PreSchool Development Grant

South Carolina Strategic Plan 2019

DSS
SOUTH CAROLINA
DEPARTMENT *of* SOCIAL SERVICES

SC Child Care
EARLY CARE & EDUCATION

FIRST STEPS
Getting children ready for school.
SOUTH CAROLINA

SOUTH CAROLINA
DEPARTMENT OF EDUCATION

Head Start

SC Early Childhood Advisory Council

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Dr. Richard Toomey, SC Department of Health and Environmental Control, Director

Sue Williams, Children's Trust of SC, Chief Executive Officer

Dr. Shelley Canright, Early Childhood Educator

Walter Fleming Jr., Business Community

Timothy Holt, Business Community

Angel Johnson-Brebner, Parent

Alexia Newman, Medical/ Childcare Development Provider

Jennifer McConnell, Childcare Provider

Roger Pryor Jr., Childcare Provider

Dr. Amy Williams, Medical Provider

List of SC Preschool Development Grant Contributing Stakeholders

Abney-Young, Mary	SC Department of Social Services
Allison, Rep. Rita	SC House of Representatives
Antill, Rebecca	SC State Library
Artz, Jon	SC First Steps
Atkinson, Patrick	SC DSS
Baker, Laura	SC First Steps
Baldwin, Icelynn	Children's Trust of SC
Ball, Peggy	Propulsion Squared
Barber, Cassie	SC First Steps
Barnes, Mark	SC First Steps
Barton, Wendy	Education Oversight Committee
Bellamy, Eric	Children's Trust of SC
Bergin, Anne	SC Program for Infant/Toddler Care
Bishop, Chris	Nurse-Family Partnership
Blanton, Lisa	Cherokee County School District
Boroughs, Bryan	Institute for Child Success
Bowden, Neely Hart	Fairfield County School District
Bowers, Michele	SC Department of Social Services
Brewton, Arthur, Ed.D.	SC Head Start Association
Bryson, Lora	Lancaster County First Steps
Buckner, Amity	Pickens County First Steps
Buffalo, Karen, Ed.S	Sumter School District EHS
Burgess, Wendy	SC Department of Education
Buster, Jennifer	SC Health and Human Services
Campbell, Crystal	Dorchester County First Steps
Canright, Shelley, Ph.D.	SC First Steps
Carpenter, Laurey	SC Thrive
Carter, Gina	Richland One Early Childhood
Ciaramitaro, Paul	Save the Children Action Network
Corley, Jazmyn	Family Connection of SC
Corning, Lisa L.	SCAEYC / Midlands Tech College
Cothran, Wyatt	SC Department of Education
Crawford, Sarah	SC Revenue and Fiscal Affairs
Cunningham, Prolan	SC First Steps
D'Amico, Leigh	Research Evaluation Measurement
DePaoli, Deborah	Save the Children Action Network
Dickenson,Tammie,	Research Evaluation Measurement
Diggs, Mary Lynne	SC Head Start Collaboration Office
Drews, Marc	EdVenture Children's Museum
Dueno, Sherrie	SC DSS-DECE (ABC/Lic)
Dunn, Melissa	United Way of the Midlands
Durham, Patty	Coastal Community Foundation
Felks, Stephanie	SC State University
Flemming, Walter	Head Start
Foster, Rick	Alliance for a Healthier SC
Gardiner, Betty	SC First Steps
Gaskin, Michael	Greenwood County First Steps
Gass, Sonia	Save the Children
Giese, BZ	ED of BQI
Gillum, Amber	SC DSS
Googe, Heather, Ph.D.	SC Child Care Inclusion
Hall, Patricia	Allendale County First Steps
Hanna, Ablean B.	SCDE - Office of Early Learning
Harris, Melissa	ISWA Head Start
Haselden, Catherine	SC Department of Social Services
Hinson, Bridget	SC DSS-DECE ABCQ
Holbert, Amy	Family Connection of South Carolina
Howard, Tiffany	Help Me Grow SC/Prisma Health
Hudson, Tom	SC School Improvement Council
Hunter, Beverly, M.S.	SC Department of Social Services
Hussey, Julie	SC First Steps Board of Trustees
Ingram, Samantha	SC First Steps
Irvin, Matt	USC Child Development Research
Jeffcoat, Christi	SC Department of Social Services
Jeter, Shunna Vance	Commission, Inc.
Johnson-Brebner, Angel	Coastal Community Foundation
Johnson, John	Tree, LLC
Johnson, Louise	Department of Mental Health
Jones, Morgan	SC Department of Social Services
Kilburn, Janice, Ph.D	SC First Steps

Kimrey, Joyce	SC Disabilities and Special Needs	**Sanders, LaMyra**	Orange County First Steps
Kovacs, Cathy, M.Ed.	ABC Quality	**Schnake, Kerrie**	SC Program for Infant/Toddler Care
Lara, Cynthia	Director of Child Care Licensing	**Seale, Taylor**	SC Department of Education
Legette, Cassandra	SC First Steps	**Seals, Kimberly, MSPH, MPA**	SC Health and Environmental
Lett, Naomi	United Way Association of SC	**Session, Debra**	SC Department of Social Services
Lisk, David	York County First Steps	**Shapiro, Cheri, Ph.D.**	Institute for Families in Society
Lucas, Melody	Services	**Smithwick, Julie**	PASOs
Manoski, Barbara	Spartanburg County First Steps	**Spigener, Kim**	SC Department of Education
Martin, Maria	PASOs	**Srivastav, Aditi**	Children's Trust of SC
May, Jenny	SC Department of Education	**Stanley, Chip**	SC First Steps Board Chair
Mazur, Joy	SC First Steps	**Starker, Melissa**	SC-CCCCD
McClellan, Sally	SCAEYC	**Stephens, Alexa**	Berkeley First Steps
McDonald, Melissa	SC Center for Child Care Career	**Still, Ellen**	Family Engagement Center
McGuire, Stephanie	SC Thrive	**Strickland, Laurie**	Family Connection of South Carolina
McInerney, Noelle	SC Department of Social Services	**Strickland, Martha**	SC First Steps
McMoore, Jessica	SC Community Action Partnership	**Teer, Debbie**	Lexington County First Steps
Mitchell, Doris	Barnwell First Steps	**Tucker, Sharon**	SC Department of Social Services
Mjartan, Georgia	SC First Steps	**Utter, Karen**	SC School Improvement Council
Moseley, Amy	Children's Trust of SC	**Wall, Paige, MHRD**	Anderson County First Steps
Nash, Marcia	Aiken County First Steps	**Ward, Bunnie**	Education Oversight Committee
Nesbitt Burgess, Toshia	Author	**Werner, Chris**	SC Thrive
Newman, Virginia	Calhoun First Steps	**West, Pat**	LCFS
Nixon, David, PhD	Anderson School District	**Wilkes, Patti**	Fairfield County First Steps
Pasley, James	Waccamaw EOC, Inc.	**Williams, Bett**	Children's Trust
Patterson, David, Ph.D.	Revenue and Fiscal Affairs	**Williams, Lovetta**	SC DSS
Pearson, Misty, M.Ed.	S.C. Dept. of Health & Environmental	**Williams, Sue**	Children's Trust of SC
Powell, Dana	Children's Trust of SC	**Witowski, Jane**	Help Me Grow South Carolina
Priester, Dorothy	Cherokee County First Steps	**Woodle, Elissa**	Creative Beginings, CDC
Pruitt, Angela	Abbeville County First Steps	**Woods Kathy**	Head Start
Pryor Jr., Roger	Montessori (HS Gov Council)	**Young, Mike**	PASOs
Rao, Vasanthi	USC Child Development Research		
Richard, Chelsea	SC First Steps		
Richardson, Tricia	SC Thrive		
Riddle, Jim	Lexington County First Steps		
Roach, Kate	SC First Steps		
Robertson, Debbie	SC First Steps		
Robertson, Monty	SC First Steps		

Strategic Planning Process Team

Alexa Stephens	Berkely First Steps
Betty Gardiner	SCFS
Mary Giese	ED of BQI
Crystal Campbell	Dorchester First Steps
Catherine Haselden	SC DSS-DECE
Dorothy Priester	Cherokee First Steps
Rick Foster	Alliance for a Healthier SC
Heather Googe	USC-SCIC
James Pasley	Waccamaw EOC, Inc
Jane Witowski	Help Me Grow SC/Prisma Health
Jenny May	OSES, SCDE
Laurey Carpenter	SC Thrive
Misty Pearson	SC DHEC
Peggy Ball (TEAM LEAD)	Consultant
Rebecca Antill	SC State Library
Monty Robertson	Alliance for a Healthier SC
Cheri Shapiro	Institute for Families in Society
Tiffany Howard	Help Me Grow SC/Prisma Health
Vasanthi Rao	USC Child Development Research
Melissa McDonald	Center for Child Care Career
Sherrie Dueno	SC DSS-DECE, ABC Quality
Anne Bergin	SC Program for Infant/Toddler Care
Jennifer Buster	BabyNet, SC DHHS
Chelsea Richard	SC First Steps
Georgia Mjortan	SC First Steps
Beverly Hunter	SC DSS DECE, ABC Quality
Erin Laughter	BabyNet, SC DHHS
Mary Lynne Diggs	SC Head Start Collaboration
Cathy Kovacs	SC DSS ABC Quality
Cassie Barber	SC First Steps
Michele Bowers	SC DSS DECE,
Kerrie Schnake	SC Program for Infant/Toddler Care

Partners with Memorandums of Agreements

The following list contains current funded partners with which we have entered into agreements to support the goals outlined in SC's ECE Strategic Plan.

- Third Sector New England
- SC Revenue and Fiscal Affairs Office, Health and Demographics
- University of South Carolina
- SC First Steps
- SC Department of Education
- Medical University of South Carolina
- Palmetto Shared Services

Contents

South Carolina Strategic Plan Crosswalk with PDG B-5 Strategic Plan Requirements

Strategic Plan Domains

Stakeholder Contribution: Identify the full range of stakeholders that were engaged in the strategic plan development/updates and how they will be impacted by the work. Stakeholders who will be impacted are listed for each objective. *Pages 3-8, 14*

Goals and Action Steps: Clearly lay out a plan with goals and action steps that establish a comprehensive Early Childhood Care and Education (ECE) system. *Pages 24-60*

Partnerships, Collaborations, Coordination, and Quality Improvement Activities: Identify these areas that will be used to leverage policy alignments, program quality and service delivery across ECCE. Each strategy is designed to improve policy alignment, program quality and service deliver and includes a list of collaborators and resources that can be leveraged to accomplish that. *Pages 24-60*

Transitions Between ECCE Programs and Elementary School: Identify activities that address improving transitions of children from ECCE programs into elementary schools. Mission specifically addresses transitions. Objective 1.5 specifically addresses improving transitions. Other objectives in Goal 1 list existing transition resources that can be leveraged to accomplish those objectives. *Pages 13, 25, 35-36*

Coordination and Collaboration Among Programs: Delineate how the plan will build on and support improved coordination and collaboration among ECCE programs. Development of the Strategic Plan, Strategic Planning Process and Implementation of the Strategic Plan were all accomplished or designed through a collaboration process. In addition, the Strategic Planning Team specifically added a Goal 4 to address

the improvement of coordination, communication, and collaborative strategies. Each objective in the plan identifies a list of collaborators who can bring knowledge, experience and resources to the table to accomplish this work. *Pages 17-21, 55-60*

Framework for Quality: Provide a strong framework for laying out how the state/territory will increase the overall participation of children in high-quality EC CE programs, services, and settings within and across a mixed delivery system. *Pages 24-36*

Statutory Requirements: Assess current federal, state, and local statutory requirements and identify any potential barriers or roadblocks that these requirements put on future coordination. Barriers for Goal 1, 2 and 3 specifically list statutory requirement: e.g. school district restrictive definition of at-risk children, disconnection between requirements for public, private and Head Start programs, restrictions on availability of immunization data, Medicaid restrictions on transportation support. The Strategic Plan Implementation Teams are also charged with identifying additional barriers. *Pages 20, 25, 38, 49-50*

Measurable Indicators: Identify how the state/territory will use indicator data to assess progress, key desired outcomes, inform cost and resource efficiency, and support continuous quality improvement. Measurable indicators identified for each objective. Data sources, qualitative and quantitative will be used to set benchmarks and measure progress. Strategic Plan Implementation Teams will be charged with revising these as needed. *Pages 24-25, 37, 49-50, 55-56*

State Advisory Council: Describe how the state/territory will continue to involve the State Advisory Council in the implementation of the strategic plan. *Pages 19-20*

Alignment with Needs Assessment Domains

Focal Populations for the Grant
Pages 14-15

Quality and Availability
Connecting with all parents (multicultural, linguistically, with children with disabilities, etc.) is addressed in Objectives 1.1, 1.3, 1.4, 1.5
Pages 15, 26-29, 32-36

Children Being Served and Awaiting Service
Page 15

Gaps in data on Quality and Availability of Programming and Supports for Children and Families
Resources and collaborators include existing programs to support families in self-sufficiency, such as SC Thrive (40, 53), and help them connect to child care, such as SC CCR&R, (23) etc. Objectives and strategies in Goal 1 address the need to collect more data to implement strategies, e.g., need for more high quality programs for children with disabilities, projected need for funding to expand access to high quality programs, data to identify gaps in home visitation services, etc.
Pages 23, 24-36, 53

Gaps in Data/Research to Support Collaboration in Programs/ Services and Maximize Parental Choice
The need for data on children served, children waiting and facilities is addressed in Objective 4.5. *Pages 60*

Measurable Indicators of Progress
Pages 24, 37, 49, 55

Issues Involving ECCE
Facilities Data are not available to give a complete picture of the location, capacity, enrollment and quality. *Page 15*

Barriers to the Funding and Provision of High Quality ECCE Services, Supports and Opportunities for More Efficient Use of Resources *Pages 25, 38, 49-50, 55-56*

Transition Supports and Gaps
Transition is a part of the mission of the SC PDG B-5 grant as well as an objective of the Strategic Plan. Resources include lists of transition programs such as Countdown to Kindergarten and the Children's Trust Home Visiting program. *Pages 13, 35*

System Integration and Interagency Collaboration
Area is addressed throughout the implementation process with the Implementation Teams working together. The list of leads and collaborators for each objective also address this. Goal 4 directly addresses this.) *Pages 19-21, 55-60*

South Carolina Early Care and Education Strategic Plan Executive Summary

State Vision and Mission

South Carolina's Early Care and Education Strategic Plan began with the SC Early Childhood Advisory Council (ECAC). The PDG B-5 strategic planning process aligns with the critical functions of the ECAC.

- Conduct a periodic statewide needs assessment concerning the quality and availability of early childhood education and development programs and services for children from birth to the age of school entry, including an assessment of the availability of high-quality prekindergarten services for low income children in the State.
- Identify opportunities for, and barriers to, collaboration and coordination among federally funded and state-funded child development, child care, and early childhood education programs and services, including collaboration and coordination among state agencies responsible for administering these programs.
- Develop recommendations for increasing the overall participation of children in existing federal, state, and local child care and early childhood education programs, including outreach to underrepresented and special populations.
- Develop recommendations regarding the establishment of a unified data collection system for public early childhood education and development programs and services throughout the State.
- Develop recommendations regarding statewide professional development and career advancement plans for early childhood educators in the State.

- Assess the capacity and effectiveness of two-year and four-year public and private institutions of higher education in the State for supporting the development of early education educators, including the extent to which these institutions have in place articulation agreements, professional development and career advancement plans, and practice or internships for student to spend time in a Head Start or prekindergarten program.
- Make recommendation for improvements in state early learning standards and undertake efforts to develop high-quality comprehensive early learning standards, as appropriate.
- Develop and publish, using available demographic data, an indicators-based measure of school readiness at the state and community level.
- Incorporate, within the periodic statewide needs assessment required in 42 U.S.C. Section 9837b, any data related to the capacity and efforts of private sector providers, Head Start providers, and local school districts to serve children from birth to age five, including fiscal, enrollment, and capacity data.
- Perform all other functions, as permitted under federal and state laws, to improve coordination and delivery of early childhood education and development to children in this State.

The SC ECAC convened the PDG B-5 stakeholders to address the vision for South Carolina's children and create a mission to guide the work of the PDG. The PDG B-5 Stakeholders choose to adopt the vision statement used by the SC ECAC as the same one that would guide their work.

South Carolina's Vision for B-5 System

"We will be successful when all children reach their highest potential."
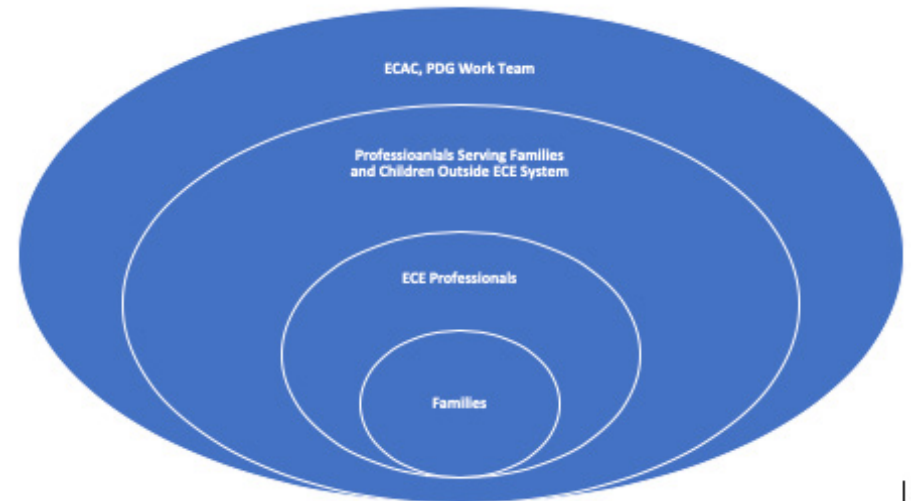
South Carolina's Mission for B-5 System

Improve the capacity of the existing system to better serve children and families, especially those most vulnerable, in a **continuum** of B-5 programs and services that result in successful transition all the way to elementary school, and **increase the overall participation** of children in the ECE mixed delivery system.

The PDG B-5 grant is led by the SC Department of Social Services and activities are coordinated and administered in partnership with SC Department of Education, SC First Steps and SC Head Start Collaboration Office. With this grant funding, SC's Early Childhood Education System (ECE) will increase access to quality early childhood programs and services for vulnerable children through:

- Child-serving agencies and organizations sharing a common vision, goals, and outcomes for the state's birth through five system;
- Coordination, collaboration, and alignment across the state's mixed delivery system that supports an increase in access for families;
- Shared recruitment and application processes;
- Coordinated efforts to maximize parents' knowledge of the ECE system and available services;
- Statewide activities to support transitions for children between various early childhood programs and into elementary school;
- Shared professional development to better meet the complex social and emotional development needs of vulnerable children and families, including trauma-informed care;
- Expanded supports to providers to improve quality; and
- Improved data-driven decision making.

Stakeholder Members

The members of the SC Early Childhood Advisory Council (ECAC) and the SC Preschool Development Grant Contributing Stakeholders (PDG) include a broad range of representatives of the families receiving services and of agencies and organizations that serve South Carolina's families with children, birth to five years. This group represents the diversity of South Carolina: from all geographic areas, from rural areas and urban, representatives of the racial and ethnic population of the state; representatives of the various types of early education providers and services and recipients of those services. A much larger and more diverse group of stakeholders were engaged in the Needs Assessment process. Many more stakeholders will be brought into this work as they are asked to participate in specific work on the Strategic Plan objectives.

What is the Focus Population for the Strategic Plan?

The Needs Assessment describes the focal population as children who have characteristics that make them more vulnerable, underserved and underachieving. South Carolina identifies vulnerable and underserved children as those who fall in three categories. (SC PDG B-5 Needs Assessment, p. 58-64.)

1) Eligibility for state and federal programs serving "at-risk" children - includes children who meet the eligibility criteria set by other state and federal programs serving low income, "at-risk" children such as the child welfare system, Medicaid, Child Protective Services and Foster Care, WIC, Head Start or Migrant Education, Part B (IDEA -SCDE), Section 619 or Part C (DHHS), CERDEP (state 4K program), CCDF Tribal programs, and SC Voucher's categorical eligibility areas such as Homeless and Dual Language Learners who are low-income. Prioritizing services and limited resources in the state to "priority populations" identified in other programs such as Head Start and First Steps that include low birthweight and teen parents, will eliminate re-eligibility requirements and allow for better coordination of services among agencies serving ECE populations.

2) Characteristics of the geographical areas of residence - children would be defined as being vulnerable by the geographic area of residence that are underserved, low-opportunity areas with high concentrations of poverty as evidenced by the income levels of the community, and higher concentrations of minority populations such as Hispanic/Latino populations. This is especially important in SC as nearly 50% of the state is rural. Two indexes will be used by state leadership teams to help them identify geographic areas for intervention to define vulnerable children: 1) the Child Care Accessibility Index and; 2) the Palmetto Small Area Deprivation Index (SADI).

3) Minority populations facing disparities based on evidence of inequities places an emphasis on SC's commitment to equity. SC's children under 5 are 56% White, 31.6% African American, and 10.1% Hispanic, with the state's Hispanic population growth rate being the highest in the nation (148%). Nonwhite children are statistically poorer, have lower access to resources, and perform lower on virtually all indicators of health, development, and school readiness.

What is Quality, Access and Availability of ECE across region of the state/territory?

Quality of early childhood care and education in South Carolina is defined by the standards set forth in ABC Quality (the state's quality rating and improvement system) as well as state-funded prekindergarten programs and other programs serving special populations such as children with disabilities. It is a challenge to assess that accessibility, affordability and quality across all these programs, particularly for vulnerable and underserved children in underserved areas. In the process of implementing this strategic plan, South Carolina will be seeking to identify and expand the capacity, accessibility and affordability of the existing system. To assess the accessibility and availability, South Carolina will look at the availability of ECE programs of quality in all areas, the unduplicated number of children being served, and the unduplicated number of children waiting for service. A Child Care Accessibility Index has been applied to determined access, capacity, quality capacity and voucher utilization by county. Although data are available on unduplicated number of children served in existing programs, there are no data on eligible children awaiting service. (Needs Assessment, p. 64) Details on the quality of all early childhood facilities is also not known and will be addressed in the update to the Needs Assessment. (Needs Assessment, p. 104)

Strategic Planning Process

South Carolina's Early Care and Education Strategic Plan addresses the highest priorities identified in the robust set of finding of the Needs Assessment process.

The needs assessment process was led by four public Institutions of Higher Education (IHE Collaborative,) along with thought leaders from other IHEs and state-level organizations. The process they used was designed to gain input from a broad and diverse group of stakeholders. They began with 15 geographically dispersed meetings attended by 440 parents, caregivers and organizations from all 46 South Carolina counties. Information was also gathered with an online survey. The survey was available from April 1 until May 10, 2019 and 3,114 responses were received, with 2680 being full responses. Over 45% of those responses were from parents and caregivers. First Steps and partner organizations conducted focus groups attended by 1,495 participants, with 911 of those being parents and caregivers. Each county hosted at least one focus group in their county/service area: 4 First Steps partnerships conducted 5 or more focus groups; 6 conducted 4 focus groups; 8 conducted 3 focus groups; 25 conducted 2 focus groups and 12 conducted 1 focus group (approximately 130 focus groups). The focus groups' discussions were all organized around the same five questions. The partnerships summarized the information and submitted it electronically. The needs assessment process produced an extensive list of ideas, some descriptive of needs and some that were suggestions for solutions. Some participants focused on the role and responsibility of the parents and caregivers and others focused on the role and responsibility of programs and organizations who help to prepare children for school and support their families in that process, either directly or indirectly. Some of the suggestions or ideas presented reflected practices aligned with the latest research and others did not. Given all of the limitations and considerations of the information gathered from the Needs Assessment,

it produced a rich and multidimensional picture of the state's landscape of services for young children and their families and created an extensive picture of needs.

This needs assessment data was analyzed to identify the most frequently identified overarching goals which were then grouped into three focus areas: early learning and development, health and well-being, and family and community. This was done separately for each method of gathering data: regional meetings, online survey and focus groups. Comparing the findings from the three methods of data collection identified and prioritized the needs for South Carolina's B-5 population, their families and the services that support them. The highest priority needs across all the findings provided the framework for the strategic planning process.

Development of the Strategic Plan

Using the structure of the three focus areas from the needs assessment – early learning and development, health and well-being, and family and community – and the highest priorities identified, the Strategic Planning Team identified a set of objectives and created strategies that offer opportunities to strengthen existing work and to address a selection of critical foundational needs. The emphasis was on building on existing work, improving and refining that work, to make the best use of the resources that are already available. There was also an intentional effort to balance action items across strategies to allow additional stakeholders an opportunity to give input in the implementation process.

Collaboration - The Strategic Plan was purposely created as a draft framework of the proposed strategies for addressing priority needs, not a complete and prescriptive set of directions. It is a description of actions to address those needs and a list of existing resources. The Leads will be asked to begin the work, with the Collaborators, and through collaboration, improve and add to those action steps and the

list of resources needed to complete them, identifying data needed and projecting completion dates. The Strategic Plan will evolve into a stronger plan with a greater chance for success when it is informed by the collaborative work created by implementation of the plan (Leads and Collaborators). This approach of moving to the implementation stage sooner is built on the concept that planning supports collaboration but doing the work creates the collaborative process.

Resources – The resources identified in the strategic plan are the identified existing resources, both funding and policy, based on current, ongoing work. The resources were identified from state reports and plans, such as the CCDF State Plan, the CCDF Quality Performance Report, the Workforce Study, etc. (See list of Resources and References at the end of this document for primary plans reviewed). Members of the Strategic Planning Team and other stakeholders were asked for and provided the reports and plans used. The resources listed for each strategy are there to help inform the Leads and Collaborators of where they can begin their work, what infrastructure is in place to build on. As a part of the collaborative process, the Leads will support their collaborators in identifying gaps in resources as they begin the work on the various strategies.
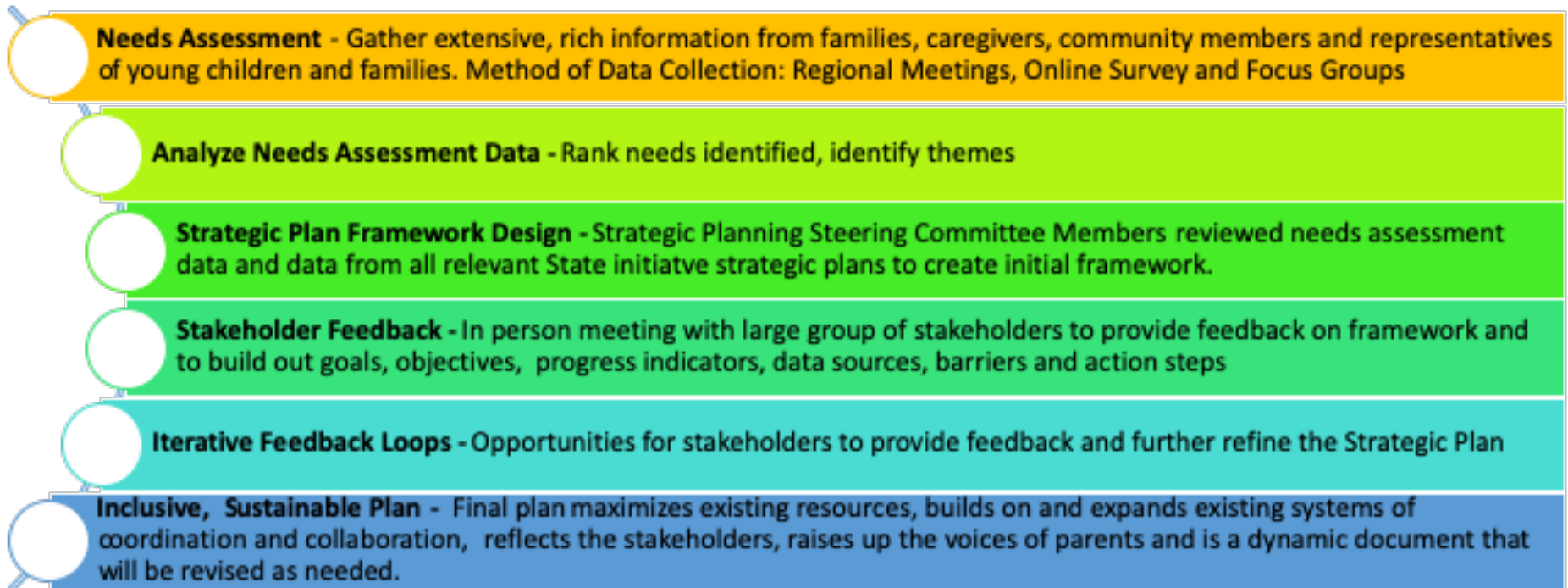
Leads - A (or several) Lead agency, organization or group was identified to provide leadership for the work on each objective. Collaborators and stakeholders for each strategy were also identified, based on their existing work in the area of focus and the opportunity provided to strengthen that work through coordination and collaboration.

Start Dates and Completion Dates - Start Dates will be the date when the Leads begin the work by convening the Collaborators. The group will project Completion Dates and the Strategic Plan will be updated to include this information.

Review and Revision Process of Strategic Plan

- An in person working meeting with the Strategic Planning Team was scheduled for July 24, 2019. An email notice was sent to the Strategic Planning Team two weeks prior to the meeting to alert them that they would receive a draft to the plan one week prior to the meeting for their review and to make notes in preparation for the working meeting on July 24. The draft was sent, and they were also invited to share it with colleagues to get additional input.
- At the July 24 in person meeting of the Strategic Planning Team, the participants were divided into 3 groups to work on the 3 goal areas. Their input was collected and recorded, creating a new version of the plan.
- The revised version of the plan was sent by email to the Strategic Planning Team asking for an additional review and input. The review process identified the need to create a fourth goal area: collaboration and coordination to create aligned and effective policies to support children and families.
- A third version of the strategic plan was created to reflect the additional review and input. This version was sent out to the Strategic Planning Team with a review rubric on August 28 for the team's additional input.
- All of the input was again collected to inform the revision of the strategic plan and create the fourth version.

Strategic Plan Development Process

Needs Assessment - Gather extensive, rich information from families, caregivers, community members and representatives of young children and families. Method of Data Collection: Regional Meetings, Online Survey and Focus Groups

Analyze Needs Assessment Data - Rank needs identified, identify themes

Strategic Plan Framework Design - Strategic Planning Steering Committee Members reviewed needs assessment data and data from all relevant State initiatve strategic plans to create initial framework.

Stakeholder Feedback - In person meeting with large group of stakeholders to provide feedback on framework and to build out goals, objectives, progress indicators, data sources, barriers and action steps

Iterative Feedback Loops - Opportunities for stakeholders to provide feedback and further refine the Strategic Plan

Inclusive, Sustainable Plan - Final plan maximizes existing resources, builds on and expands existing systems of coordination and collaboration, reflects the stakeholders, raises up the voices of parents and is a dynamic document that will be revised as needed.

Implementation of the Strategic Plan

The SC Early Childhood Advisory Council will review the monitoring of the implementation of the Strategic Plan and the indicators of progress and take advocacy and policy actions to support the work.

SC Department of Social Services, Division of Early Care and Education (SC DSS DECE) will do the "on the ground" work to monitor and support the work of the Leads to implement the strategies identified. They will also monitor the progress in meeting the identified progress indicators, especially the collaboration across the mixed delivery system and the continuing engagement of stakeholders in updating progress and identification of new needs. The Strategic Plan is a living guide and will evolve based on the work to implement it.

A SC Strategic Plan Implementation Team composed of a representative from each of the Leads for each objective will be convened in early 2020. All Leads will be asked to review the SC Needs Assessment to fully understand the needs identified. They will be asked to give special attention in their review to Part 2 of the Needs Assessment which contains useful descriptions of the existing agencies, organizations and initiatives that comprise the early care and education system in South Carolina. This information can be used to create a common base of knowledge among the collaborators on each team, as well as identifying gaps/needs for improvement and opportunities for improvement.

- Each Lead(s) will hold regular meetings with their collaborators to work on the strategies and action steps for their objective. They will begin by convening a meeting of the Collaborators to review their strategies and actions steps and become familiar with the existing resources. They will also review the need for additional collaborators (stakeholders) and the ability of the collaborators to share information and/or participate in the work of implementation. The Leads and Collaborators will revise strategies and action steps as needed. The Leads will communicate to the SC Dept of Social Services, Division of Early Care and Education (SC DSS DECE) and First Steps gaps in resources and the need for additional resources; project completion dates; assess the progress indicator data available, identify baseline data for measuring progress, and identify the need for addition progress indicator data and a plan for its collection. Data sources will be examined to determine whether they will be able to provide qualitative data or quantitative data. Benchmarks may be set in the second year of work after determining the baseline. They will also identify MOUs or the need for them and the regulatory, legislative or policy barriers. The Strategic Plan will be updated based on reports from the Leads.

- Communication will be within each Objective team and across teams, addressing the work to revise and implement the Strategic Plan. This communication framework will be supported by a password protected website to post resources, requests for help and proposed revisions to the plan, as well as quarterly and annual reports from each of the Leads. There will be quarterly in person or web meetings for all primary Leads for each objective convened by SC DSS DECE and First Steps. These meetings will include the Evaluation Team, who will be collecting data for the formative evaluation and sharing findings.
- Quarterly and annual reports will be shared by the SC DSS DECE with the SC Early Care Advisory Council for their review and support in moving the policy agenda.
- Annually, the SC DSS DEC and First Steps will convene a meeting of the Leads to review progress in meeting indicators and to update the Strategic Plan. Updating will include a review of the objectives and strategies to assess progress and need for revision or creation of new strategies; the identification of changes in existing resources and need for new resources, and a review of progress indicators and the identification of new or needed progress data. As the Strategic Plan evolves, its implementation will be used to inform the updating the Needs Assessment.

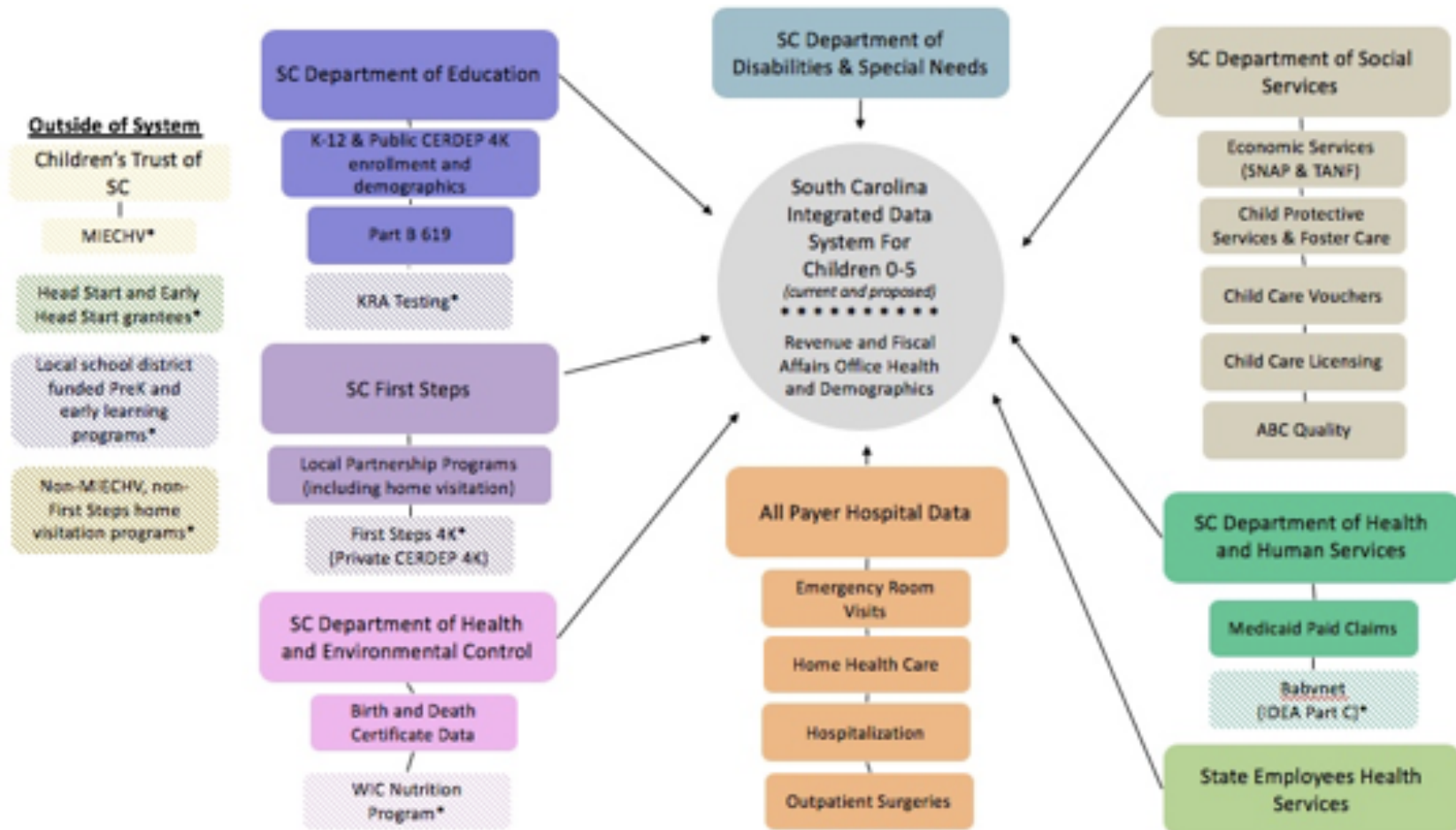## SC PDG Evaluation Plan and Feedback Loops

Activity 6 - Evaluation

- Built into the timeline at intervals throughout year one, the Evaluation Team will meet with the Implementation Teams to share the findings from the formative evaluation and ensure feedback loops are integrated into the project.
- Feedback loops will generate data to assess (with predetermined metrics) the effectiveness of implementation.
- The Implementation Teams will use the data to make strategic decisions about changes to implementation or to continue with current implementation activities.

Baseline Data and Data Sources

SC is rich in data resources. SC's Data Warehouse, established in 1975, is evidence of forward thinking related to program and outcome evaluation and data-driven decision making. The Data Warehouse is located at the South Carolina Revenue and Fiscal Affairs Office (SC-RFA), and has the ability to link individual records of children across multiple agencies for program and outcome evaluation to truly understand the impact of a mixed delivery system.

* Data currently not included in unduplicated count from Integrated Data System

Gaps in Services and Needs Acknowledged Not Addressed in Current Strategic Plan

This Strategic Plan is guided by the concept of leveraging the existing services to strengthen the current ECE system in South Carolina and expand it to scale, where needed. There are some identified needs, listed below, that have not been addressed in the current plan. They either did not rise to the highest priorities in the Needs Assessment or the Strategic Planning Team determined they could not be addressed at this time. These needs will be addressed in the future as the Implementation Team identifies opportunities to do so, as the Strategic Plan evolves.

Quality Across Settings
- Alignment of quality standards across all settings
- Crosswalks between different standards
- Differential monitoring
- Differential funding for different sectors of early care and education from Head Start, to 4K to child care
- Pediatric services in rural areas

Availability and Access to Quality Care
- Funding to serve additional families in high quality programs, across all counties
- Funding for existing local First Steps partnerships programming
- Waiting list to identify families in need
- Information on facilities, quality and capacity

Data Capacity
- Number of eligible number of children awaiting service
- Methods of data collection to measure quality correlated to TA or training
- Data on quality programs including ABC Quality, state prek, Head Start, etc.

- Access to data on programs serving children with IFSPs and IEPs beyond those receiving subsidy
- Workforce data and connection to program quality
- Child outcome data
- Suspension/expulsion data across EC sectors
- Data on number of families of children with disabilities needing child care and those denied enrollment related to disability.

Collaboration and Coordination
- Communication between ECCE providers and school systems

South Carolina Early Care and Education Strategic Plan

FOCUS AREA: EARLY LEARNING AND DEVELOPMENT

Goal 1: South Carolina's children are ready for kindergarten.

Progress Indicators: (County and state level data/disaggregated to understand equity)

Objective 1.1: Increase access to high quality early care and education for families.
- Increased percentage of children (birth to age 5), including low income children and children with disabilities, accessing high quality ECE programs (Public Schools, Centers, FCC, HS/EHS)
- Increased number of high-quality child care and early education programs in areas designated as having insufficient high-quality programs available to families (i.e., child care deserts)

Objective 1.2: Increase access to educational/career pathways for the early care and education workforce.
- Increased percentage of early care and education teachers completing post-secondary education programs
- Availability and accessibility of the Workforce Registry to document educational/career progress and compensation levels of teachers and directors
- Increased number of high schools and community colleges with ECE dual credit programs

Objective 1.3: Expand resources available to strengthen families' ability to more fully participate in development of their children.
- Full implementation of a single point of entry, central web portal for early care and education services for families, early care and education programs and organizations and agencies that support both (First Five South Carolina, comprehensive early childhood portal)
- Increasing number of families and programs using the First Five South Carolina portal, a new central web portal for early care and education services for families, early care and education programs and organizations and agencies that support both
- Materials developed for or provided to early care and education programs and system navigators to use with families that connect daily program activities (curriculum) with family activities that support children's development, including information on resources to address concerns about development
- Increased number of families participating in evidence-based home visitation and parent support services, with a priority given to communities with concentrations of premature birth, low-birth weight infants and infant mortality

Objective 1.4: Increase the availability of information and supports that help families and ECE program and services providers to nurture the success of children with disabilities and children with behavior challenges.
- All Technical Assistance (TA) and training materials for early care and education programs using evidence-based models/frameworks to address the support of children with disabilities and practices that reduce suspension and expulsion.
- Statewide availability of Infant early care mental health consultation

Objective 1.5: Increase support for successful transitions for children from home to ECE programs, from classroom to classroom, across ECE programs a

- Increase number of families participating in Countdown to Kindergarten and other programs that support successful transition of children from home to ECE programs, across programs and into kindergarten
- TA consultation and training material teach practices that support successful transition of all children in their early care and education journey.
- Increase number of young children with disabilities transitioning from Part C to Part B 619 that are served in inclusive environments without disruption of services

Existing Data Sources for Monitoring Progress: Qualitative and Quantitative

- SC Child Care Career Development Training Registry
- South Carolina Early Care and Education Workforce Report (2018)
- South Carolina Early Childhood Data Report (with input from SC Dept. of Education; SC Dept. of Social Services, Division of Early Care and Education; First Steps, Head Start grantees) Kindergarten Readiness Assessment results and other Outcome Factors
- Maternal and Child Health Bureau, SC Dept. of Health and Environmental Control
- South Carolina Parents as Teachers State Office (First Steps)
- SC Home Visiting Consortium (Children's Trust)
- SC CCDF State Plan and related Quality Progress Reports
- SC CCR&R

Barriers and Challenges to Early Learning and Development Goal

- Understanding of all aspects of school readiness by families, early care and education programs and policymakers.
- Limitations on parents' access to knowledge and resources that would help them support their children's early learning and development.
- Limitations on parents' ability to access high quality early care and education programs posed by insufficient capacity, financial restrictions of the families and of the programs to help fund child care assistance.
- Lack of quality infant care
- Access to and a voice to inform policymakers about the importance and return on investment of early childhood education.
- Inconsistency in level of services that support school readiness and access to those services statewide.
- Not all districts qualify for CERDEP (even though parts of the district are clearly in need).
- SC's geographic definition of at-risk children within school districts with a poverty index (essentially Medicaid eligibility) of 75% or greater exclude thousands of vulnerable children living outside eligible districts.
- Disconnection between private, public and Head Start programs, especially in the area of professional development of early care and education workforce.
- Lack of data and research from state DOE on children served by school district preschool programs (who are we serving and where are they coming from?).
- Education level of providers and lack of qualified candidates.
- Need for training directed to a mixed delivery system (family, child care facility), lack of knowledge on Early Learning Standards

Objective 1.1: Increase access to high quality early care and education for families.

Leads:

PDG Maximizing Parent Knowledge Activity 3 Teams A & B

PDG Improving Overall Quality Activity 5 Team

SC Division of Early Care and Education

First Steps

Collaborators:

SC Child Care Resource & Referral Network

SC Head Start

4K

SC Dept of Education

CTK – Countdown to Kindergarten Home Visitation School Transition Program

SC Inclusion Collaborative

SC Dept. Health and Human Services

SC Dept. Mental Health

SC DSS Child Welfare

SC Inclusion Collaborative

SC Infant Mental Health Association

Palmetto Shared Services

T.E.A.C.H.

Center for Child Care Career Development

SC Technical Colleges

SC Child Care Inclusion Collaborative

SC Program for Infant/Toddler Care3

Family Child Care Coalition

PASOs

Stakeholders:

Families

Infant and toddler programs

Child care programs – centers and home

Head Start programs

4K programs

Child care teachers and directors

Part B 619

Part C – BabyNet

Strategy 1.1.1: Increase efforts for outreach to families that are not currently accessing services to help them locate high quality child care and early education programs.

Action Steps:
1. Expand the referral process providing more information to parents, including educating parents on the eligibility process.
2. Identify community organizations and community leaders to be system navigators who can help in developing ways to connect with parents, including going to locations that parents frequent and in a culturally responsive manner.
3. Create a campaign to educate parents and the general public on use of First Five South Carolina, the new comprehensive, central web portal for early care and education services.
4. Equip First Five South Carolina portal with an eligibility screener to direct parents to the programs that best meet their families' needs (e.g., families at 100% of poverty will be directed to Head Start).
5. Expand outreach to families who have children with disabilities to provide more information about inclusion and the Americans with Disabilities Act.

Resources Existing:
- Division of Early Care and Education (DECE) (CCDF Administration Agency) provides broad-based consumer education/marketing campaign about quality child care. A key component of this campaign is to improve awareness of parents and the overall community about key components of high quality child care and available resources/services that provide guidance which enables families to make informed decisions.
- Division of Early Care and Education (DECE) (CCDF Administration Agency) provides training to state and local TANF staff to assure they are knowledgeable and updated on the child care eligibility process and the types of providers parents may select.
- Head Start Family Engagement Framework and recruitment
- Child Care Resource & Referral Network (CCRRN)
- Child Care Resource & Referral Network Dual Language Learner (DLL) initiative
- Child Care Resource & Referral Network Homeless Voucher Initiative
- First Five South Carolina, new central web portal for early care and education services for families, early care and education programs and organizations and agencies that support both.
- Palmetto PreK portal and public awareness campaign
- Resources for and collaboration with system navigators = "no wrong door"
- SC Program for Infant and Toddler Care initiatives provides participating programs with posters that encourage parents to ask how teachers and directors are working to support quality.
- 4K Programs: Child Early Reading Development and Education Programs (CERDEP), Education Improvement Act (EIA) funded 4K, local school district funding

Additional Needed Resources will be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 1.1.2: Assist families in accessing high quality child care and early education programs.

Action Steps:
1. Expand number of child care and preschool programs offering wrap around care.
2. Expand number of and access to quality Infant/Toddler classrooms (contracted slots).
3. Explore innovative financing options for increasing access to quality child care, particularly within child care desert areas in the state, e.g., blending funding models, increasing number of slots allocated to providers who are assessed at higher quality, etc.
4. Create unified public awareness campaign and application portal (Palmetto PreK) for all publicly funded preschool programs that simplifies information on eligibility requirements for families, including: school district, First Steps, Head Start, and child care subsidy assistance.
5. Assess the need for more high-quality early care and education programs to serve children 0-5 with disabilities and identify what resources would be needed for existing programs to adapt facilities and train staff to fill that need.

Resources Existing:
- Head Start Family Engagement Framework
- Head Start and CCDF partnership to provide full day services
- SC legislature supported student tuitions for four-year-old kindergarten in licensed child care to provide full day services
- First Steps provided high quality publicly funded four-year-old kindergarten to the eligible student in 64 of the 81 school districts
- Division of Early Care and Education (DECE, SC DSS) has state-level grant agreement with the United Way Association of SC to provide support for local, community-based afterschool programs, programs that care for children with special needs, and child care availability. In addition, the DECE maintains agreements with some local First Steps County Partnerships to expand the availability of child care across the state.
- SCIC provided training (free online training modules provision of ADA and information on inclusion in general) and coaching to child care providers to support inclusion of children with disabilities in child care programs
- First Steps Partnerships offer both SC vouchers and private child care scholarships
- First Steps Strategic Plan 2015-2020
- Increase access and quality child care, parent support, and school transition programs statewide (parent and child care partners, Kindergarten teachers).
- Fully implement quality enhancement program with child care 4K partners and First Steps partnerships

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 1.1.3: Increase the supply of high quality child care facilities available to families by increasing participation in and quality supports for ABC Quality, the state's Quality Rating and Improvement system (ABCQ).

Action Steps:
1. Increase participation in ABCQ by fully implementing the revised ABCQ which includes new eligibility criteria to address mandated federal and state requirements, alignment with the Head Start Performance Standards and the Early Learning Standards (ELS) and use of a new system that recognizes and builds on programs' individual strengths.
2. Expand ABC Quality to include mixed delivery settings, such as state funded PreK within school districts, Head Start programs, etc.
3. Expand the training and reliability checks of knowledgeable and effective assessors and technical assistance providers.
4. Develop a process by which programs receive technical assistance to implement a plan for continuous quality improvement.
5. Increase coordination and collaboration across entities working with child care centers and home-based providers (ABCQ, licensing, CCR&R, First Steps 4K and Quality Enhancement, PITC, Inclusion Collaborative) so that consistent messaging is given to programs about ABCQ.
6. Project the need for additional funding as more programs participate in the ABCQ.
7. Identify strategies that will increase successful recruitment and retention of qualified child care teachers and recommend them to the ABCQ program.
8. Develop sustainability incentives for programs achieving higher levels of quality.

Resources Existing:
- A variety of provider incentives are being considered such as salary supplements for higher quality programs, quality stipends for higher quality programs, quality enrollment awards, longevity quality awards, quality supplement grants, continuous quality improvement grants, and possibly shared services memberships as described in the current Preschool Development Grant Start.
- Center for Child Care Career Development work with SC Technical College system on courses, credentials and bonuses
- Hosting of Early Childhood Leadership Institute for ECE departments in technical colleges for networking with other ECE organizations
- First Steps – state office and local partnerships with Child Care Quality Enhancement (coaching model) and support strategies
- Countdown to Kindergarten (CTK) – grassroots relationship-based home visitation school transition program, pairing high risk rising kindergarteners with future teachers during the summer before school entry. Helped more than 11,000 children since 2004.
- Mobile library and museums provide services to child care programs.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 1.1.4: Expand the supply of quality family child care programs, targeting geographic areas where there is insufficient capacity of child care, including a focus on rural areas.

Action Steps:
1. Expand the capacity of the quality coaching program to serve family child care homes and market to family child care providers.
2. Create a program to incentivize the establishment of new family child care providers.
3. Expand the marketing of options and supports available to family child care homes.
4. Request that all programs/agencies who work with child care programs include in their scope of work ways they can support the expansion of family child care programs.
5. Provide specialized professional development to family child care home providers on supporting children with disabilities.
6. Provide specialized professional development to family child care home providers on providing infant care.

Resources Existing:
- Use of a designated quality coach who works with family child care (Child Care Resource & Referral Network)
- Family Child Care Super Saturdays – training
- Family Child Care Coalition
- First Steps County Partnerships quality enhancement initiative for family and group child care home providers
- Increased reimbursement rates for family child care: all ABCQ participants
- T.E.A.C.H. Smart Money bonus for completing ECE course

Additional Needed Resources to be Identified by the Leads and Collaborators

Start and Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 1.2: Increase access to educational/career pathway for early care and education workforce.

Leads:

PDG Improving Overall Quality
Activity 5 Team
SC Division of Early Care and Education,
Center for Career Development

Collaborators:

First Steps
Child Care Resource & Referral Network
SC Program for Infant/Toddler Care
SC Technical College ECE programs
SC Program for Infant/Toddler Care
Be Well Care Well
T.E.A.C.H.

Stakeholders:

Child care programs – center and homes
Head Start
4K
Child care teachers and directors
Children in child care classrooms

Strategy 1.2.1: Expand and enhance coaching and mentoring programs to child care facilities.

Action Steps:
1. Expand access for classroom teachers to training on Intentional Teaching Practices, a part of the ABCQ (state's QRIS) assessment.
2. Provide strength-based coaching classes for Technical Assistance Providers (TAPs) (i.e., Expanding Quality Coaching Model).
3. Review TA and training models to update and create consistency in approaches used in the field.
4. Create expanded system to track training and TA activities connected to progress of programs.
5. Provide intensive professional development opportunities (seminars) statewide on essential aspects of infant/toddler care for directors and teachers.
6. Integrate infant and early childhood mental health coaching into existing coaching programs that support child care providers across the state in supporting children and families with "risk" factors, when Infant and Early Childhood Mental Health (IECHM) Consultation Network is established (see Strategy 2.3.1).

Resources Existing:
- Pyramid Model, Conscious Discipline Model, System tracking TA and training
- SCIC provided training (free online modules on ADA and information about inclusion in general) and coaching to child care providers to support inclusion of children with disabilities in child care programs.
- First Steps Quality Enhancement program provides Technical Assistants to work with child care providers and teachers to improve their strategies and skill.
- First Steps sponsors certified training for child care staff through the SC Center for Child Care Career Development.
- SC inclusion Collaborative works with Inclusion Specialists to implement CARS's Kit Professional Development Framework in Child Care, providing intensive professional development experience for directors and teachers to identify opportunities for individualization and adaptations to the environment so that all children can participate.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 1.2.2: Expand professional learning opportunities for the early care and education workforce.

Action Steps:
1. Complete development of Workforce Registry to help teachers and directors track and document their professional development.
2. Complete update to the state's ECE career ladder.
3. Expand and enhance existing incentives for professional development that encourages stability in workforce.
4. Assess availability and accessibility to training and education opportunities, e.g., expanding the number of high schools and community colleges with dual credit programs in early care and education, etc.
5. Assess training and education opportunities offered to create a balance between those that use learning methods that have greatest impact on change in practice versus those that are less costly and more accessible (e.g., online learning vs in-person coaching).
6. Ensure access considers diversity of the early care and education workforce, i.e., age, race, ethnicity, language, education, experience.
7. Identify opportunities for shared professional development across workforce sectors.

Resources Existing:
- CCDF State Plan
- Training on Intentional Teaching Practices, a part of the ABCQ (state's QRIS) assessment
- Online training
- SCIC online training modules on Developmental Screening and the Americans with Disabilities Act
- First Steps sponsors certified training for child care staff through the SC Center for Child Care Career Development
- Child Care Resource & Referral training
- Palmetto PreK, a collaboration among the state's publicly funded preschool programs (public school, First Steps, Head Start, and SC Voucher child care subsidy assistance).
- Training on dual language learners – Child Care Resource & Referral Network Dual Language Learner Initiative
- Training on Revised Early Learning Standards completed – proposed pilot of training and technical assistance to incorporate ELS into programs
- Early Learning Standards and Family Guide in Spanish
- Copies of Early Learning Standards provided to 4K classrooms, Head Start classrooms, to technical colleges for classroom use, to TA providers
- SCIMHA oversees SC's license to use the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship -Focused Practice Promoting Infant Mental Health for workforce development.
- SC Inclusion Collaborative provides trailing to child care program about how to conduct the Ages and Stages Questionnaire, how to talk to families about results and how to make referrals.
- SCDE, Office of Special Education Services is providing high-quality professional development opportunities using multiple methods ranging

from online modules, face-to-face presentations, webinars, and follow-up on-site collaborative consultations with feedback to practitioners and administrators. Professional development activities should be posted and archived on the SCDE website for future use whenever possible. It is further recommended that the SCDE pursue collaboration across early childhood sectors and agencies including early childhood education, special education, early care and education, Head Start, BabyNet, First Steps to School Readiness, and other early childhood service providers. A statewide implementation schedule for personnel in the multiple early childhood sectors should be developed based on an annual needs assessment that may include a statewide survey of practitioners and key administrators and practitioners in the multiple early care and education sectors. Professional development activities aligned with the evidence-based and evidence-informed recommendations.

- South Carolina Early Care & Education Workforce Report 2018
- Build on inaugural Palmetto PreK Jamboree model for subsequent training opportunities

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 1.3: Expand resources available to strengthen families' ability to more fully participate in development of their children

Leads:	Collaborators:	Stakeholders:
PDG Maximizing Parent Knowledge Activity 3 Teams A & B	Help Me Grow SC	Families
SC Home Visiting Consortium (Children's Trust)	SC Division of Early Care and Education	Child care programs
SC DHEC, Maternal and Child Health Bureau Title V Program	PASOs	Head Start
	First Steps	4K
	SC Child Care Resource & Referral Network	
	SC Inclusion Collaborative	
	Family Connection of SC	
	Libraries	
	Museum associations	
	County Depts. of Social Services	
	County Depts. of Health	
	Home Visitation program	
	Part C BabyNet	
	Part B 619	
	SC Infant Mental Health Association	
	Parents as Teachers State Office	

Strategy 1.3.1: Develop and provide materials for families about practices and activities that support children's development to help them be ready for school, with a special emphasis on how to do that within a busy and stressful family schedule.

Action Steps:

1. Assess the availability of printed and e-materials for families that provide information on child development with suggestions for easy-to-do, quick family activities that support children's development.
2. Assess materials on suggested family activities to ensure that they show the connection between child care program activities and family activities.
3. Partner with ECE serving agencies to distribute materials to families that encourage family activities supporting child development and that describe informal, family-centered learning opportunities within communities (libraries, museums, etc.). Update and provide "Profile of the Ready Kindergartner" and related information on early learning standards to parents and professionals.
4. Assess existing early care and education materials for families and plan for revisions to improve accessibility based on families' characteristics, such as race, ethnicity, home language, education level, disabilities of parents and children with disabilities, etc.
5. Create system of Family Engagement Managers to support families in developing practices that support children's development.

Resources Existing:

- Text to Read program through Part B619 and Office of Special Education Services.
- First Five South Carolina portal as delivery system
- First Steps 4K classrooms have licenses to share the use of "Ready Rosie" with parents, a program that uses video modeling and mobile technology to model active learning activities.
- Help Me Grow SC provides printed and digital versions of simple, everyday activities that families can do to support a child's development. All are medically reviewed and available in English and Spanish.
- SC Program for Infant and Toddler Care provides trainings and strengths-based, reflective coaching to help teachers and director understand the important of family involvement and implement practices that welcome families and encourage them to be engaged.
- Training on dual language learners – Child Care Resource & Referral Network Dual Language Learner Initiative.
- CCR&R Lunch and Learn sessions for parents seeking child care.
- Head Start comprehensive services, including family support staff, and bilingual staff
- First Steps 4K has procured licensed for all of the classrooms to freely share the use of "Ready Rosie" with parents, using video modeling and mobile technology to build partnership between families and teachers.
- SCIC has developed an online training modules and written materials for families of children with disabilities on finding child care and their rights under the ADA, "ADA Basics for Families Making Child Care Decisions." These materials were developed in conjunction with Family Connection. In addition, there is ongoing work on developing materials for families related to the transition for children with disabilities.
- Parents as Teachers program

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 1.3.2: Expand home visiting programs and other parent support services to engage parents and demonstrate practices that support children's development.

Action Steps:
1. Review current infrastructure for home visiting and parent support programs and the correlation with communities of high need, i.e., those with concentrations of premature birth, low-birth weight infants and infant mortality
2. Identify gaps in service and propose strategies for expansion of home visiting.
3. Ensure that home visiting and parent support practices are culturally responsive and linguistically accessible for parents.
4. Ensure that home visiting and parent support practices include supports for parents with disabilities.
5. Keep home visiting specialists informed of all ECE local and state programs and agencies that support families, e.g., First Five South Carolina portal, materials on family activities that support children's development, child care assistance programs, Child Care Resource & Referral services, Part C BabyNet, etc.
6. Maintain and enhance the resources and infrastructure required for community-based organizations to implement evidence-based home visiting and parent support programs with fidelity and continued quality improvement.
7. Expand local Parents as Teachers affiliates and other evidence-based home visitation and support programs in underserved areas of SC.

Resources Existing:
- Home visiting program inventory – SC Dept. of Health and Environmental Control, The Children's Trust
- Training on dual language learners
- Child Care Resource & Referral Network
- "Profile of the Ready Kindergartner" and related information on early learning standards for parents and professionals
- Parents as Teachers program

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 1.4: Increase the availability of information and supports that help families and ECE program and services providers to nurture the success of children with disabilities and children with behavior challenges.

Leads:	Collaborators:	Stakeholders:
SC Inclusion Collaborative (SCIC)	SC Division of Early Care and Education	Families
Center for Child Care Career Development	First Steps	Child care programs
	BabyNet	Child care teachers and directors
	Family Connection	Head Start programs
	SC Dept. of Education, Office of Special Education Services (OSES) IDEA Part B	4K programs
	SC Program for Infant/Toddler Care	
	Institutions of Higher Education (2 and 4 year)	
	SC Infant Mental Health Association	
	Help Me Grow	

Strategy 1.4.1: **Expand options that support services to ECE programs and families of children with disabilities and children with behavior challenges.**

Action Steps:
1. Provide information on mental health support services to families and all programs serving families with young children, especially early care and education programs using communication delivery systems such as First Five, First Steps, libraries, health care providers, social service providers, etc.
2. Assess adequacy of TA content and delivery strategies to support preschool programs in becoming more accessible and responsive to children with disabilities and children with behavior challenges, revise as needed.
3. Provide TA and coaching services for early care and education programs specific to practices that reduce suspensions and expulsions including methods for addressing challenging behaviors.
4. Provide infant early childhood mental health consultation services to child care providers statewide. via the IECMH – Infant-Early Childhood Mental Health-Consultation Network proposed in the initial PDG grant – Activity 4.
5. Expand access to Inclusion Specialists across the early childhood mixed delivery system.
6. Request that higher education early childhood program instructors and professors assess the adequacy of their materials in teaching about inclusion and supporting children with disabilities in early childhood programs.
7. Explore adding the ADA online course to the training requirements for directors and providers.

Resources Existing:
- Early Learning Standards revised to address shared expectations for learning and development of all children. Development partners: SCDHEC, SC Dept. Mental Health, SCIC, SCPITC, SC Child Care Resource & Referral Network, Help Me Grow SC, SC Dept. of Disabilities and Special Needs, IDEA Part B and Part C, Family Connection of SC
- Dual EC/ECSE certification program degree program at USC
- ECSE add-on certification for teachers
- Special Needs credential through Center for Child Care Career Development
- SCIMHA oversees SC's license to use the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship -Focused Practice Promoting Infant Mental Health for workforce development.
- SCIC has developed free online training modules for child care providers on the provision of the ADA and information about inclusion in general.
- SCIMHA oversees SC's license to use the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship -Focused Practice Promoting Infant Mental Health for workforce development

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 1.5: Increase support for successful transitions for children from home to ECE programs, from classroom to classroom, across ECE programs and into kindergarten.

Leads:	Collaborators:	Stakeholders:
PDG Sharing Best Practices Activity 4	SC Division of Early Care and Education SC Inclusion Collaborative SC Infant Mental Health Association First Steps SC School Improvement Council School districts Family Connection SC Dept. of Education, Office of Special Education Services (OSES) IDEA Part B IDEA Part C (BabyNet) Local First Steps partnerships Family Engagement Centers CTK – Countdown to Kindergarten Home Visitation School Transition Program	Families Early care and education programs Schools Elementary schools Teachers

Strategy 1.5.1: Expand access to materials and services that support families and children in all transition processes including children and families not participating in a formal preschool experience.

Action Steps:

1. Expand relationship-based school transition strategies, such as Countdown to Kindergarten and School Improvement Council Support for Kindergarten Transition.
2. Increase shared resources for school districts and other community-based organizations to support kindergarten transition, including sharing of data, building relationships between preschool programs (including pre-K) and kindergarten programs, and exploring the use of ESSA dollars (Every Student Succeeds Act) to support transition.
3. Expand training and coaching for ECE programs to support their development of protocols and policies for children's transitions from home to ECE program, from classroom to classroom and to other ECE programs.
4. Provide guidance materials, TA and coaching services to support the successful transition of children with disabilities across federal, state, and local programs.
5. Ensure that information on the role of transition in child development is provided to families through multiple delivery systems including First Five, First Steps, ECE programs, health providers, mental health providers, etc.

Resources Existing:

- IDEA Part C (BabyNet)
- IDEA Part B 619
- Head Start transition protocols and practices
- Countdown to Kindergarten (CTK) – grassroots relationship-based home visitation school transition program, pairing high risk rising kindergarteners with future teachers during the summer before school entry. Helped more than 11,000 children since 2004.
- First Steps 4K classrooms have licenses to share the use of "Ready Rosie" with parents, a program that uses video modeling and mobile technology to model active learning activities
- School Improvement Council Support for Kindergarten Transition

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

FOCUS AREA: CHILD HEALTH AND WELL-BEING

Goal 2: South Carolina's youngest children are safe and healthy, both physically and mentally.

Progress Indicators: (County and state level data/disaggregated to understand equity)

Objective 2.1: Ensure all children have a medical home and dental care.
- Increase in the number of children with an identified medical home and utilization of dental care

Objective 2.2: Increase access to early intervention for all children, ages birth through age 5, so that children with identified delays are referred early and receive services.
- Increase in the number of children screened, identified and accessing early intervention services via Part C, B619 (Birth Through Five) (Identification of base #)

Objective 2.3: Increase mental health promotion, prevention and intervention services and supports for children, birth through five, and their families.
- Increase in qualified mental health service providers that support children birth through five and families. (increased endorsement)
- Increase in the number of children served by a mental health service provider
- Increase in number of providers receiving pre-service and in-service preparation programs related to: trauma informed care and responsiveness, social emotional development and infant mental health, positive child guidance, caregiver well-being, Adverse Childhood Experiences (ACEs), Strengthening Families Protective Factors

Objective 2.4: Increase education and resources for families and ECE providers that address nutrition and physical activity, and child safety.
- Increase the number of early care and education programs who meet nutrition and physical activity standards (ABC Quality)
- Increase in utilization of WIC, SNAP and other public supports for nutrition and wellness for children birth through five
- Increase enrollment of ECE program in the CACFP (Child and Adult Care Food Program)
- Identification of measures for family access to physical activity
- Increase in the number of early care and education programs that provide information to families on child safety, including abuse and neglect, environmental hazards, physical environment, safe sleep, and car seats (ABC Quality)

Existing Data Sources for Monitoring Progress: Qualitative and Quantitative

- South Carolina Early Childhood Data Report
- SC Head Start
- Alliance for a Healthier South Carolina (2018). Live Healthy South Carolina, South Carolina State Health Assessment.
- BabyNet, IDEA Part C Program, SC Dept of Health and Human Services
- Part B 619, SC Department of Education, Office of Special Education Services
- Existing programs that support children's physical, mental, behavioral and social and emotional health – First Steps, Child Find, YMCA, Head Start
- SC Thrive
- HHS Billing / Medicaid
- Child find task force
- ABC Quality
- Immunization data
- CACFP
- SC Program for Infant Toddler Care
- SC Inclusion Collaborative
- SC Infant and Early Childhood Mental Health
- Help Me Grow SC

Barriers and Challenges to Health and Well-Being Goal

- Trained workforce to support system
- Adherence to federal guidelines, e.g,, Medicaid restrictions on transportation supports
- Timeliness of early intervention
- Referral and evaluation process too lengthy
- Lack of awareness of how to access services
- Lack of bilingual materials and staff
- Lack of collaboration among statewide systems
- Fragmentation in services
- Lack of service availability (capacity) in rural areas/transient populations – pediatricians are not available in every county.
- Immunization registry data not available to many payer organizations, including the Medicaid managed care organizations (POLICY ACTION STEP)
- Immigration Status – no access

Objective 2.1: Ensure all children have a medical home and dental care.

Leads:

PDG Maximizing Parent Knowledge Activity 3

Collaborators:

Idea Part C BabyNet, SC Dept of Education, Office of Special Education Services
SC Thrive
Child Well Being Coalition
Oral Health Coalition
Alliance for a Healthier South Carolina

Stakeholders:

Families
Children
ECE Providers

Strategy 2.1.1: Develop campaign to inform families, child care and education programs and organizations providing services to families about resources that support all families accessing a medical home and dental care for their children, especially low-income families, vulnerable populations (children experiencing homelessness, children with disabilities), families of diverse cultures, families who are non-English speaking.

Action Steps:
1. Support BabyNet strategy of increasing identification and referrals of IDEA Part C children who are already in the Medicaid system.
2. Assess all materials to ensure they are culturally appropriate and versions are available in the home language of families being served or translators are available.
3. Assess availability of pediatric and dental services to families in rural areas and for transient populations and pass information to Leads for Strategy 4.2.2 with request that information be included in messaging to legislators.

Resources Existing:
- SC Child Well Being Coalition has a Health workgroup that is focusing on coordination and access in comprehensive health care for children.
- BabyNet, IDEA Part C Program, SC Dept. of Health and Human Services.
- Quality Through Technology and Innovation in Pediatrics (QTIP), a statewide pediatric ambulatory care quality improvement collaborative
- SC DHHS contract with the SC Office of Rural Health (SCORH) to support rural practices in achieving the National Committee for Quality Assurance's (NCQA's) Patient-Centered Medical Home (PCMH) recognition.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 2.2: Increase access to early intervention for children, ages birth through age 5, so that children with identified delays are referred early and receive services.

Leads:

Help Me Grow
IDEA Part C BabyNet
IDEA B 619
SC Children's Trust (HV) / MIECVH

Collaborators:

SC Division of Early Care and Education
First Steps
AAP/QTIP
Medicaid
SC Inclusion Collaborative (developmental screening initiatives)
Family Connection
SC Partnerships for Inclusion
SC Thrive
Department of Mental Health
Child Find Task Force
SC Dept of Education – Early Learning and Literacy
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Stakeholders:

ECE Providers/Workforce
Children
Families

Strategy 2.2.1 Develop a system of universal developmental screening and referral.

Action Steps:
1. Expand training and technical assistance to early care and education programs to incorporate developmental screening into their programs.
2. Expand training and technical assistance on developmental screening to health providers and home visiting staff.
3. Review tools used for assessment and evaluation processes for early intervention and special education services to assure they are culturally and linguistically appropriate.

Resources Existing:
- SC MCH Bureau – In their 5 Year State Action Plan, one of their priorities is increasing appropriate preventive and health developmental screenings and referral to early intervention services.   A second priority is to improve care coordination for children and youth with special health care needs.
- SCDE is recommending a review of the current Child Find process be conducted to assure that all eligible children are being provided with appropriate services and that Child Find is implemented in collaboration with BabyNet. Further, it is recommended that a study be conducted in order to determine Child Find strategies are utilized across local educational agencies, including public awareness, outreach, and coordinated activities with BabyNet, Head Start and other early care and education providers. (IDEA Part B Preschool Children)
- South Carolina Partnerships for Inclusion is funded through Part B619 dollars to support school districts to increase inclusive opportunities for children 3-5. Districts who participate could identify Child Find as an area for improvement.
- SC Inclusion Collaborative provides trailing to child care program about how to conduct the Ages and Stages Questionnaire, how to talk to families about results and how to make referrals.
- Alliance for a Healthier South Carolina (State Health Improvement Plan SHIP)
  - Priority 1: Aim is to build resilience in South Carolina's children through safe and supportive environments.
  - Goal 2 under that priority is: Increase capacity to train providers on evidence-based screenings and interventions that build resilience and improve child health outcomes.
  - Strategies:
    - Identify training needs for evidence-based screenings and interventions that improve child health outcomes.
    - Coordinate through partners to meet training gaps.
    - Encourage partners to learn about the impact of ACEs on early childhood brain development, health and well-being through training offered by Children's Trust of South Carolina.
- The South Carolina Child Care Inclusion Collaborative (SCIC) has resources (materials and training) to support child care providers to conduct developmental screening (ASQ-3) and make appropriate referrals for children who may need further evaluation.
- First Steps conducts at least one developmental screening each year with their scholarship children and connects families to needed services within the community.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 2.2.2: Provide options for families who have needs that do not meet criteria for state early intervention services.

Action Steps:
1. Expand access to full day 4k statewide.
2. Expand access to Home Visitation programs statewide.

Resources Existing and Additional Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 2.3: Increase mental health promotion, prevention and intervention services and supports for children birth through five and families.

Leads:

PDG Sharing Best Practices, Activity Team 4
SC Infant and Early Childhood Mental Health Initiative
SC Division of Early Care and Education
Help Me Grow

Collaborators:

SC Children's Trust
SC Program for Infant/Toddler Care
SC Inclusion Collaborative
SC Dept of Mental Health
SC Dept of Social Services, Child Welfare
SC Dept Health & Environmental Control
Therapeutic Child Care Program directors
Child Advocacy Centers
First Steps
First Steps Local Partnerships
SC American Academy of Pediatrics
SC Children's Hospital Collaborative
AAP/ QTIP
SC Center for Child Care Career Development
University of South Carolina
SC Institutions of Higher Education
Pyramid Model State Leadership Team
SC Child Care Resource & Referral

Stakeholders:

Families
Children
Children attending child care with vouchers
Children and families in the child welfare system
Children and families experiencing homelessness Child Care Providers,
ECE Workforce
Pediatricians

Strategy 2.3.1: Provide information and professional learning opportunities to early care and education professionals and child-serving agency partners about infant and early childhood mental health promotion, prevention, interventions, and trauma informed practice to support children and families experiencing hardship and stress.

Action Steps:

1. Create statewide IECMH Consultation Network to provide targeted services for child care providers and families with children exhibiting challenging behaviors.
2. Expand and support the early childhood workforce's use of evidence-based curriculum and frameworks for supporting children's social and emotional development (Conscious Discipline, Pyramid Model, etc.).
3. Train additional child and family-serving professionals in Attachment Biobehavioral Catch-up intervention.
4. At least annually, provide advanced training opportunities that are open to all child-serving partners on topics related to infant and early childhood mental health.
5. Provide infrastructure development to SCIMHA with the expectation that SCIMHA will provide technical assistance and consultation to state child-serving agencies to promote infant and early childhood mental health informed policies and practices.
6. Identify resources to increase the number of Therapeutic Child Care programs in the state.
7. Expand Be Well Care Well to support the well-being of child care providers so they can better attend to the social-emotional needs of the young children in their care.
8. Create multiple professional development opportunities focused on infant and early care mental health competencies for all the interdisciplinary workforce including those caring for and teaching young children and those who work on prevention and treatment: e.g., IECMH Leaders Fellowship program, IECMH reflective supervision cohorts, etc.

Resources Existing:

- Alliance for a Healthier South Carolina (State Health Improvement Plan SHIP) Goal 3 and 4
- The Be Well Care Well program at MUSC was initiated to provide support directly to caregivers to reduce stress and help them make personal choices that enable them to succeed. In addition, educational support is provided for staff who provide training/technical assistance/ assessments to caregiving staff. A cohort of early childhood professionals who provide leadership for SC's early care and education community is supported toward achieving a M.Ed. in early childhood education and annual leadership events are hosted for all cohort graduates. The current cohort was funded for 13 students during the reporting period. An annual Advance Training event for SCPITC provides professional development for those who support the workforce as well.
- Following designation as an Office of Child Care Impact Project, SCPITC developed an Infant Early Childhood Mental Health Initiative, which was funded initially by the Division of Early Care and Education with CCDF funding and then joined by W.K. Kellogg Foundation funding.

- SCIMHA oversees SC's license to use the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship -Focused Practice Promoting Infant Mental Health for workforce development.
- Safe Baby Courts - The SBC model creates focused, interdisciplinary support teams that include mental health service providers, child welfare workers, early care and education providers, pediatricians, attorneys, guardian ad litem, judges, law enforcement, home visitors, early interventionists and others. The interdisciplinary professionals in the SBC service areas receive specialized training in infant mental health and work together to integrate services for families and young children who have experienced trauma and are engaged with the child welfare system
- ABC (Attachment Biobehavioral Catch-up) is a specialized, home-based intervention for caregivers with children 6mo - 24mo old who have experienced trauma or hardship. It is a relatively low cost, low intensity (10 hours), targeted evidence-based intervention.
- SC Infant Mental Health Association – Attachment Biobehavioral Catch-up (ABC) coaches
- IECMH Leaders Fellowship program – see Charley Zeanah's model in Louisiana
- Safe Baby Courts - The SBC model creates focused, interdisciplinary support teams that include mental health service providers, child welfare workers, early care and education providers, pediatricians, attorneys, guardian ad litem, judges, law enforcement, home visitors, early interventionists and others

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 2.3.2: Provide information and materials for families, child care and early education programs and medical providers on need for social/emotional screenings at all well-child checkups.

Action Steps:
1. Assess all materials to ensure they are culturally appropriate, and versions are available in languages of families being served or translators are available.
2. Create an expansive marketing campaign that promotes importance of social-emotional health in young children and drives people to visit the First Five South Carolina and Help Me Grow websites or ask their pediatrician about a social emotional screening at their child's next visit.
3. Engage in direct outreach to pediatricians to emphasize absolute importance of early referrals.
4. Ensure a system of supports and services exist when a Social/Emotional screener indicates a need for further evaluation and possible intervention/treatment for children 0-5 and their families.
5. Increase the number of mental health clinicians prepared to support children (0-5) and their families with evidence-based treatment models.
6. Develop a network of Infant Early Childhood Mental Health Consultants and Behavior Specialists that can support early care and education providers across the mixed delivery system to respond appropriately to challenging behavior and to reduce or eliminate the use of exclusionary practices such as suspension or expulsion.

Resources Existing:
- PDG Pyramid Model train the trainer initiative: By December of 2019, up to 40 people who are certified trainers and/or certified technical assistance providers through the Center for Child Care Career Development will be trained to provide training to early care and education providers in Tiers 1 and 2 of the Pyramid Model and these individuals will be reliable in 2 fidelity observation tools (TPITOS and TPOT).
- SCIMHA oversees SC's license to use the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship -Focused Practice Promoting Infant Mental Health for workforce development.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 2.3.3: Expand ECE teacher and other child and family-serving disciplines' pre-service and in-service preparation programs to include education on infant and early childhood mental health concepts including: trauma informed care and responsiveness, social emotional health and development, positive child guidance, Adverse Childhood Experiences (ACEs), Strengthening Families Protective Factors, and caregiver well-being.

Action Steps:
1. Develop and implement a process/framework to identify and support early care and education programs across the mixed delivery system to implement the Pyramid Model program wide.
2. Train all certified TAPs and Trainers in ACEs.
3. Convene a higher education, cross-disciplinary committee of higher ed leaders from multiple areas of studies across colleges and universities in the state to create a three-tiered plan to embed infant and early childhood mental health concepts into course curriculum: 1) embed into existing coursework, 2) create a complete course syllabus for a class focused specifically on infant and early childhood mental health that can be used and tweaked to fit across any discipline that produces professionals who will work with young children and families, and 3) add infant and early childhood mental certification as a specialization within a degree program.
4. Work with medical universities to create opportunities for pediatric residents to learn about infant and early childhood mental health topics.
5. Children's Trust continue to create and promote opportunities for stakeholders to receive ACEs training by connecting to Master ACEs trainers.

Resources Existing:
- CCRRN Homeless Support Liaison provides training on Adverse Childhood Experiences (ACEs)PDG Pyramid Model train the trainer initiative. By December of 2019, up to 40 people who are certified trainers and/or certified technical assistance providers through the Center for Child Care Career Development will be trained to provide training to early care and education providers in Tiers 1 and 2 of the Pyramid Model and these individuals will be reliable in 2 fidelity observation tools (TPITOS and TPOT).
- Social Emotional Mental Health - The Division of Early Care and Education (DECE) staff is working on an interagency committee to assist the state as a Pyramid Model state. This is focused on using existing delivery models, such as CCR&R, SCIC, public education, IDEA Part B 619 and Part C service providers, community mental health centers, and the child care community to train a Master Cadre of experts who will provide supports for the workforce in using a tiered system of behavioral supports and interventions. During the State Plan period, this team will utilize the Master Cadre to develop model implementation sites and explore methods to embed professional development for the workforce into regular training opportunities.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 2.4: Increase education and resources for families and ECE providers that address nutrition and physical activity and child safety.

Leads:

SC Division of Early Care and Education

Collaborators:

SC Child Care Resource & Referral

First Steps

ABC Quality

SC Dept. of Health and Environmental Control

Be Well Care Well

Children's Trust of SC

SC Child Care Licensing

Stakeholders:

ECE providers

Families

Strategy 2.4.1   Increase access to information on practices that support nutrition and physical activity standards

Action Steps:
1. Increase adherence to nutrition and physical activity standards (ABC Quality) by ECE providers.
2. Assure that there is TA and training available to ECE providers that presents a consistent and up-to-date message on best practices for nutrition and physical activity.
3. Assess use of CACFP (Child and Adult Care Food Program) by ECE programs and develop strategies to improve access.
4. Provide information on good nutrition and physical activity practices to families using multiple delivery systems including First Five South Carolina, First Steps, ECE programs, health providers, etc.
5. Assess all information to ensure that it is culturally appropriate and versions are available in languages of families being served or translators are available.
6. Provide information to families and ECE providers on how to access nutritional support programs such as WIC and SNAP.

Resources Existing:
- ABCQ has 3 health educators who provide TA and training to child care programs serving infants on the topics of infant nutrition, including breastfeeding.
- Breastfeeding Friendly Child Care initiative – has program designation program and materials for families
- Be Well Care Well health educators serving as coaches for healthy living
- Outdoor Learning initiative
- SC MCH – support for breastfeeding initiative, support for physical fitness among children
- SC Child Well Being Coalition (Children's Trust of SC) – the Community and Economic workgroups ae focusing on utilization of nutrition programs by eligible families in poverty.
- First Steps sponsors certified training for child care staff through the SC Center for Child Care Career Development including the topics of nutrition, health and safety
- Physical Health
  - Division of Early Care and Education (DECE, SC DSS) has partnered for 6+ years with SC DHEC to improve the nutrition and physical activity standards in the state QRIS (ABCQ). A variety of nutrition and physical activity standards have been embedded in the ABCQ standards to improve the well-being of young children served. DHEC has provided a small grant to ABCQ to advance this initiative. A report summarizing the findings over the first 5 years (released 2018). An offshoot of this initiative has been the Breastfeeding Friendly designation now available statewide under the auspices of the SC Program for Infant Toddler Care (SCPITC), a fully funded initiative of the DECE. Additionally, another offshoot has been the Outdoor Learning Environment initiative, which promotes naturalization of the outdoor learning environment to encourage physical activity and learning. The DECE was awarded a Team Nutrition grant which led to

the inclusion of three health educators in ABCQ, thereby providing another resource to programs implementing healthier menus and increased physical activity.

- The long-standing partnership between the SC Department of Health and Environmental Control (SC DHEC) and the LA opened opportunities through the Centers for Disease Control and Preventive Health and Health Services Block Grant for professional development related to nutrition, physical activity, and outdoor learning. Technical assistance resources were funded by the National Academy of Sciences with products specific to ABCQ enrolled family child care providers

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 2.4.2   Develop an ongoing annual campaign to alert families and ECE providers to child safety hazards.

Action Steps:
1. Assess all existing materials to ensure they are culturally appropriate and versions are available in languages of families being served or translators are available.
2. Incorporate information into First Five South Carolina portal with monthly alerts on rotating topics.
3. Provide information to other providers of services to families of young children: First Steps, health providers, social service providers, etc.

Resources Existing:
- SC Child Care Licensing
- First Steps local Partnerships
- Children's Trust
- Safe Sleep Coalition
-

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

FOCUS AREA: FAMILY AND COMMUNITY ENGAGEMENT AND ACCESS TO SUPPORTS

> **Goal 3:** South Carolina's families with young children are supported by communities and organizations that are family friendly and are culturally responsive, inclusive and linguistically accessible.

Progress Indicators: (County and state level data/disaggregated to understand equity)

Objective 3.1: **Expand transportation services for families so they can access services and enriching experiences.**
- Revised Medicaid transportation policy that allows families to bring all children to medical visits.
- Increased usage of Medicaid transportation supports.

Objective 3.2: **Enhance information available to families, ECE programs and all organizations providing services to families with children, birth through 5 years, to support young children and their families' needs related to self-sufficiency, physical health, mental health and early education.**
- Fully launched First Five South Carolina web portal with marketing to families and service providers.
- Available navigators to help both English speaking and non-English speaking families and families with disabilities access information on First Five South Carolina.
- Identified system of navigators to assist families in accessing services.

Objective 3.3: **Coordinate and align services to families to make them more comprehensive and inclusive.**
- Families are included in the design and evaluation of resources and delivery systems for services.
- Services are targeted to identified geographic areas and demographic groups that lack specific services.

Existing Data Sources for Monitoring Progress: Qualitative and Quantitative
- SC's toolkit for family engagement: https://scchildcare.org/media/57088/SC-ABCQ-Family-Engagement-Toolkit-12212017-v2.pdf
- Following resource has a list of indicators that could be used to develop performance indicators at the system level. https://childcareta.acf.hhs.gov/sites/default/files/public/indicators-final-508.pdf
- First Five South Carolina usage data
- Medicaid data
- Data on use of First Five South Carolina web portal
- Reports on system of navigators created and their work

Barriers and Challenges to Family and Community Goal
- Language barriers, shortage of translators
- Lack of navigators or communications for connecting families to services.
- Gaps in cultural expectation
- Lack of one-stop shopping for resources or services, Coordination when families are receiving multiple services from multiple agencies
- Issues with location of services and lack of transportation to those services
- Transportation
- Lack of public understanding of services that may be available to support their transportation needs
- Time management for families
- More efficient transition and coordination across agencies and services

Objective 3.1: Expand transportation services for families so they can access services and enriching experiences.

Leads:

SC Dept. of Health and Human Services

Collaborators:

Collaborators:
SC Thrive
SC Dept. of Social Services
SC Dept. of Transportation
IDEA Part C BabyNet
SC Dept of Transportation
Rural and regional transportation agencies
Rural Health Initiatives
Libraries
Head Start Transportation Directors
School District Transportation

Stakeholders:

Families

Strategy 3.1.1: Provide transportation services to families with children for well care visits.

Action Steps:
1. Identify who needs transportation, level of need by county or community, including rural areas, and provide to First Steps local partnerships.
2. Identify who is providing transportation, including who is paying for transportation and how to get transportation vouchers, by geographic area, including areas of high need such as rural areas, with help of First Steps local partnerships.
3. Develop and support a policy change in Medicaid transportation policies that would expand transportation for comprehensive services to meet the needs of families (e.g., Medicaid recipients only eligible for free transportation for appointments. Prohibits other siblings going along.).
4. Provide families with more information on their options on transportation to well-care visits including information on available services such as transportation reimbursements.
5. Provide transportation information on First Five South Carolina portal and to the system navigators who work with families and with child care programs.

Resources Existing:
Transportation currently available in our state:
*   Transportation provided for Head Start students, based on community assessment for student attendance. Transportation is provided as governance of the programs. Some programs services are brought directly to the Head Start center. Mobile vans are driven directly from Head Start programs to provide transportation to student for WIC services.
*   Some county libraries provide free public transportation for children with library card.
*   Medicaid policy allows for transportation of people who have appointments. Only person with appointment are provided transportation.
*   Transportation is provided to public school 4k programs and the ECSE programs.
*   Part C can provide transportation if needed for services outlined on the IFSP.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 3.2: Enhance information available to families, ECE programs and all organizations providing services to families with children, birth through 5 years, to support young children and their families' needs related to self-sufficiency, physical health, mental health and early education.

Leads:	Collaborators:	Stakeholders:
PDG Maximizing Parent Knowledge Activity 3, Teams A & B	SC Dept of Social Services Head Start First Steps System Navigators - SC CCR&R, Help Me Grow, Family Connection, SC Thrive, School Counselors, United Way, Medicaid Case Managers, First Steps County Partnerships Families PASOs ABLE SC Other – Mad Monkey	Families Agencies and organizations providing services to families on child development and support family wellness

Strategy 3.2.1: Connect families with resources through the use of the First Five South Carolina web portal and through the utilization of system navigators. Maintain this up-to-date central location that lists information about services and resources for families to support family wellness and child development that includes localized services and supports to accessing them.

Action Steps:
1. Complete development and launch of web portal (First Five South Carolina) that everyone (families, agencies and organization) can use as single point of entry for all services for families with children birth through five.
2. Identify, revise or develop with family input and review, descriptions of services and how to access them, assuring that includes families with disabilities and non-English speaking families.
3. Identify, prepare and provide ongoing support to system navigators (listed as collaborators below) to use the portal and collaborate to provide comprehensive services.
4. Dedicate a funding stream to market the web portal and system navigator resources to families and the community, including outreach activities and grassroots initiatives.

Resources Existing:
- Survey existing services such as SC CCR&R, Help Me Grow, Family connections etc. information sharing.
- First Five South Carolina, central web portal to services for families with children, birth through five.
- Palmetto Pre-K portal
- Family Connection is working on or is about to launch a Part C Central Directory
- SC Thrive connects families to resources to support their stability and sustainability.
- Head Start's comprehensive services model

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 3.2.2: Identify traditional and non-traditional outlets serving families to market the First Five South Carolina web portal and provide ongoing training in using the portal.

Action Steps:
1. Create and fund Coordination and Collaboration networks among system navigators at the local levels.
2. Identify underserved communities and families
3. Develop data driven marketing strategies for the First Five South Carolina web portal that will reach underserved communities and families.
4. Identify dedicated funding to sustain a continuous and intentional effort to reach underserved communities with information on how to use the First Five South Carolina web portal and how to connect to system navigators.

Resources Existing:
• First Five South Carolina web portal
• Help Me Grow existing regional networks working with local service providers.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 3.3: Coordinate and align services to families to make them more comprehensive and inclusive.

Leads:

PDG Maximizing Parent Knowledge Activity 3, Teams A & B

Collaborators:

SC Thrive

Children's Trust

Help Me Grow

SC Child Care Resource & Referral

School district case managers who connect families to resources

PASOs

SC CCR&R Dual Language Specialists

Family Connection

Stakeholders:

Families

Agencies and organizations providing services to families on child development and support family wellness

Child care programs

Head Start programs

4K programs

Strategy 3.3.1: Map services to families in the areas of early education, physical and mental health and self-sufficiency programs to identify overlapping or redundant services and geographic areas or demographic groups lacking services.

Action Steps:

1. Identify existing mapping of services and needs and the need for additions to those maps.
2. Assure that those services and the way for families to access them is on the web portal, First Five South Carolina.
3. Use the current GIS mapping services to map policy makers, funding streams, service providers and system navigators.
4. Share this information with all Leads.

Resources Existing:

- First Steps Strategic Plan 2015-2020
  - Build state and local capacity by strengthening interagency collaboration, public/private partnerships, strengthening technical assistance and leadership development for early childhood partners statewide.
    - Complete DSS-FS interagency planning effort to make child care roles more effective and efficient (DSS, FS).
    - Provide updated leadership development and technical assistance to local partnerships (SCANPO, education partners).
    - Actively engage the faith community in early childhood interventions, parent and child mentoring (LARCUM, current faith partners).
    - Utilize expertise among higher education/education partners to strengthen SC's early childhood workforce capacity for working with children in poverty.
- Annual professional development for 4K teachers, home visitors, early interventionists, local boards (FMU, SDE others).
- GIS mapping service
- First Five South Carolina web portal
- Help Me Grow's centralized online database of resources that is comprehensive and community-based. Dedicated staff identify, research, and maintain the CORD resources on a daily basis. Maintains waitlists for the most popular types of services, service GAP evaluation.
- Children's Trust Home Visiting needs assessment
- SC CCR&R -e.g., outreach services, Technical Assistance Coordination Team Meetings
- Private resource mapping companies such as NowPow and Aunt Bertha.
- Family Connection of SC is working on or may have already launched the Part C Central Directory.
- SC Thrive connects families to resources to support their stability and sustainability.
- Mapping done by Joint Legislative Committee on Children of services at the county level.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Strategy 3.3.2: Identify services to assist in improving cultural responsiveness and accessibility by non-English speakers.

Action Steps:
1. Identify organizations that are trusted by non-English families.
2. Provide those organizations with an orientation to First Five South Carolina, the web portal for services to families with children, birth through five.
3. Make the First Five South Carolina web portal accessible to families with disabilities and non-English speaking families using simple language and easy to navigate design.
4. Provide anti-bias and cultural sensitivity trainings to ECE communities, including child care programs and agencies and organizations that serve families with children birth to five.

Resources Existing:
- First Five South Carolina web portal
- IDEA Part C works to deliver services in the native language of the child.

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

FOCUS AREA: COLLABORATION AND COORDINATION: ALIGNED AND EFFECTIVE POLICIES

Goal 4: South Carolina's ECE stakeholders practice coordination, communication, and collaborative strategies that encourage shared goals, effective use of resources and aligned policies and practices to create unified targeted efforts to support children and families

Progress Indicators: (County and state level data / disaggregated to understand equity)

Objective 4.1: Create ongoing feedback loops between the state sectors and communities to improve communication, policy implementation, and collaboration, and address barriers in order to make progress toward the plan's goals.
- Reports from Leads for each strategic plan objective will include reports on feedback loops and successes at communication and collaboration.

Objective 4.2: Support legislators and other policy makers in understanding the impact of policy on families and ECE programs as they prepare children to meet their individual potential.
- Reports from the Leads for this objective will include copies of information provided to legislators and any resulting actions by legislators.

Objective 4.3: Provide legislators and other policy makers with information on programs and initiatives that are producing results in supporting children being ready for kindergarten.
- Reports from the Leads for this objective will include copies of information provided to legislators.
- Orientation guide for key messengers on how to deliver a common, consistent message to legislators about shared goals and objectives within the state's birth through five system's high-quality programs and evidence-based initiatives
- Orientation guide for practitioners and families who can share their stories on the value of early childhood programs and supports to their legislators

Objective 4.4: Increase authentic input of family voice in the design and implementation of state policy and programming that welcomes all families.
- Reports from Leads for this objective to include evidence of input from formal family focus groups.

Objective 4.5: Strengthen SC's coordinated longitudinal data systems to allow opportunities for ECE stakeholders to share data and communicate analyzed results.
- Reports from Leads for this objective will include information on progress to create a data dashboard and its use by partners.

Existing Data Sources for Monitoring Progress: Qualitative and Quantitative
Reports to SC ECAC on the work on the Strategic Plan and progress made and challenges encountered.

Barriers and Challenges to Policy Goal
- Perception/definition of readiness…no unified voice for early childhood
- Legislators who do not recognize early childhood education or the "return on investment"
- Accessibility to politicians
- Lack of collaboration/gaps in communication between various community resources – medical, child care, churches, and families
- Lack of collaboration among statewide systems
- Lack of understanding of what parents need
- Turnover/transitions between legislators
- Gaps in data connections across agencies and organizations

Objective 4.1: Create ongoing feedback loops between the state sectors and communities to improve communication, policy implementation and collaboration and to address barriers in order to make progress toward the plan's goals.

Leads:	Collaborators:	Stakeholders:
SC Division of Early Care and Education First Steps SC Dept. of Education	PDG Grant Stakeholders Policy makers PDG Maximizing Parent Knowledge Activity 3, Teams A & B	Legislators Families Child care programs Head Start programs 4K programs

Strategy 4.1.1: Establish feedback loops.

Action Steps:
1. Coordinate ongoing program and agency calls and meetings to support rapid feedback, input and reflection loops using the Strategic Plan Implementation Team process.
2. Hold annual data and program sharing meeting through the Strategic Plan Implementation Team process.

Resources Existing and Needed to be identified by Leads and Collaborators:
- Build on SC ECAC as communication hub with eleven state level agency level members and additional key stakeholder members
- First Steps local partnerships have strong relationships with school districts, ABC Quality, WIC offices, health departments, nonprofits, etc.

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 4.2: Support legislators and other policy makers in understanding the impact of policy on families and ECE programs as they prepare children to meet their individual potential.

Leads:	Collaborators:	Stakeholders:
SC Division of Early Care and Education	PDG Maximizing Parent Knowledge	Legislators
First Steps	Activity 3	Families
SC Dept. of Education	TransformSC (private sector and state)	Child care programs
	EdVenture Children's Museum – Director of Strategic Partnerships	Head Start programs
	United Way	4K programs
	SC Council on Competitiveness	
	SC Children's Trust	
	Child Well-Being Coalition (Children's Trust)	

Strategy 4.2.1: Provide legislators with information on the impact of policy on the early care and education system and kindergarten readiness.

Action Step:
1. Develop collective, consistent messages within an inter-agency operational group that can be shared and used by all partners in communication with policy makers.
2. Create fact sheets on school readiness domains and assessment and on "what works" to help young children succeed. Make information easily accessible in all communities and for all families.
3. Utilize data and technical assistance to develop community solutions, leveraging local assets, e.g., SC DE, school districts, local partners determined by partnership boards.

Resources Existing:
- First Steps Strategic Plan 2015-2020
- SC ECAC has eleven state level agency level members
- PDG/ ECE Strategic Plan

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 4.3: Provide legislators and other policy makers with information on individual programs and initiatives that are producing results in supporting children being ready for kindergarten.

Leads:	Collaborators:	Stakeholders:
SC Division of Early Care and Education First Steps SC Dept. of Education PDG Maximizing Parent Knowledge Activity 3	SC Child Care Resource and Referral PASOs	Legislators Families Child care programs Head Start, 4K programs

Strategy 4.3.1: Create materials on individual successful programs and provide trainings to support the use of materials (dissemination planning).

Action Steps:
1. Utilize community- based focus groups (partners, providers and families) to establish key messages for materials.
2. Create key message documents and orientation guides (culturally sensitive).
3. Offer key message and guide orientation sessions across the state (consider multi language docs).

Resources Existing:
First Steps Strategic Plan 2015-2020
- Increase understanding of school readiness domains and assessment, and "what works" to help young children succeed. Make information easily accessible in all communities and for all families.
- Data and technical assistance to develop community solutions, leveraging local assets (SDE, school districts, local partners determined by partnership boards)

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 4.4: Increase authentic input of family voice in the design and implementation of state policy and programming that welcomes all families.

Leads:	Collaborators:	Stakeholders:
PDG Maximizing Parent Knowledge Activity	SC Child Care Resource and Referral	Legislators
3SC Division of Early Care and Education	PASOs	Families
First Steps		Child care programs
SC Dept. of Education		Head Start
		4K programs

Strategy 4.4.1: Utilize existing infrastructure for parent leadership, such as Head Start Policy Councils, parent representatives on local First Steps partnership boards, School Improvement Councils, and Children's Trust parent councils and coalitions to inform system policies and program.

Action Steps:
1. Prepare and distribute materials to inform the parent groups about the PDG B-5 grant and to provide regular reports on progress on the Strategic Plan
2. Create communication plan to periodically survey existing groups about specific policies and initiatives.

Resources Existing:
- Head Start's share governance model
- BabyNet model of involving and engaging families in the service process
- First Steps governance model, parent representatives on local First Steps partnership boards
- School Improvement Council
- Children's Trust parent council

Additional Needed Resources to be Identified by the Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Objective 4.5: Strengthen SCs coordinated longitudinal data systems to allow opportunities for ECE stakeholders to share data and communicate analyzed results.

Leads:

SC Division of Early Care and Education
First Steps
SC Dept. of Education

Collaborators:

SC Dept. of Health and Environmental Control
SC Dept. of Health and Human Services
SC Dept. of Social Services
SC Dept. of Mental Health
SC Dept. of Disabilities and Special Needs
SC Child Care Resource & Referral
Head Start
4K
SC Children's Trust, Maternal Infant and Early Childhood Home Visiting (MIECHV) program
Alliance for a Healthier South Carolina
SC American Academy of Pediatrics

Stakeholders:

Legislators
Families
Child care programs
Head Start
4K programs

Strategy 4.5.1: Create an accessible data dashboard that supports informed decision-making for all programs/activities/policy decisions.

Action Steps:
1. Create and use an easily accessible early learning system dashboard to create shared cross-sector accountability for outcomes for young children and their families.
2. Create and regularly monitor early learning system dashboard that fosters collective impact and shared cross-sector, cross-agency accountability for population-level outcomes for children prenatal to five and their families.
3. Incorporate specific data on children of color and children from historically underserved communities in data set.
4. Incorporate data on ECE workforce.
5. Incorporate data on special populations being served.
6. Identify options to collect data on eligible children not currently being served
7. Identify options to collect data on child care facilities: location, capacity, quality, etc.

Resources Existing and Needed to be identified by Leads and Collaborators

Start & Projected Completion Date: First meeting of the implementation teams is the start date and the completion date is TBD.

Glossary of Acronyms and Terms

AAP/QTIP – Quality through Technology and Innovation in Pediatrics (QTIP) works to improve health care for children in South Carolina by working on quality measures and incorporating mental health into a medical home.

ABCQ - ABC Quality, SC's Quality Rating and Improvement System

ABLE SC – A Center for Independent Living (CIL), a consumer-controlled, community-based, cross-disability nonprofit that provides an array of independent living services to people of all ages with all types of disabilities

ACEs – Adverse Child Experiences – term used to describe all types of abuse, neglect and other potentially traumatic experiences that occur to people under the age of 18

ACESD - SC Advisory Council for Educating Students with Disabilities advises the SC Dept of Education (SCDE) of unmet education needs of children who have disabilities commenting on proposed regulatory changes, data and reports, policies involving service coordination, and corrective actions defined by the federal monitoring process

Alliance for a Healthier South Carolina - Coalition of more than 50 executive leaders from diverse organizations across the state working together to ensure that all people in South Carolina have the opportunity to have healthier bodies, minds, and communities while reducing the future cost of care

BabyNet - IDEA Part C Program. SC's interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays. Located in the SC Dept. of Health and Human Services. (IDEA – Individuals with Disabilities Act)

Be Well Care Well, Medical University South Carolina (MUSC) – pilot program that is extension of SC Program for Infant Toddler Care (SCPITC) core services, initiated to provide support directly to caregivers to reduce stress and help them make personal choices that enable them to succeed

CACFP – Child and Adult Care Food Program within the Division of Early Care and Education, SC Dept. of Social Services

CCCCD – SC Center for Child Care Career Development. CCCCD is based at the South Carolina Department of Social Services (SCDSS) within the Division of Early Care and Education (DECE). The CCCCD manages the state's training registry for all child care providers, caregivers, and teachers in the state. CCCD also certifies technical assistance providers, approves training and manages SC's T.E.A.C.H. scholarship program.

CCRRN – SC Child Care Resource and Referral Network, also referred to as SC CCR&R

CERDEP - SC Child Early Reading Development and Education Program, a full day, four-year old kindergarten program for at risk children which must be made available to qualified children in all public-school districts within the State.

Conscious Discipline Training Model – Used in state funded 4K private settings

CTK - Countdown to Kindergarten – grassroots, relationship-based home

visitation school transition program, pairing high risk rising kindergarteners with future teachers during the summer before school entry. Helped more than 11,000 children since 2004.

DECE - SC Division of Early Care and Education, within the SC Dept. of Social Services, agency for CCDF State Administration

ECE - Early Care and Education

ECSE - Early Childhood Special Education

EIA – SC Education Improvement Act

Family Connection of SC - The Parent Training and Information Center for South Carolina that provides information and training to parents of children with disabilities, ages birth through 26. Family Connection assists parents and families in navigating systems that provide health care, early intervention, special education, general education and postsecondary options for their children.

First Steps – South Carolina's First Steps to School Readiness (SCFS) is a public-private partnership, both a nonprofit and a state agency. First Steps is dedicated to getting children ready for school and life success, developing, funding and supporting programs and initiatives statewide. Each of SC's 46 counties houses a SC First Steps local partnership responsible for meeting local needs and identifying collaborative opportunities.

First Five South Carolina - New comprehensive web portal for early care and education services for families, early care and education programs and organizations and agencies that support both.

Help Me Grow SC - A program that links families to existing, community-based resources and services for children at-risk for developmental, behavioral, or learning problems. SC is an affiliate of the National Help Me Grow Network. Help Me Grow SC is the CDC Learn the Signs, Act Early Ambassador for South Carolina.

IDEA Part B 619 – Located within the SC Dept. of Education. Preschool children with disabilities ages 3-5 may be served under the Part B provisions of the IDEA (Individuals with Disabilities Education Act) through school districts and/or state operated programs (SOPs) within the states.

IDEA Part C - see BabyNet

I/T - Infant Toddler

Mad Monkey - Developers of First Five South Carolina, new web portal
OSES - SC Office of Special Education Services, located within the SC Dept. of Education

Palmetto Shared Services Alliance - Online service providing resources, learning and shared buying power to educational institutions in South Carolina. Supported by the SC Division of Early Care and Education of the SC Dept. of Social Services.

PASOs - Organization that helps the Latino community and service providers work together for strong and healthy families by supporting the Latino communities with education, advocacy and leadership development. Located at the University of South Carolina, Arnold School of Public Health.

QTIP - SC Dept. of Health and Human Services Quality through Technology and innovation in Pediatrics (QTIP). This program works to improve health care for children in South Carolina by working on quality measures and incorporating mental health into a medical home.

RFA - South Carolina Revenue and Fiscal Affairs is the state data warehouse where data are maintained related to many programs and services supported with public funds.

SC AAP - South Carolina chapter of the American Academy of Pediatrics SC Child Well-Being Coalition – Volunteer team of professionals, coordinated by the Children's Trust and funded through the SC Dept. of Health and Environmental Control. They work to improve child well-being through increasing the use of nutrition programs by eligible families in poverty; to coordinate and improve access to comprehensive health care for children; to reduce missed school days due to suspension and expulsion; and to increase support for kinship care, single parent and multigenerational homes.

SC ECAC - SC Early Childhood Advisory Council. Partner agencies that are members of the Council include the Children's Trust of SC, SC Dept. Of Disabilities and Special Needs, SC Dept. of Education, SC Dept. of Health and Environmental Control, SC Dept. of Health and Human Services, SC Dept. of Social Services, SC Head Start Collaboration Office and SC First Steps.

SC Children's Hospital Collaborative - A nonprofit association of South Carolina's four children's hospital.

SC Children's Trust – Prevent Child Abuse SC, the statewide organization committed to preventing child abuse, neglect and injury. Administers the Maternal Infant and Early Childhood Home Visiting (MIECHV) program

SC DDSN - SC Dept. of Disabilities and Special Needs

SC DE - SC Department of Education

SC DECE - SC Division of Early Care and Education, agency for CCDF State Administration, located in the Dept. of Social Services

SC DHEC - SC Dept. of Health and Environmental Control

SC DHHS - SC Dept. of Health and Human Services

SC DMH - SC Dept. Mental Health

SC DSS – SC Dept. of Social Services

SCIC – SC Inclusion Collaborative provides individualized training and technical assistance for child care providers to support inclusion of children with disabilities/developmental delays in child care programs. It also works with the SC Child Care Resource and Referral to provide care referral services to families seeking care. Funded by the SC Dept. Of Social Services, Division of Early Care and Education.

SC IECMH – Infant and Early Childhood Mental Health initiative was designed to address the need for positive social and emotional development for children 0-5, and to develop a cadre of trained mental-health specialists. Provided through the SCPITC (MUSC). Included in this work is the Infant Early Childhood Mental Health Consultation Network Project which will form a consortium of providers who serve children and families to address the continuum of care needed from prevention to therapeutic activities and will build on the foundation of social and emotional support services currently offered in SC.

SC IMHA – SC Infant Mental Health Association is a multidisciplinary association of professionals working to promote nurturing relationships for SC's infants, young children and their families through resources, policies and practices to foster healthy social-emotional development and well-being. This association was launched by the work of the SC IECMH.

SC MCH – Bureau of Maternal and Child Health within SC Dept. of Health and Environmental Control.

SCPI – SC Partnerships for Inclusion is focused on increasing inclusive opportunities and school readiness for preschool children with disabilities in South Carolina. The goal is for local education agencies (LEAs) to be better positioned to increase access to the general education curriculum for preschool children with disabilities. SC Partnerships for Inclusion supports school districts across the state who opt-in to become part of a community of practice.

SCPITC – SC Program for Infant/Toddler Care provides training, coaching and mentoring from 12 certified Infant/Toddler Specialist to early care and education program. The SC PITC is located at the Medical University of South Carolina Boeing Center for Children's Wellness and is supported by the SC Dept. of Social Services, Division of Early Care and Education.

SC ORH – SC Office of Rural Health

SC Pyramid Model & Partnership – The Pyramid Consortium and 28 other state partners who develop, evaluate, and sustain a statewide collaborative process that utilizes the pyramid framework. The Partnership has adopted the conceptual model of evidence-based practices developed by the Center on the Social Emotional Foundation s of Early Learning (CSEFEL).

SC RFA – South Carolina Revenue and Fiscal Affairs is the state data warehouse where data are maintained related to many programs and services supported with public funds.

SC Thrive – A statewide nonprofit offerings solutions to South Carolinians in need of resources but facing a multitude of barriers to move them to stability and then self-sustainability. SC Thrive focuses on food security, healthcare resources and financial wellness through work supports such as SNAP, Medicaid and tax credits.

SHIP – SC State Health Improvement Plan outlines goals and strategies on which communities can focus so the state can make measurable health improvement by 2023. Prepared for the Alliance for a Healthier South Carolina Membership.

TAPS – Technical Assistance Providers – voluntary system of certified TA providers for early care and education programs. The SC Center for Child Care Career Development facilitates the certification of persons providing TA to educators of young children and provides oversight and management of the certified TA Registry.

T.E.A.C.H. – Scholarship program for early care and education teachers and directors. Located within the SC Center for Child Care Career Development.

TransformSC – An educational initiative of the South Carolina Council on Competitiveness. A collaboration of business leaders, educators, student, parents and policy makers transforming the public education system so that every student graduate is prepared for careers, college and citizenship. Supported by an NIH Grant.

Appendix

SC ECE Strategic Plan Resources and References

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