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 BEFORE 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

This information is automatically added from DSS system. Review Details for accuracy. If any information is incorrect, please contact your Child Care Licensing Specialist.

Step 3

Equity Index is determined by the county your facility resides in. For more details on Equity Index visit www.sccildcare.org

Enter Director or Operator contact details. If more than one Operator click the button to enter details for second person.
Example Step 3:

Operator/Operator Details

Operator/Operator First Name: *

Operator/Operator Last Name: *

Operator/Operator Contact Email: *

email@email.com

Operator/Operator Race: *

Asian

Operator/Operator Ethnicity: *

Not Latino

Operator/Operator Gender: *

Non-Binary

Add additional Operator/Operator

Step 4

Operational Status

Was your program licensed/registered/certified/regulated on or before March 11, 2021?: *

Yes

Is your program currently enrolled in ABC Quality?: *

Yes

Is your facility licensed to serve infants?: *

Yes

Is your program currently enrolled in the SC Endeavors Work Force Registry and completed their Organization Profile?: *

No

Is your program currently enrolled in CACFP?: *

Yes

Please supply your CACFP Agreement Number: *

Status of the facility is supplied by Child Care Licensing system. If this is not correct, please call and update your Specialist.

What is the current status of your program?: *

Open

Questions that require an answer will be full color. Click on the button to change the answer to “Yes”

Answers to questions populated from DSS systems will appear greyed out.

Some questions will require further information to verify even if the yes/no answer was already greyed out
If Temporarily closed:

If temporarily closed due to Covid19 you can still apply, but you must re-open within 30 days from the date of notification of payment from the state accounting system (SCEIS).

Update your Child Care Licensing specialist when you have re-opened.

Step 5

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

Review Hours of Operation.
If this is not correct, stop the application, and contact your Child Care Licensing Specialist immediately.

Day of the Week Hours of Operations Total Operating Hours

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>6-6</td>
<td>24</td>
</tr>
<tr>
<td>Tuesday</td>
<td>6-6</td>
<td>24</td>
</tr>
<tr>
<td>Wednesday</td>
<td>6-6</td>
<td>24</td>
</tr>
<tr>
<td>Thursday</td>
<td>6-6</td>
<td>24</td>
</tr>
<tr>
<td>Friday</td>
<td>6-6</td>
<td>24</td>
</tr>
<tr>
<td>Saturday</td>
<td>6-6</td>
<td>24</td>
</tr>
<tr>
<td>Sunday</td>
<td>6-6</td>
<td>24</td>
</tr>
</tbody>
</table>

Operates 24 Hours: * Yes

Operates Over Night: * Yes

Does your facility operate over weekends? * Yes
Step 6

**Example Step 6:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Voucher Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 years of age</td>
<td>0</td>
</tr>
<tr>
<td>1 year of age</td>
<td>50</td>
</tr>
<tr>
<td>2 years of age</td>
<td>20</td>
</tr>
<tr>
<td>3 years of age</td>
<td>0</td>
</tr>
<tr>
<td>4 years of age</td>
<td>40</td>
</tr>
<tr>
<td>5 years of age not in Kindergarten</td>
<td>10</td>
</tr>
<tr>
<td>5 years of age in Kindergarten or older</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Average Enrollment</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>

All lines must have a number. If no children enrolled at that age then place a 0 on the line.
Step 7

**Base Funding**

- **Type of facility:** Child Care Center

- **What is your total licensed capacity?**
  - 120

- **What is your current enrollment?**
  - 120

- **What is your current ABC Quality level?**
  - A

**Total Base Funding Amount:**

$120,000.00

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All Information in this section is pulled from DSS Systems, if incorrect contact the corresponding program to update before submitting application.

Step 8

**Supplemental Funding**

- **Is your facility licensed to serve infants?**
  - Yes

- **Number of recipients of vouchers paid in the last two years:**
  - 55

- **Number of recipients of vouchers currently enrolled:**
  - 15

- **Are you located in an area that qualifies for equity supplement?**
  - Richland

- **Located in equity index 1 area**

- **Is your facility open overnight, twenty-four hours, or weekends?**
  - Yes

- **Is your program currently enrolled in the Child and Adult Care Food Program (CACFP)?**
  - Yes

**Total Supplemental Funding Amount:**

$168,000.00

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All Information in this section is pulled from DSS Systems, if incorrect contact the corresponding program to update before submitting application.
Step 9

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

Funding you must allocate to staff compensation:

Total Funding Amount:

Example Step 9:

<table>
<thead>
<tr>
<th>Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Potential Funding:</strong> $240,500.00</td>
</tr>
</tbody>
</table>
| **Do you agree to the staff compensation expectation?**  
* Yes  No |
| **Funding you must allocate to staff compensation:** $0.00 |
| **Total Funding Amount:** $180,375.00 |

Answer “yes” to opt in for staff compensation options. If “no”, then facility is only eligible for 75% of the potential funding amount.

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

If you answer “Yes” to staff compensation options, the system will show you the amount that should be allocated to staff compensation options.

Step 10

If “Yes” to staff compensation options, then 25% is already marked in this field for personnel costs and must remain there.
### Funds Use Categories Information

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Costs</td>
<td>25%</td>
<td>$24,623.00</td>
</tr>
<tr>
<td>Rent, utilities, facility maintenance, and insurance</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Personal Protective Equipment, Cleaning, and other health and safety practices</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment and Supplies</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Goods and Services</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Past Expenses</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25%</td>
<td><strong>$24,623.00</strong></td>
</tr>
</tbody>
</table>

Percentage should be 100% to submit the application.

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**Example Step 10:**

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100%</td>
<td><strong>$180,575.00</strong></td>
</tr>
</tbody>
</table>

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**Step 11**

- All confirmation boxes must be checked to be able to submit the application.
Step 12

Example Step 12:

Sign by left clicking on your mouse and moving the cursor.

Step 13

Questions about the SC Building Blocks grant?
Email scstabilizationgrant@dss.sc.gov 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.