Applicant Child Care.
2. Manual Section 2.4.2 Section was created to clarify the process used to enroll a provider in the ABC Program.
3. Manual Section 2.4.3 Section has been revised to clarify policy regarding determining eligibility for FI for a client receiving ACC.
4. Manual Section 2.12 A Note has been added to clarify those children who are not eligible for child care services through the ABC Program.
5. Manual Section 2.12.5 Section has been revised to include the specific information the Human Services worker must give to the child care worker.

Vol 002-Revision 09.01.09

1. Manual Section 2.1.1 The military identification card listed under Residency (#E) has been removed as acceptable proof of residency for child care applicants.
2. Manual Section 2.5.3 The following Exception (under # B) has been added as this verbiage was inadvertently omitted in the initial version of the ABC Policy Manual effective August 1, 2009: EXCEPTION: A parent(s) who receives SSI may be eligible for child care assistance if he/she is either employed at least part-time or participating in an activity (training or education) that will enable him/her to become employed in the future.
3. Manual Section 2.12.8 Policy regarding child care assistance for the baby of a foster child has been revised to state the following: "The foster parent(s) must be employed and the foster child must be attending school or be employed in conjunction with school attendance."