Licensed Child Care Center Guidance for SC Building Blocks Grant Application

**IMPORTANT: Information in this application is pulled directly from DSS Systems. If any information, such as hours of operation or quality level, has changed please contact your Child Care Licensing Specialist or ABC Quality Assessor <u>BEFORE</u> submitting your application. **

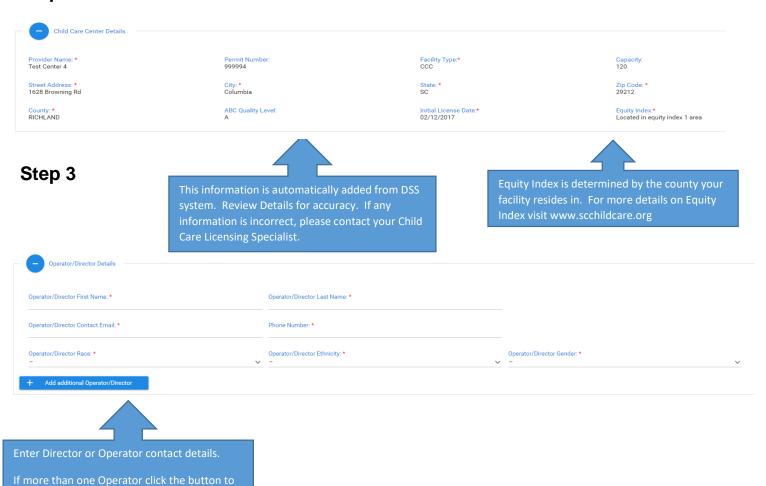
Step 1



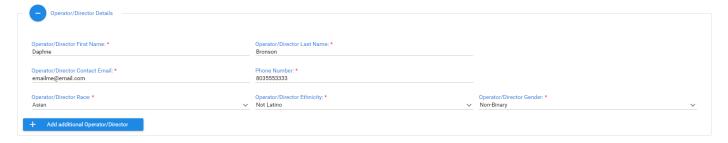
Enter your CC number. This is the same number you use to obtain your SLED/FBI background checks. If you are unsure what your number is, you can contact your Child Care Licensing Specialist.

Step 2

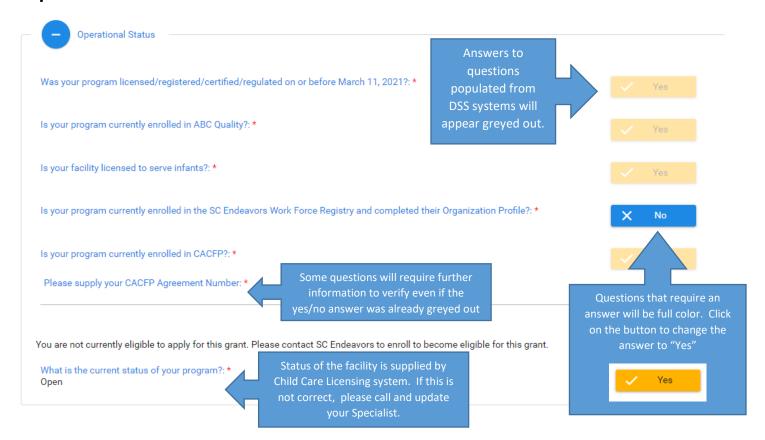
enter details for second person.



Example Step 3:



Step 4

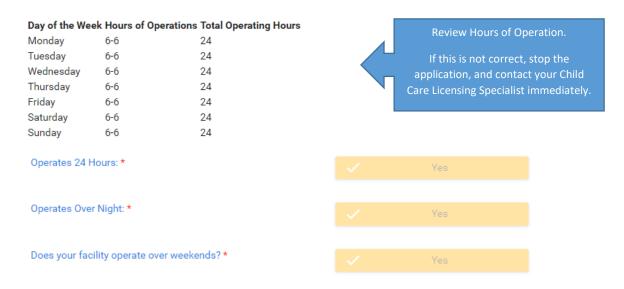


If Temporarily closed:

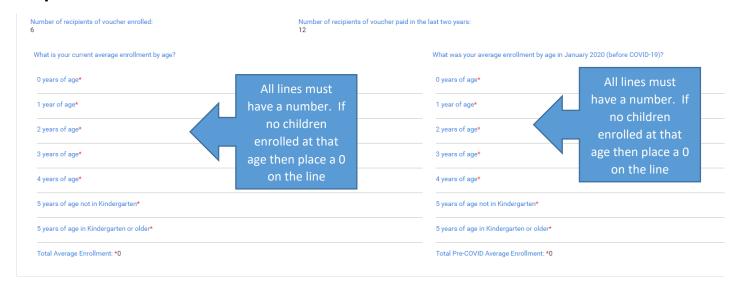


Step 5

What is the licensed or identified capacity of your program?: 120

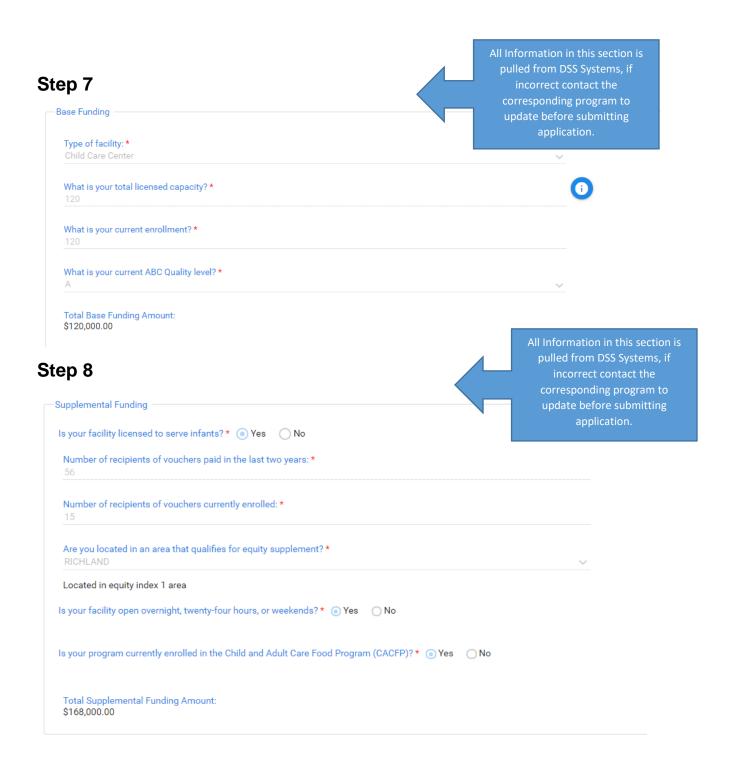


Step 6



Example Step 6:

0 years of age*
1 year of age* 50
2 years of age* 20
3 years of age*
4 years of age* 40
5 years of age not in Kindergarten* 10
5 years of age in Kindergarten or older*
Total Average Enrollment: *120



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Step 9

Do you agree to the staff compensation expectation? * Yes No (i)

Funding you must allocate to staff compensation:

Total Funding Amount:

then facility is only eligible for 75% of the potential funding amount.

Example Step 9:

Total Funding

\$240,500.00

Total Potential Funding:

Do you agree to the staff compensation expectation? * O Yes No (i)

Funding you must allocate to staff compensation: \$0.00

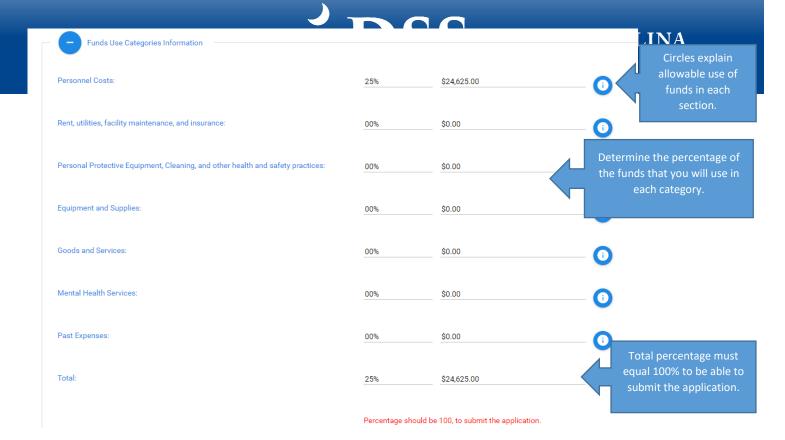
Total Funding Amount: \$180,375.00

In this example, the potential funding amount is reduced be 25% since you opted out of offering any staff

compensation options, the system will

Step 10

25% is already marked in this field for



Example Step 10:

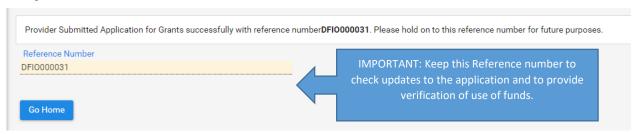
Total: 100% \$180,375.00

Step 11

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories i plan to fund. Note: You can move funds between categories without prior approval.*
I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A. B, and C. Providers will maintain documentation supporting the expenditure of grant funds which may include records of application approval, receipts, invoices, any other supporting documentation indicating how funds were used. Documentation must remain on file at the facility for a period of three (3) years from the date the grant is completed as needed to satisfy a possible quadit. Documentation may be requested at any time by DSS and, if requested, will need to be provided within fifteen (15) calendar days of the request. If funds are determined not to be used for purchases according to the definition of operating expenses provided, recoupment of the funds will be initiated.*
By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:
A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).*
B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service). I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not involuntarily furlough employees from the date of application submission through the duration of the subgrant period.*
C. I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.*
I will agree to meet quarterly reporting requirements as set forth by the South Carolina Department of Social Services.*
All confirmation boxes must be checked to be able to submit application

DSS SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES Step 12 Signature First Name: * Signature Last Name is required Please sign in the space provided below by left clicking and moving your mouse. Sign by left clicking on your mouse and moving Clear Example Step 12: Signature First Name: * Signature Last Name: * Email Address: * Daphne Bronson emailme@email.com Please sign in the space provided below by left clicking and moving your mouse.*

Step 13







Questions about the SC Building Blocks grant?

Email <u>scstabilizationgrant@dss.sc.gov</u> or call Tameka Pauling at (800)476-0199.

Need help completing the SC Building Blocks Grant application or need assistance in planning how to use the grant funding?

Call the SC Child Care Resource and Referral Network at (888)335-1002 or complete a web referral at www.sc-ccrr.org.