Child Care and Development Fund (CCDF) Plan
for
State/Territory South Carolina

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Work in Progress as of 2024-05-31 21:41:39 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

Table of Contents

Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration

2. Child and Family Eligibility and Enrollment and Continuity of Care

3. Child Care Affordability

4. Parental Choice, Equal Access, Payment Rates, and Payment Practices

5. Health and Safety of Child Care Settings

6. Support for a Skilled, Qualified, and Compensated Child Care Workforce

7. Quality Improvement Activities

8. Lead Agency Coordination and Partnerships to Support Service Delivery

9. Family Outreach and Consumer Education

10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a.   Lead Agency or Joint Interagency Office Information:

   i.   Name of Lead Agency: **Department of Social Services**

   ii.   Street Address: **1535 Confederate Ave**

   iii.   City: **Columbia**

   iv.   State: **South Carolina**

   v.   ZIP Code: **29201**

   vi.   Web Address for Lead Agency: **https://dss.sc.gov/**

b.   Lead Agency or Joint Interagency Official contact information:

   i.   Lead Agency Official First Name: **Michael**

   ii.   Lead Agency Official Last Name: **Leach**

   iii.   Title: **State Director**

   iv.   Phone Number: **803-898-0585**

   v.   Email Address: **Michael.Leach@dss.sc.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a.   CCDF Administrator contact information:

   i.   CCDF Administrator First Name: **Michele**

ii. CCDF Administrator Last Name: **Bowers**

iii. Title of the CCDF Administrator: **Director, Division of Early Care & Education**

iv. Phone Number: **803-898-7307**

v. Email Address: **Michelle.Bowers@dss.sc.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name:

ii. CCDF Co-Administrator Last Name:

iii. Title of the CCDF Co-Administrator:

iv. Phone Number:

v. Email Address:

vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

b. **[ ]** Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

 iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

1.2.2 Entities implementing CCDF services

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

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who assists parents in locating child care (consumer education)?	[x]	[x]	[x]	[x]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[x]	[x] Describe: License-exempt providers are monitored by ABC Quality state's quality rating improvement system (QRIS) if they're enrolled in ABC Quality. No other state or territory agencies or partners implement or perform CCDF services.

1.2.3   Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

    [x] Yes. If yes, describe: **Tasks to be performed are covered in a contract, grant, or MOA in the Scope of Work and Deliverables.**

    [ ] No. If no, describe:

b. Schedule for completing tasks.

    [x] Yes. If yes, describe: **Any relevant schedule is covered in the Scope of Work and Deliverables for the contractor or grantee.**

    [ ] No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

    [x] Yes. If yes, describe: **The Lead Agency requires a line-item budget for contracts and grants. Once the contract is executed, changes of more than 15% of a category require a Change Order. Changes less than 15% can receive written approval from DSS contract manager. Grants require in-kind or cash match. DSS contract managers review invoices for compliance to the executed budget for approval.**

    [ ] No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

    [x] Yes. If yes, describe: **Performance measures are predominantly quantitative. The Lead Agency will explore the use of performance measures that measure impact and sustainability.**

    [ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **Regular meetings with contractors for updates. Depending on contractor, quarterly or semi-annual reporting.**

1.2.4   Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5   Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[ ] No. If no, describe:

1.3   Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1   Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency's director provides updates to legislative committees regarding the status of work/initiatives being undertaken to improve the quality and access of child care in the state. In March the director of Child Care Licensing conducted a presentation to the Joint Committee to Study Child Care to provide updates regarding regulatory compliance, upcoming special initiatives, followed by a question/answer period during the meeting. In addition, the DECE staff is maintaining efforts to partner with the SC Chamber of Commerce members to increase awareness of initiatives undertaken by the Lead Agency to improve the availability and quality of child care across the state. This work includes creating and/or facilitating opportunities to solicit feedback from key decision makers in the state regarding the need for high quality child care.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Lead Agency's director is a member of the council. He regularly provides updates to members regarding various CCDF-funded initiatives, most recently the Alternative Methodology and Rate Setting statewide initiative for Child Care and work on suspension/expulsion guidelines and requested feedback. Lead Agency staff are scheduled to review the State Plan with council members during their June 20,2024 meeting and will encourage input on CCDF. Feedback will be solicited from the members during the meeting and they will be informed of the email address (CCDFPlancomments@dss.sc.gov) that is available to submit follow up input.**

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **CCDF Administrator, Director of Child Care Licensing, and Director of ABC Quality met with new leadership of the Catawba Indian Nation to discuss with them changes implemented by the federal government that affect the Nation and resources available to them as partners with the SC Lead Agency. They explored policy issues with ABC Quality relating to mandated reporting for child abuse and neglect and agreed to follow-up to reach consensus on stated policy. ABC Quality has been working with Catawba staff on naturalizing the outdoor play area to reflect their history and culture and Child Care Licensing is partnering with the Catawba Nation on a federal disaster preparedness grant.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The CCDF State Administrator conducted a PowerPoint presentation during the CCR&R's quarterly Partner's Forum on May 29, 2024 regarding the development of the State Plan. Each section was reviewed and discussed, and current work specific to each section was highlighted. Forum participants represent various specialists employed in various early childhood professions e.g., technical assistance providers, trainers, Child Care Licensing Specialists, ABC Quality Assessors.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

i. Date of the public hearing: **6/14/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/31/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**Notice was added to our www.scchildcare.org website. Statement added to indicate if interpretation services needed, the public can email CCDFPlancomments@dss.sc.gov to request assistance. Social media was also used to make public aware of the hearing.**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Public Hearing was made available virtually**

via TEAMS platform. Therefore, people statewide could attend virtually and not have to travel to Columbia to attend an in person meeting.

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **A draft of the CCDF Plan was made available on our www.scchildcare.org website two business weeks prior to the public hearing. A statement was added to the notice to make the public aware to notify CCDFPlancomments@dss.sc.gov email address if special accommodations were needed to review the plan.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Questions were collected from the public.   All questions were taken into consideration and adjustments to the Plan made where applicable. If suggestions or comments, were against federal regulations, the state took the time to explain regulation to the public. A copy of any questions and answers were added to the website for the public to access.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://www.scchildcare.org/resources/**

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

i. **[ ]** Working with advisory committees. Describe:

ii. **[ ]** Working with child care resource and referral agencies. Describe:

iii. **[ ]** Providing translation in other languages. Describe:

iv. **[ ]** Sharing through social media (e.g., Facebook, Instagram, email). Describe:

v. **[ ]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe:

vi. **[ ]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:

vii. **[ ]** Direct communication with the child care workforce. Describe:

viii. **[ ]** Other. Describe:

2   Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy

applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1   Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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

2.1.1   Eligibility practices to reduce barriers to enrollment

a.   Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

   i.   **[x]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Presumptive eligibility is limited to assist a Child Care Scholarship Program client with child care who has obtained a new job and is in the process of obtaining verification of the employment, including rate of pay and number of hours to be worked per week/pay period. The client is in need of child care to maintain their new job. The client will be given twelve weeks (3 months) of full time child care to allow them time to obtain the wage information from their new employer. In addition to new employment situations, families experiencing homelessness are also able to receive presumptive eligibility when needed.**

   ii.   **[x]** Leveraging eligibility from other public assistance programs. Describe: **Eligibility staff may use agency databases available such as CHIP, PATS, etc. for information to verify income when other documentation is not provided.**

   iii.   **[x]** Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **All children are given a full 12 months of eligibility when approved for child care. At any time**

during the 12-month period a family adds a child, services are aligned so that the new child receives 12 months, and the existing children receive 12 months in addition to the original allotment in order to ensure that the children end dates are the same.

    iv.   [x] Self-assessment screening tools for families. Describe: **The First Five SC (first5sc.org) is a holistic, one stop shop, where parents can learn about public programs and services to help with their child's growth and development and to increase knowledge, choice and access The First Five SC portal supports 44 programs that are included in the common eligibility screener. The common eligibility screener is easy for families to enter a few pieces of information about their child, household and circumstances, and find out which programs they may be eligible for so they can begin the next steps of enrollment.**

    v.   [ ] Extended office hours (evenings and/or weekends).

    vi.   [x] Consultation available via phone.

    vii.   [x] Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Staff are instructed to process eligibility within three to five business days from receipt of the completed child care application an all supporting documentation.**

    viii.   [ ] None.

b.   Does the Lead Agency use an online subsidy application?

[x] Yes.

[ ] No. If no, describe why an online application is impracticable.

c.   Does the Lead Agency use different policies for families receiving TANF assistance?

[x] Yes. If yes, describe the policies: **The purpose of child care through TANF is to provide the necessary child care for a family to participate in approved employment, education, training, or to comply with their TANF Family Plan. A fundamental goal of TANF is to emphasize parental responsibility and self-sufficiency. The Lead Agency provides support services such as child care to enable the parent to move into employment, education or training. A parent participating in TANF is not required to pay a fee to the provider. However, the parent is responsible for paying the difference in what the Child Care Scholarship Program pays and what the provider charges, if applicable. The TANF case manager will make a referral to the child care worker using the DSS Form 1269, Request for Support Services. TANF child care authorization will be 12 months (52 weeks) at a time as needed for the component in which the client is participating. In order to receive child care through this category, the individual must meet the following criteria:**
☐ Be receiving a TANF stipend
☐ Be a TANF participant who is either: ☐ Working ☐ Attending school ☐ Attending training ☐ Complying with the Family Plan as agreed upon with the TANF Case Manager OR ☐ Participating in a TANF countable component OR ☐ Attempting to start a TANF countable component within two weeks.
☐ Have a need for child care for a child under age 13 NOTE: A child aged 13-19 with special circumstances may be considered for eligibility. A child who turns age 13 during their child care eligibility period will continue to receive services through the end of the current

eligibility period.
☐ Attempting to remedy a sanction (up to 30 days)

[ ] No.

2.1.2   Preventing disruption of eligibility activities

a.   Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

   i.   [x] Advance notice to parents of pending redetermination.

   ii.   [x] Advance notice to providers of pending redetermination.

   iii.   [ ] Pre-populated subsidy renewal form.

   iv.   [x] Online documentation submission.

   v.   [ ] Cross-program redeterminations.

   vi.   [ ] Extended office hours (evenings and/or weekends).

   vii.   [x] Consultation available via phone.

   viii.   [ ] Leveraging eligibility from other public assistance programs.

   ix.   [x] Other. Describe: **Eligibility staff may use agency databases available such as CHIP, PATS, etc. for information to verify income when other documentation is not provided.**

b.   Does the Lead Agency use different policies for families receiving TANF assistance?

   [x] Yes. If yes, describe the policies: **The purpose of child care through TANF is to provide the necessary child care for a family to participate in approved employment, education, training, or to comply with their TANF Family Plan. A fundamental goal of TANF is to emphasize parental responsibility and self-sufficiency. The Lead Agency provides support services such as child care to enable the parent to move into employment, education or training. A parent participating in TANF is not required to pay a fee to the provider. However, the parent is responsible for paying the difference in what the Child Care Scholarship Program pays and what the provider charges, if applicable. The TANF Case Manager will make a referral to the child care worker using the DSS Form 1269, Request for Support Services. TANF child care authorization will be 12 months(52 weeks) at a time as needed for the component in which the client is participating. In order to receive child care through this category, the individual must meet the following criteria:
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☐ Have a need for child care for a child under age 13 NOTE: A child aged 13-19 with special circumstances may be considered for eligibility. A child who turns age 13 during their child care eligibility period will continue to receive services through the end of the current eligibility period.**

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

[ ] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1   Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a.   Does your Lead Agency serve the full federally allowable age range of children through age 12?

[x] Yes.

[ ] No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b.   Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

[ ] No.

[x] Yes.

i.   If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii.   If yes, provide the Lead Agency definition of physical and/or mental incapacity: **Child needs individualized materials, equipment, or instruction; or those with developmental delays; child demonstrates delay in cognitive, communication, motor, or social development. Referral sources include the SC Department of Disabilities and Special Needs, BabyNet (IDEA Part C), Children's Rehabilitative Services, SC School for the Deaf and Blind, and IEPs and 504 plans developed by the local school districts.**

c.   Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

[ ] No.

[x] Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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

i. "residing with": **To live in the same household with a parent(s), legal guardian, or other person standing in loco parentis for an extended or permanent period of time during the time period for which child care services are requested.**

ii. "in loco parentis": **In the position or place of a parent. Guardianship does not have to be formalized through the court. This is determined on a case-by-case basis.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

v. **[ ]** Time for meals or breaks.

vi. **[x]** Time for travel.

vii. **[ ]** Seeking employment or job search.

viii. **[x]** Other. Describe: **Seeking employment for work is allowed only for the categories of TANF, homeless, Head Start, and Dual Language Learners.**

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. **[x]** Vocational/technical job skills training.

ii. **[x]** Apprenticeship or internship program or other on-the-job training.

iii. **[x]** English as a Second Language training.

iv. **[x]** Adult Basic Education preparation.

v. **[x]** Participation in employment service activities.

vi. **[ ]** Time for meals and breaks.

vii. **[x]** Time for travel.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[ ]** Time for outside class study or completion of homework.

x. [ ] Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. [x] Adult High School Diploma or GED.

ii. [x] Certificate programs (12-18 credit hours).

iii. [x] One-year diploma (36 credit hours).

iv. [x] Two-year degree.

v. [x] Four-year degree.

vi. [x] Travel to and from classrooms, labs, or study groups.

vii. [ ] Study time.

viii. [x] Hours required for associated activities such as study groups, lab experiences.

ix. [ ] Time for outside class study or completion of homework.

x. [ ] Applicable meal and break times.

xi. [x] Other. Describe: **Study time is not considered but required labs are counted towards educational criteria for eligibility.**

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[ ] No.

[x] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[x] Work. Describe: **An applicant is considered employed if they are working at an occupation where they are paid a wage/salary or has a documented commitment of employment to begin within two weeks of the application date. An applicant participating in a work study program will be considered; however, income from the work study program is not considered. Clients must be working at least 15 hours per week (travel time can be included to make up the number of work hours).**

[x] Job training. Describe: **An applicant is considered participating in job training if the training is to teach marketable skills in the competitive labor market, including but not limited to, job skills training, work experience, and other training components through the TANF program. Clients must be in training at least 15 hours per week (travel time can be included to make-up the number of training hours). Clients participating in the TANF program may have training classes that meet less than 15 hours per week. Child care is provided to allow them to participate.**

[x] Education. Describe: **An applicant is considered participating in an educational program if the program results in one of the following: A) high school diploma, B) general equivalency diploma (GED), C) Associate degree, or D) other college**

degree. Clients must be in classes at least 15 hours per week (travel time can be included to make up the number of educational hours). College students must have at least part-time credit hours. Clients participating in the TANF program may have educational classes that meet less than15 hours per week. Child care is provided to allow them to participate.

[x] Combination of allowable activities. Describe: **Applicants may be working, in school, in training or a combination of activities. The lead agency determines full time or half time based on the hours of the combined activities.**

[ ] Other. Describe:

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

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] Yes. If yes, answer the questions below:

> Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:
>
> [x] Children in foster care.
>
> [x] Children in kinship care.
>
> [x] Children who are in families under court supervision.
>
> [x] Children who are in families receiving supports or otherwise engaged with a child welfare agency.
>
> [x] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.
>
> [ ] Children whose family members are deemed essential workers under a governor-declared state of emergency.
>
> [x] Children experiencing homelessness.
>
> [x] Children whose family has been affected by a natural disaster.
>
> [x] Other. Describe: **The Lead Agency provides child care scholarships to other populations of children determined to be in protective service category. These other populations are dual language learners, children eligible for the 4K program to include siblings (4K+Siblings), First Steps evidence based program initiative, child care after adoption (AdoptCC), Kinship Guardianship (KinGap), child care**

after reunification (Reunify CC) and CCDF-Caretaker Relative (CCDF-CR).

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

   [ ] No.

   [x] Yes.

h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

   [ ] No.

   [x] Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

   [x] No.

   [ ] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

   [x] There is a statewide limit with no local variation.

   [ ] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

   [ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

   [ ] Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

   i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	3888.00	85.00	2138.00
2	5084.00	85.00	4322.00
3	6281.00	85.00	5339.00
4	7477.00	85.00	6356.00
5	8673.00	85.00	7372.00

   ii. Does the Lead Agency certify that they use other funds if the income eligibility

limit percent exceeds 85% SMI?

[x] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b.   Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i.   Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

ii.   Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iii.   Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. [x] Gross wages or salary.

ii. [ ] Disability or unemployment compensation.

iii. [x] Workers' compensation.

iv. [x] Spousal support, child support.

v. [x] Survivor and retirement benefits.

vi. [ ] Rent for room within the family's residence.

vii. [x] Pensions or annuities.

viii. [ ] Inheritance.

ix. [x] Public assistance.

x. [ ] Other. Describe:

d. What is the effective date for these income eligibility limits? **10/1/2023**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? [x] LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2022**

[ ] Other. Describe:

f.   Provide the direct URL/website link, if available, for the income eligibility limits. **https://www.scchildcare.org/media/rkuhqa2o/child-care-income-standards-2023-2024.pdf**

2.2.5   Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

    i.   **[x]** Average the family's earnings over a period of time (e.g., 12 months).

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

    ii.   **[ ]** Request earning statements that are most representative of the family's monthly income.

    iii.   **[ ]** Deduct temporary or irregular increases in wages from the family's standard income level.

    iv.   **[x]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Pay stubs should be representative. Pay stubs that are received that have vastly differing amounts should be carefully examined. If one or more pay stubs are not representative, staff may use the pay stubs they have to average the income based on the client's normal rate of pay, hours and earnings.**

2.2.6   Family asset limit

a.   When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

      [x] Yes.

      [ ] No. If no, describe:

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

      [x] No.

      [ ] Yes. If yes, describe the policy or procedure:

2.2.7   Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. **[x]** Eligibility determination? If checked, describe: **Priority is given to children with special needs and families experiencing homelessness.**

b. **[x]** Eligibility redetermination? If checked, describe: **Priority is given to children with special needs and families experiencing homelessness.**

2.2.8   Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant identity. Describe how you verify: **Client self-certifies on child care application; verified if questionable. Client may be asked to provide a copy of their driver's license or other state/federal issued identification card.**
[x]	[x]	Applicant's relationship to the child. Describe how you verify: **Client self-certifies on child care application; verified if questionable. Client may be asked to provide documentation such as a birth certificate or legal documentation proving relationship. Ex: custody or guardianship papers.**
[x]	[x]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Client self-certifies on child care application; verified if questionable. Client may be asked to provide documentation such as a birth certificate or other legal documentation proving name, date of birth and citizenship status.**
[x]	[x]	Work. Describe how you verify: **Copies of the most recent 30 days of check stubs are preferred if the client has been working more than 90 days. Letters from employers may be accepted if the client has a new job and not yet received pay stubs, has a documented commitment of employment to begin within 2 weeks or is returning to work after being on leave. Schedule C tax document if self-employed. Leave Earning Statement (LES) if in the military. CHIP system may also be used to verify information for SNAP and TANF clients.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Job training or educational program. Describe how you verify: **An applicant attending high school or is obtaining a GED must submit a copy of their school schedule. If the applicant is in college or other type of educational program, a copy of their schedule and proof of payments toward registration/tuition for the term in which they are applying must be submitted to the Child Care Scholarship Program. Units of service for school participation may also be used. A client's statement is acceptable for verification of school attendance for a dependent child age 18 or under 21 in the household. If the situation is questionable, verification of the paid school registration/schedule will be requested.. CHIP system is also used to verify information for SNAP and TANF clients.**
[x]	[x]	Family income. Describe how you verify: **Copies of the most recent 30 days of check stubs are preferred if the client has been working more than 90 days. Letters from employers may be accepted if the client has a new job and not yet received pay stubs, has a documented commitment of employment to begin within 2 weeks or is returning to work after being on leave. Schedule C tax document if self-employed. Leave Earning Statement (LES) if in the military.. CHIP system may also be used to verify information for SNAP and TANF clients. Income from other sources such as SSA, child support, and alimony are also counted as income when determining family eligibility.**
[x]	[x]	Household composition. Describe how you verify: **Client self-certifies on child care application; verified if questionable. Clients may be asked to provide marriage licenses or legal proof of separation or divorce if the marital status is questioned. Also, if there are other non-biological minor children in the home, custody or guardianship verification may also be requested.**
[x]	[x]	Applicant residence. Describe how you verify: **Client self-certifies on child care application; verifies if questionable. If questionable, copies of utility bills, lease agreements, driver's license, state identification card, or voters' registration.**
[ ]	[ ]	Other. Describe how you verify: **N/A**

2.2.9   Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

a. Identify the TANF agency that established these criteria or definitions: **South Carolina Department of Social Services (Lead Agency)**

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

   i. "Appropriate child care": **Appropriate child care must be determined by parental choice, to ensure that the developmental nurturing needs of a child(ren) are met. Child Care facilities must comply with the SC Code of Laws addressing regulatory requirements and procedures. Informal arrangements are not subject to child care statutory and regulatory requirements; however, parents are required to complete a Family, Friend and Neighbor Child Care Certification form ensuring that certain health and safety requirements are being met.**

   ii. "Reasonable distance": **Reasonable distance is defined by DSS as the fair and reasonable travel distance to a child care facility that will not interrupt TANF participation. Parents must be given parental choice to select the child care facility that best meets the needs of their child. The child care worker in collaboration with the TANF Case Manager will determine reasonable distance.**

   iii. "Unsuitability of informal child care": **Informal child care arrangements chosen by an applicant or participant must meet the needs of the applicant or participant as well as comply with the Child Care Scholarship Program policy and procedures.**

   iv. "Affordable child care arrangements": **Affordable child care arrangements are determined by a market rate survey conducted by DSS.**

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

   i. **[x]** In writing

   ii. **[x]** Verbally

   iii. **[ ]** Other. Describe:

2.3   Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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

2.3.1   Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d.　　"Children with special needs." **The child needs individualized materials, equipment, or instruction; the child is diagnosed with developmental delays; or the child demonstrates a delay in cognitive, communication, motor, or social development. Referral sources include SC Department of Disabilities and Special Needs, BabyNet (IDEA, Part C), SC School for the Deaf and Blind, Children's Rehabilitative Services, Easter Seals, Bright Start, SC Autism Society, other contracted Early Intervention providers throughout the state or an IEP, IFSP, or 504 Plan developed by the local school districts. Child care for children with disabilities is part of the priority of child care funding. Funding is monitored to ensure ongoing services.**

e.　　"Families with very low incomes." **Families with income that falls below the established SMI. TANF recipients are prioritized based on lower income levels.**

2.3.2　Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a.　　Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	[x]	[x]	[x]	[ ]	[ ]	[ ] Describe:
Families with very low incomes	[x]	[x]	[x]	[ ]	[ ]	[ ] Describe:
Children experiencing homelessness, as defined by CCDF	[x]	[x]	[x]	[ ]	[ ]	[ ] Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	[x]	[x]	[x]	[ ]	[ ]	[ ] Describe:

a.　　Does the Lead Agency define any other priority groups?

[ ] No.

[ ] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3　Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **The Child Care Scholarship eligibility staff receives a referral on the homeless coalition letterhead that the family has met the McKinney-Vento definition for homelessness. If the child is school-age, a letter will be sent from the Department of Education providing the verification of their homeless status defined by the McKinney-Vento act. Note: For direct referrals, an in office third party verification is done to document that a family meets the McKinney-Vento definition of homelessness.**

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

    i. Provide the policy for a grace period for:

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

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

    ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

    [x] Yes.

    [ ] No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **Child Care Licensing works in coordination with SC Department of Health and Environmental Control (SCDHEC) as necessary to help obtain**

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

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

    i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

    ii. **[x]** Informational materials in languages other than English.

    iii. **[x]** Website in languages other than English.

    iv. **[ ]** Lead Agency accepts applications at local community-based locations.

    v. **[x]** Bilingual caseworkers or translators available.

    vi. **[x]** Bilingual outreach workers.

    vii. **[x]** Partnerships with community-based organizations.

    viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

    ix. **[ ]** Home visiting programs.

    x. **[x]** Other. Describe: **Through a contract with the University of South Carolina's SC CCR&R, the Lead Agency provides funding for a bilingual Family Referral Specialist to assist families with limited English proficiency in their search for child care, assistance for financial assistance, completing required paperwork/applications, and identifying related resources. The materials, informational presentations, and resources including the website and child care search portal, are available in English and Spanish. Additionally, the LA contracts with an organization that provides interpretation and translation services in over 100 languages upon request.**

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

    i. **[ ]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

    ii. **[ ]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii.   **[ ]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv.   **[x]** Ensuring accessibility of environments and activities for all children.

v.   **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi.   **[ ]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii.   **[ ]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii.   **[x]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix.   **[x]** Other. Describe: **ADA version of the Early Learning Standards on website.**

2.4.2   Families experiencing homelessness: Outreach and technical assistance efforts

a.   Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i.   **[x]** Lead Agency accepts applications at local community-based locations.

ii.   **[x]** Partnerships with community-based organizations.

iii.   **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv.   **[x]** Other. Describe: **In South Carolina, the Department of Education administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act). The McKinney-Vento State Coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The State Coordinator also administers subgrants to selected school districts that provide additional coordinated services. While some local school district liaisons (especially those receiving subgrants) are able to identify families with very young children, their primary focus is on the 4k through grade 12 population. The State Coordinator will interface with local liaisons who currently outreach to homeless families and then coordinate with the Lead Agency on those families that appear to meet eligibility requirements for child care scholarships. The South Carolina Coalition for the Homeless functions as a coordinating and service entity, designed to assist the local coalitions. The board for the South Carolina Coalition for the Homeless was expanded in 2016 to include state agency representatives such as the Department of Social Services. The expanded board further solidified agency partnerships. The Lead Agency recognizes the need for trainings with the Department of Education and the Homeless Coalitions on procedures to access child care scholarships and other services through the Lead Agency. The Lead Agency is coordinating referral processes with the four regional Coalitions for the Homeless. These four coalitions operate majority of the family shelters (primarily funded through HUD) and other**

homeless services in local communities and have well-established relationships and outreach programs. They can serve as a valuable source of referrals for families with very young children. The Lead Agency will provide information and training to the child care providers via scchildcare.org, ABC Quality assessors, CCL specialists, and Child Care Scholarship eligibility and control center staff to inform them of the McKinney-Vento definition of homelessness. Child care providers will be made aware of available child care resources.

The following McKinney-Vento definition and checklist will be used: McKinney-Vento Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence. This includes:
☐ Children and youth who are: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up); living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; living in emergency or transitional shelters; abandoned in hospitals; or awaiting foster care placement.
☐ Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
☐ Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and Migratory children who qualify as homeless because they are living in circumstances described above.

The SC CCR&R has dedicated staff through the Homeless Support Initiative to provide one-on-one resources, assistance, and guidance to families experiencing homelessness. The Homeless Support staff provides families help on identifying child care, information on financial resources including SC Scholarship, assistance in the completion of applications, and information on related resources and organizations that can assist with housing, health, and other family needs.

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

   i.   Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The SC CCR&R provides training and technical assistance to child care providers utilizing their Homeless Support Initiative. A Homeless Support Coordinator provides trainings and informational sessions for child care providers on the definition of homeless as defined by the McKinney-Vento Act, how to identify families experiencing homelessness, and resources and tools on how to provide on-going support to these children and families. In addition, the Homeless Support Coordinator provides information and training to other SC CCR&R coaches on how to effectively support child care providers who are serving homeless families.**

   ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The SC CCR&R Homeless Support Initiative collaborates with the**

Lead Agency and the Child Care Scholarship Program that oversees the distribution of the homelessness scholarships to discuss eligibility enrollment, assist with completion and collection of appropriate paperwork, and collaborate with child care eligibility staff to enroll families. The SC CCR&R Homeless Support Initiative provides support to families trying to locate a program by providing referrals to child care programs that may meet the families need for care and enrolled in ABC Quality to accept the homeless scholarships. The SC CCR&R provides targeted outreach and information to child care programs across the state about the availability of voucher support to families that may be experiencing homelessness. The SC CCR&R also coordinates its outreach efforts with the Lead Agency staff to support other initiatives in the state, including the lead coordinator of McKinney-Vento Act at the State Department of Education and the four SC homeless coalitions.

2.5   Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1   Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **The Lead Agency takes into consideration the children's development by promoting continuity of care when authorizing child care services. Considerations for the child's development as well as the parents need to work, attend school, or participate in a training program are factors in the child care need for each family. Approaches used by the Lead Agency include: Establishing a 12 month eligibility period to lessen the burden on the family to apply more than once per 12 months, coordination with head start, pre-k and other early learning programs or school aged programs to create a variety of arrangements that accommodate the parents work schedules.   Child care is prioritized for children that have an Individual Education Program (IEP) or Individual Family Service Plan (IFSP).**

2.5.2   Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and

- Regardless of temporary changes in participation in work, training, or educational activities.

    a.   Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

    [x] Yes.

[ ] No. If no, describe:

b.   Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

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

    2.   Any interruption in work for a seasonal worker who is not working between regular industry work seasons.

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

    4.   Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

    5.   Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.

    6.   Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.

    7.   Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c.   Are the policies different for redetermination?

[x] No.

[ ] Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3   Job search and continued assistance

a.   Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i.   **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **The categories that we allow job search for are Homeless, DLL, Head Start, and TANF.**

ii.   **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **The categories that we allow job search for are Homeless, DLL, Head Start, and TANF.**

iii.   **[ ]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b.   Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

    i.   If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **Child care may be terminated for non-temporary changes, such as loss of job or cessation of education or training; however, three months of child care will be provided to give the parent time to search for a job or attend an education/training program as soon as possible. Child care may continue if activities are resumed and the client remains eligible for the child care category. Child care may continue if activities are resumed and the income does not exceed the states SMI exit threshold.**

    ii.   If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **If a loss of job or cessation of education or training, three months of child care will be provided to give the parent time to search for a job, work on his/her resume, or attend education/training program as soon as possible. Child care may continue if activities are resumed and the income does not exceed the states SMI exit threshold and the client remains eligible for the child care category.**

    iii.   If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **Three months.**

c.   The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

    i.   **[ ]** Not applicable.

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

           Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

    iii.   **[x]** A change in residency outside of the State or Territory.

           Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Clients that move out of state are terminated from receiving services in South Carolina effective the first Monday following 10 working dates of the change. In order to receive child care scholarships, the family must reside in South Carolina.**

    iv.   **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

           Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **If it is determined that a client intentionally misrepresented themselves, the client will be terminated for life and will not be allowed to apply or receive child care services through the Child Care Scholarship Program.**

2.5.4   Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

> **[x]** Yes.
>
> **[ ]** No. If no, describe:

2.5.5   Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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

(i)   85 percent of SMI for a family of the same size; or,
(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
    (A)   Takes into account the typical household budget of a family with a low income
    (B)   Provides justification that the second eligibility threshold is:
        (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
        (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out.

Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

a. **[x]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

    i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

    ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[ ]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

    i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three:

    ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:

    iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

    iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:

    v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

    vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3   Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the

Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1   Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1   Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a.   What is the maximum percent of a family's gross income any family could be charged as a co-payment? **3%**

b.   Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2   Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a.   Is the sliding fee scale set statewide?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

b.   Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

Family Size	A Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	B What is the monthly co-payment for a family of this size based on the income level in (A)?	C What percentage of income is the co-payment in (B)?	D Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	E What is the monthly co-payment for a family of this size based on the income level in (D)?	F What percentage of income is this co-payment in (E)?
1	1750.00	48.00	3.00	3305.00	87.00	3.00
2	2288.00	48.00	2.00	4322.00	87.00	2.00
3	2826.00	48.00	2.00	5339.00	87.00	2.00
4	3365.00	48.00	1.00	6356.00	87.00	1.00
5	3903.00	48.00	1.00	7372.00	87.00	1.00

c.   What is the effective date of the sliding-fee scale(s)? **10/1/2023**

d.   Provide the link(s) to the sliding-fee scale(s):
https://www.scchildcare.org/media/n3qmcb5u/sc-child-care-scholarship-program-fee-scale-2023-2024.pdf

e.   Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[ ] No.

[x] Yes.

If yes:

i.   Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **SC Scholarship Program payment rates to providers have an established maximum. Providers may charge more but the Lead Agency has encouraged providers to withhold from charging parents the difference for what we pay.**

ii.   Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families:

3.2   Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1   Family co-payment calculation

a.   How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

      i.   **[x]** The fee is a dollar amount and (check all that apply):

            [x] The fee is per child, with the same fee for each child.

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

            [ ] The fee is per child up to a maximum per family.

            [ ] No additional fee is charged after a certain number of children.

            [ ] The fee is per family.

            [ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

            [ ] Other. Describe:

      ii.   **[ ]** The fee is a percent of income and (check all that apply):

            [ ] The fee is per child, with the same percentage applied for each child.

            [ ] The fee is per child, and a discounted percentage is applied for two or more children.

            [ ] The fee is per child up to a maximum per family.

            [ ] No additional percentage is charged after a certain number of children.

            [ ] The fee is per family.

            [ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

            [ ] Other. Describe:

b.   Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[x] No.

[ ] Yes.

If yes, check and describe those additional factors below:

      i.   **[ ]** Number of hours the child is in care. Describe:

      ii.   **[ ]** Quality of care (as defined by the Lead Agency). Describe:

      iii.   **[ ]** Other. Describe:

c.   Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

      i.   **[ ]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

      ii.   **[ ]** Base co-payments on the number of children in the family and reduce a

portion of the co-payments as the number of children being served increases.

iii.   [ ]Other. Describe:

3.3   Waiving Family Co-payment

3.3.1   Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

[ ] No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i.   [x]Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii.   [x]Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii.   [x]Families experiencing homelessness.

iv.   [x]Families with children with disabilities.

v.   [x]Families enrolled in Head Start or Early Head Start.

vi.   [x]Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:

vii.   [ ]Families meeting other criteria established by the Lead Agency. Describe the policy:

4   Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

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

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[ ] Yes.

[x] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The eligibility packet that is sent to parents after their application is approved for a CCDF-funded child care scholarships includes a parent handbook that describes their options for choosing a child care provider, specifying all the listed categories, as well as other information about the subsidy, their rights/responsibilities and those of the Lead Agency and provider they choose.**

e. Describe what information is included on the child care certificate: **The Lead Agency sends two (2) letters to parents after they have been determined eligible and approved to receive a CCDF-funded child care scholarship: (1) the eligibility letter informs them that their application has been approved for their child(ren), specifying each child's name, age, eligibility category, and the number of weeks of full- time or half-time care approved per child. The letter specifies they have 15 calendar days to select a child care provider and if they need help locating a provider in their area, the parent may visit scchildcare.org for a list of enrolled providers. If they do not have access to a computer, they may call the SC Child Care Scholarship Program at 1-800-476-0199 for a printed list. The letter states a packet of information will be mailed to them that includes a connection form they'll need to complete and return after they select a child care provider. The connection form includes information that is needed to authorize the selected provider to serve their**

child(ren) (provider selected, name of parents & child(ren) approved for the child care scholarship, type of care needed⍰full or half-time or both, requested start date, signature of parents and provider, along with a list of things to think about when selecting a child care provider⍰enough adults to care for all children, allows parent to visit at any time, clean and safe environment, schedule that allows for nap/inside/outside activities, positive interactions between adults and children, responsive to parents expressed needs and concerns, uses positive discipline, and after services begin, their child enjoys going there daily. The packet includes information and options for selecting high quality providers. (2) After a parent returns the completed connection form to the Child Care Scholarship Program, a second letter called the authorization/connection letter is sent to both the parents and the selected provider. It specifies that the parent has chosen the named provider at a site address to serve listed child(ren), the care type, provider rate, client fee (co-pay, if applicable), billing rate, start date, stop date and weeks of care. The letter specifies that the Lead Agency will pay for childcare services from the start date through the stop date unless services are terminated early. It states if the provider's weekly rate exceeds what the Lead Agency will pay, the parent is responsible for paying the difference, along with the weekly client fee (co-pay), if applicable. It states that the parent and provider will be notified in writing if services end prior to the stop date. It reminds providers that they cannot serve more children than they are licensed to serve. The letter is copied to the provider at their payment address. At any point in the process, parents can be referred to the Child Care Resource and Referral to assist them in choosing quality child care providers or asking questions to better inform their decision about care. The goal is to help the parents walk through the process and provide information on the available programs that may fit their needs.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC

for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology

- Description of stakeholder engagement

- Data collection timeframe (if applicable)

- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model

- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1   Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a.   **[ ]** Market rate survey.

i.   When were the data gathered (provide a date range; for instance, September – December 2023)?

b.   **[x]** ACF pre-approved alternative methodology.

i.   **[ ]** The alternative methodology was completed.

ii.   **[x]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). **Data gathered from February 2024 through early May 2024 is being analyzed in May 2024. Cost model development is planned from March 2024 through May 2024. Cost model scenarios are anticipated to be run in May 2024 through early June 2024. Scenario results are anticipated to be shared with Lead Agency, Technical Workgroup, other stakeholders in early June 2024. New rates are anticipated to be set in mid- to late**

June 2024. New rates are expected to be in effect using alternative methodology by 10/1/2024.

c.   Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

iii.   State Advisory Council or similar coordinating body: **Prior to submission of the alternative methodology preapproval request to the Office of Child Care, the Lead Agency State Director shared the process for pursuing an alternative methodology with the State Advisory Council (ECAC) in its 8/17/2023 meeting with an opportunity for comment and questions. He explained the Lead Agency's commitment to engaging with the ECAC through their regular meetings, along with additional members of the workforce and other stakeholders in developing the cost study and cost model, analyses and results. The ECAC Program Manager was invited to participate on the Alternative Methodology Technical Workgroup that was being formed to meet monthly to inform all aspects of the alternative methodology process. The ECAC, Technical Workgroup, and a broad array of provider groups and constituents are being consulted before and after data collection and after model development has generated initial results and analysis to provide input on the cost survey approach and reach, cost estimation model, quality variables for the model, the model's data-gathering and analysis assumptions, on how to assure that providers are engaged in both the data gathering process and in the review of model results, and on any modifications the model may require based on analysis of results in partnership with the Lead Agency.**

iv.   Local child care program administrators: **Emails and a variety of social media outreach methods by the Lead Agency and its contractors were used multiple times to reach all regulated child care providers and license-exempt child care providers enrolled with ABC Quality (SC's QRIS) in a variety of formats to share information with them about the Cost of Child Care Study and to encourage them to participate in input sessions to share their perspectives about their costs in providing child care, as well as to complete the Cost of Child Care survey. Special sessions were held at 2 statewide professional development conferences, South Carolina Early Childhood Association (SCECA) and South Carolina Association of Early Care and Education (SCAECE) which were attended by approximately 300 child care directors and owners on 2/2/2024 (SCECA) and 3/2/2024 (SCAECE) to share information with them about the Cost of Child Care Study and to encourage them to participate in input sessions to share their perspectives. 15 virtual input sessions were scheduled on dates and times convenient to child care providers representing all regions of SC during March 2024 in which more than 300 child care program administrators participated. Input sessions were conducted in English and Spanish. These input sessions assured that child care program administrators understood the anticipated benefits of the cost-based approach to rate setting and could contribute to the alternative methodology approach to data collection.**

v.   Local child care resource and referral agencies: **The Director of the Statewide Child Care Resource and Referral Network was invited to participate on the SC Alternative Methodology Technical workgroup (described in 4.2.1.c. i above) and has been actively participating.**

vi.   Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Leaders of SC professional associations representing the child care workforce (SC Association of Education of Young Children, SC Early Childhood Association, SC Association of Early Care and Education, and SC Afterschool Alliance) were invited to participate on the SC Alternative Methodology Technical workgroup (described in 4.2.1.c. i above). Child care directors representing all types of child care who attended 2 statewide professional development conferences in February and March 2024 (SCECA and SCAECE described in 4.2.1.c.ii above) were invited to participate in special conference sessions in which information about the Cost of Child Care study was shared with them. They were encouraged to participate in input sessions to be conducted in English and Spanish in February through March 2024 to share their perspectives on the cost study and issues affecting their child care services.**

vii.   Other. Describe: **The Lead Agency's child care technical assistance contractors that serve child care programs (Child Care Resource and Referral, SC Inclusion Collaborative, SC Program for Infant-Toddler Care), its contractor for child care data collection and analysis, and directors/managers of major program areas in the Lead Agency affecting the alternative methodology process and cost model development (SC Child Care Scholarships (subsidy), ABC Quality, Child Care Licensing, SC Endeavors professional development and workforce registry, and information technology team) are also participating on the Alternative Methodology Technical Workgroup described in 4.2.1.c.ii above.**

d.   An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i.   When was the market rate survey completed?

ii.   What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)?

iii.   Describe how it represented the child care market, including what types of providers were included in the survey:

iv.   What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program?

v.   How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?

vi.   What is the percent of licensed or regulated child care centers responding to the survey?

vii.   What is the percent of licensed or regulated family child care homes responding to the survey?

viii. Describe if the survey conducted in any languages other than English:

ix. Describe if data were analyzed in a manner to determine price of care per child:

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **Multiple emails from the Lead Agency were sent to all child care providers in the priced child care market throughout SC who are included in the Lead Agency's child care licensing data base and its data base of license-exempt providers who are enrolled in ABC Quality (SC's quality rating and improvement system) which qualifies them to provide child care services to children with CCDF-funded subsidies, encouraging them to complete SC's alternative methodology child care costs survey. Both data bases include providers' physical addresses and counties where they operate. SC counties are clustered in four (4) major geographic areas: Upstate, Midlands, Pee Dee, and Low Country. Follow-up contacts with providers were made by the Lead Agency's contracted technical assistance partners including the SC Child Care Resource and Referral Network to emphasize the importance of providers responding to the survey. Responses to the cost survey from child care providers about their costs of operating are compiled by their location and summarized into the 4 major areas of SC. Child care programs that responded to the survey reflect about the same percentage of total providers that operate in each major area of SC, with approximately one fourth of providers in each of the four major areas of the state: 24% of survey responses came from child care providers in the Upstate area of SC where 24% of the total providers in SC operate; 26% of survey responses came from providers in the Midlands area of SC where 28% of total providers in SC operate; 24% of survey responses came from providers in the Pee Dee area of SC where 24% of total providers in SC operate; and 26% of survey responses came from providers in the Lowcountry area of SC where 25% of total providers in SC operate.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The percentages of respondents to the alternative methodology child care costs survey reflected nearly the same percentages as the various types of providers to total child care providers in SC: 56% of survey responses were from licensed and registered child care centers which represent 63% of the total child care providers in SC; 42% of survey responses were from licensed and registered family/group child care homes which represent 32% of total child care providers in SC; 1% of survey responses were from license-exempt providers which represent**

5% of providers in SC.

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The alternative methodology child care costs survey included questions about the cost per child by age, program type, and quality level. Initial results from the cost model about those attributes will be presented to the Lead Agency and Technical Workgroup at its June 10, 2024, meeting.**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The alternative methodology child care costs survey included questions about cost per child by age, program type, and quality level. Initial results from the alternative methodology cost model about those attributes will be presented to the Lead Agency and Technical Workgroup at its June 10, 2024, meeting.**

4.2.2   Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Lead Agency has contracted with national experts, Prenatal to Five Fiscal Strategies (P5FS), to design and implement the cost study and cost estimation model. P5FS' role includes data collection and analysis, cost model development, cost estimation using the model, and related reports. The cost study includes a survey, input sessions and interviews with child care providers across the state, along with a review and integration of existing statewide data sources for the development of the cost estimation model. The alternative methodology process involves constituent engagement at the state and provider levels and captures providers' experiences and costs in implementing program requirements including licensing regulations and ABC Quality standards (SC's Quality Rating and Improvement System, QRIS). SC's cost estimation model includes licensing child care center and group child care home providers, licensed and registered family child care home providers, and licensed-exempt child care centers enrolled with ABC Quality to enable cost scenarios to be run for the different care types. The cost model also includes both revenues and expenses (personnel and non-personnel expenses) to show their relationship in delivering child care services, including how variables and program characteristics impact costs (e.g., program type, program size, quality level, age range of children served, variety of child**

populations served and geographic variances). The cost study collects data directly from providers using a survey process that is representative of all provider types, from all regions of the state, reflecting the diversity of programs including program quality, location, ages of children served, income, mix of children served, culture, and language, with targeted outreach for underrepresented provider groups. Information was gathered through provider input sessions and interviews with a mix of programs (multi-site, nonprofit and for-profit, programs serving children with subsidies, licensed and registered providers, license-exempt programs, programs serving different combinations of age groups including school-aged children in all regions of the state). Interviews also captured additional costs programs may incur if they were to make changes such as increasing compensation or improving program quality. This process ensures the cost estimation model fully captures the cost of operating a quality child care program. Development of the cost model is expected to be completed by the end of May 2024. Scenarios reflecting the cost of care with variations for types of child care, program sizes, ages of children served, program regulations (minimum health and safety licensing/regulatory requirements), higher quality standards (aligned with ABC Quality, SC's QRIS), equity and quality enhancements are expected to be completed in June 2024 which will inform the rate setting process.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **Response is pending completion of the cost study. Prenatal to Five Fiscal Strategies (P5FS) will present initial results from the alternative methodology cost model, including cost per child by age, child care program type, quality level and geographic location to the Lead Agency and Technical Workgroup at its meeting on June 10, 2024.**

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **State licensing regulations are being used to determine cost of care at the base level of quality including ratios, staff compensation, benefits and training, and costs related to serving special populations (children learning more than one language, experiencing homelessness, involved with child welfare system or at risk of abuse/neglect, who need care during non-traditional hours).**

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **SC uses state-defined quality measures established for its ABC Quality Program, SC's voluntary quality rating and improvement system to define higher levels of quality which include ratios, group size, staffing levels, staff compensation and professional development standards.**

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **Response is pending completion of the cost study and analyses which includes both costs incurred and prices charged for child care in SC. Prenatal to Five Fiscal Strategies (P5FS) will present initial results from the alternative methodology cost model, including cost per**

child by age, child care program type, quality level and geographic location to the Lead Agency and Technical Workgroup at its meeting on June 10, 2024.

4.2.3   Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

     i.   Provide the date the report was completed:

     ii.   Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report):

     iii.   Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:

     iv.   Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology:

4.3   Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1   Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

[x] Yes.

    i. If yes, check if the Lead Agency:

    [x] Sets the same payment rates for the entire State or Territory.

    [ ] Sets different payment rates for different regions in the State or Territory.

[ ] No.

    ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1).

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

ii. <u>Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.</u>

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

[ ] Yes.

[ ] No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3   Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

[x] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **The LA provides a higher reimbursement rate of $20 for children determined eligible for a special needs child care scholarship. Additionally, children in foster care may receive an add on of $30 for children who qualify for a foster care child care scholarship. The add-ons are in addition to the established based rates determined by the LA rate setting practices (MRS, alternative methodology, etc.).**

[ ] No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i.   **[ ]** Differential rate for non-traditional hours. Describe:

ii.   **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **The Lead Agency uses a payment rate add-on that is $20 more than rates for other children in a specific type of care when requested by providers to support their efforts to accommodate and care for children with special needs. The base rates have been determined by the Lead Agency rate setting practices (MRS, alternative methodology, etc.).**

iii.   **[ ]** Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv.   **[ ]** Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v.   **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **The Lead Agency differentiates payment rates based on the quality level the provider has achieved in ABC Quality, SC's QRIS. SC's payment rates are established to progressively compensate providers based on their performance in meeting increasing quality criteria that exceed regulatory requirements. A tiered reimbursement payment system was implemented decades ago to incentivize the opportunity for more children with child care scholarships to have access to higher quality care. Since 1992, SC's Lead Agency has used voluntary standards higher than state regulatory requirements in conjunction with financial incentives to recognize and promote quality, ranging from Level C (foundational level meeting basic health and safety regulations) to A+ (the highest level of quality criteria). These rates are determined based on the Lead Agency's rate setting practices (MRS, alternative methodology, etc.).**

vi.   **[x]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Other differential payments: add on for children in foster care that is $30 more than child care scholarship payments for other children in a specific type of care will be added to new subsidy payments that are based on the Lead Agency rate setting practices (MRS, alternative methodology, etc.).**

vii.   If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

[ ] Yes. If yes, describe:

[x] No.

4.3.4   Establishing payment rates

Describe how the Lead Agency established payment rates:

a.   What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Payment rates pending completion of alternative methodology cost model and analyses.**

b.   How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Payment rates pending completion of alternative methodology cost model and analyses.**

c.   How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Payment rates pending completion of alternative methodology cost model and analyses.**

d.   How did the Lead Agency account for the cost of higher quality while setting payment rates? **Payment rates pending completion of alternative methodology cost model and analyses.**

e.   Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **Payment rates pending completion of alternative methodology cost model and analyses.**

4.4   Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1   Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in

advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a.   Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

[x] Yes. If yes, describe: **The Lead Agency has requested an implementation waiver to make the necessary updates to pay providers prospectively. Policies will also be updated to include paying on enrollment v attendance.   It is anticipated that from the date the Service Voucher Log (payment form) generates, any unpaid weeks up to the generation date will be pulled plus the dates through the first Sunday following 28 calendar dates. The Lead Agency has always paid by the week and will continue to pull full weeks at a time. The provider will certify that they anticipate the children on the SVL to be enrolled for the time period printed on the SVL. If the provider indicates any period of time that the children will not be enrolled, the system will allow the provider to document the reason the child will no longer be enrolled and the last date of expected payment. When the payment for the prospective services have paid, the provider will be given a remittance notice to confirm that the payments were made correctly before the next SVL generates.**

[ ] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type:

b.   Does the Lead Agency pay based on authorized enrollment for all provider types?

[x] Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

[ ] No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

[ ] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2   Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a.   Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

[x] Yes.

[ ] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

b.   Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[x] Yes. If yes, identify the fees the Lead Agency pays for: **An annual registration fee per child is paid by Lead Agency after the third week of paid child care services for children with CCDF-funded subsidies.**

[ ] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

c.   Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **Providers are paid in accordance with written provider enrollment agreements that include payment policies, approved payment rates, schedules, fees, and the dispute resolution process. This information is also included in child-specific service connection letters that are sent to families and providers when a family chooses a provider as their child(ren)'s caregiver.**

d.   Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **When a family's eligibility for child care services will end due to an adverse action or changes in eligibility status, the Lead Agency sends a termination notice to the provider and family two weeks prior to services ending to give ample notice of that adverse action. In that termination notice, the parent is informed of their rights to an appeal if they disagree with the decision. Sixty (60) days prior to the end of child care services, the Lead Agency sends an "end of services" notice to the provider and family to remind them of the last day of their current services. That end of service notice specifies the date that services end and that payments for that eligible child will stop on that ending date.**

e.   Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **When a provider has a payment discrepancy, they call the 1(800) number to the Child Care Scholarship Program Control Center. Many payment issues can be resolved prior to the need for an appeal. Payment issues may include, a child has been connected incorrectly, a registration fee needs to be assessed, incorrect start date, etc. If there are child enrollment issues between two different providers, the control center will request a copy of the provider's attendance roster to compare and make a determination of payment for the provider. A provider has the right to request a fair hearing regarding any negative action taken by the Child Care Scholarship Program. Negative actions include but are not limited to termination from the ABC Program and de-enrollment of a specific care type. The provider must request the fair hearing within 30 days of the negative action by submitting the request in writing to the Division of Individual and Provider Rights (DIPR).**

Upon receipt of the request, DIPR will schedule the fair hearing and coordinate with SCDSS legal staff as well as the provider and the provider's legal representative as appropriate. ABC Quality staff are responsible for representing the Child Care Scholarship Program at fair hearings for:
 Level A, B and C Providers

State Office Child Care Services staff are responsible for representing the Child Care Scholarship Program at fair hearings for:
 All FFN Providers - The files are pulled and reviewed by that designated staff person and a response is made back to Individual and Provider Rights. If cases are reviewed and it is determined that a case can be reinstated or other resolutions made, Individual and Provider Rights will notify the client of the outcome. If upon the review, the adverse action is upheld, Individual and Provider Rights will notify the client and will proceed with scheduling a hearing if desired.

f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **By making a change to pay providers prospectively as opposed to a reimbursement process and based on enrollment as opposed to attendance, this will be an incentive for child care providers to participate with the Child Care Scholarship Program through ABC Quality. Providers will be paid ahead of the dates of service which allows for stabilization of child care programs and lessens the financial burdens on the programs.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

[ ] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[x] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **Early Transitions Program is an initiative to fund contracted child care slots in high-quality child care facilities for children with disabilities. This increases parental choice by providing a placement option for eligible 3-year-old children in an inclusive general education setting with preschool services delivered by Part B 619 through an itinerant service model. This program is a partnership with IDEA/Part C services at DHHS, IDEA/Part B at SDE, South Carolina Inclusion Collaborative (SCIC) at USC, SC Able guiding the provider**

with ADA compliance, and SC Partners for Inclusion (SCPI). The school districts participating in Early Transitions are required to attend the summer Special Education Itinerant Teacher (SEIT) academy to learn to support child care teachers serving children with disabilities.

[ ] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

i.   If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

[x] Children with disabilities. Number of slots allocated through grants or contracts:

[ ] Infants and toddlers. Number of slots allocated through grants or contracts:

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

[ ] Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

[ ] School-age children. Number of slots allocated through grants or contracts:

[ ] Children experiencing homelessness. Number of slots allocated through grants or contracts:

[ ] Children in urban areas. Percent of CCDF children served in an average month:

[ ] Children in rural areas. Percent of CCDF children served in an average month:

[ ] Other populations. If checked, describe:

ii.   If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2   Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

[x] Yes.

[ ] No.

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

i.   [x] Restricted based on the minimum number of children in the care of the in-

home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **An in-home child care arrangement is care that is provided in the child's own home by a relative or non-relative child care provider who is at least 21 years old and who does not live in the same household as the child. In-home are affected by other laws and regulations. In-home providers who are NOT related to the child are classified as domestic service workers under the Fair Labor Standards Act (FLSA 29-USC Section 2016 (A) and a covered under minimum wage requirements. Based on Internal Revenue Service regulations, the use of an in-home arrangement is limited to: (1) those in which the provider is not related to the child will be approved only when the client has five or more children in the home that require care or (2) families who need care for children with special needs or medical conditions.**

ii.   **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Provider must be 21 years or older and not living in the same household as the child.**

iii.   **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv.   **[ ]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:

v.   **[x]** Restricted to care for children with special needs or a medical condition. Describe: **Families who need child care for children with special needs or medical conditions.**

vi.   **[x]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: **All in-home care that is provided by a non-relative must meet specified health and safety requirements to include background checks including fingerprint checks for all caregivers and annual unannounced on-site health and safety inspections. Any non-relative providing in-home must complete the health and safety preservice requirement within the first 90 days.**

vii.   **[ ]** Other. Describe:

4.5.3   Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a.   In infant and toddler programs:

i.   Data sources used to identify shortages: **Infant toddler demand estimations, are based on the number of children born in SC at the county and ZIP code level from SC DHEC's birth tables data. On the supply side, Child Care Licensing (CCL) data captures ⬚infant capacity', indicating the maximum number of children a program can serve who are ⬚under 30 months' in a special room. The infant capacity is determined based on the DSS Fire & Life using the International Building Code. SC**

Care Resource and Referral Network collects data from child care programs regarding their enrollment, infant-toddlers enrollment, vacancies, hours, languages are spoken, and other information to assist families. SC DSS also works with CCRT to use GIS analysis to identify areas where the supply of infant toddler capacity may be limited compared to the number of infant toddlers in the community.

ii. Method of tracking progress: **Using data from SC DHEC birth tables and CCL data regarding demand and supply of infant toddler care is used by CCRT in all relevant reports to DECE for evidence-based decision making. SC CCR&R uses a statewide data system that collects information from providers on vacancies, and providers are encouraged to submit data about their availability for infant toddler care. SC CCR&R also collects data on the number of requests for infant toddler care they receive from parents seeking this type of care and the regions where they are looking for care. CCR&R agencies make regular calls for in-depth data collection to document information and ensure our supply and demand data is accurate and analyzed in all relevant reports to the DECE leadership.**

iii. What is the plan to address the child care shortages using family child care homes **The lead agency is providing startup funding to family child care home businesses who apply for a License to operate a child care business and to provide supports as they go through the licensing process to operate a new child care facility. Child Care Licensing (CCL) and SC Child Care Resource & Referral (CCR&R) collaborated to develop a process to support and provide supplemental funding to new family child care home facilities through a four-tiered process that includes business supports and regulatory training while they are working through the child care licensing application to operate process. The startup grant supports include better understanding of finances, marketing and personnel practices that will teach them how to develop policies while understanding basic business theories in operating a child care business as well as helping them navigate the regulatory waters of Child Care Licensing. We began providing funding for these providers in May 2023 through present. During this collaborative effort, we continue to meet regularly to discuss processes, barriers and successes.**

iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency is providing startup funding to ⬛mom and pop⬛ child care center-based businesses who apply for a License to operate a child care business and to provide supports as they go through the licensing process to operate a new child care facility. Child Care Licensing (CCL) and SC Child Care Resource & Referral (CCR&R) collaborated to develop a process to support and provide supplemental funding to new family child care home facilities through a four-tiered process that includes business supports and regulatory training while they are working through the child care licensing application to operate process. The startup grant supports include better understanding of finances, marketing and personnel practices that will teach them how to develop policies while understanding basic business theories in operating a child care business as well as helping them navigate the regulatory waters of Child Care Licensing. We began providing funding for these providers in May 2023 through present. During this collaborative effort, we continue to meet regularly to discuss processes, barriers and successes.**

b.   In different regions of the State or Territory:

     i.   Data sources used to identify shortages: **SC DECE works with the child care research team (CCRT) at the USC ⬜ YSM Child Development Research Center to identify areas where capacity and supply may be limited and where families have different and varying needs that may or may not be met by the available child care community. The CCRT uses several data sources to identify geographical areas for targeted intervention. The data sources used are project-specific and include Social Vulnerability Index (SVI), Child Care Licensing (CCL) data, Census Data to identify poverty density and children with both parents in the labor force, SCDHEC Birth Tables data, Medicaid Births as a proxy for poverty and SC CCR&R data volunteered by providers.**

     ii.   Method of tracking progress: **The child care research team (CCRT) receives quarterly extracts of deidentified data from child care scholarships and licensing through a data sharing agreement. Data is analyzed regularly by region. Ongoing access to data from the workforce registry and ABC Quality allows CCRT to study the impact of SC DECE initiatives on all sectors of the ECE landscape in the state.**

     iii.   What is the plan to address the child care shortages using family child care homes?

     iv.   What is the plan to address the child care shortages using child care centers?

c.   In care for special populations:

     i.   Data sources used to identify shortages:

     ii.   Method of tracking progress:

     iii.   What is the plan to address the child care shortages using family child care homes? **SC was awarded the Federal Disaster Supplemental Funding Grants through the Office of Child Care to plan and implement State and local recovery efforts in the areas affected by Hurricane Ian in September 2022. SC is using the planning funds in phase one to support our planning for a larger request with funding available in phase two. All planning activities will consider the need of impacted family child care home providers. With these funds, SC will make a thorough assessment of needs utilizing qualified consultants to guide the data collection process. SC will look to determine where the shortages are and use the funding to ensure that family child care providers receive the funding and supports that could be extended to supplement their response and recovery efforts. This includes supporting mental health, providing quality improvement activities in addition to supply building in this area through possible startup grant or other grant opportunities.**

     iv.   What is the plan to address the child care shortages using child care centers? **SC was awarded the Federal Disaster Supplemental Funding Grants through the Office of Child Care to plan and implement State and local recovery efforts in the areas affected by Hurricane Ian in September 2022. SC is using the planning funds in phase one to support our planning for a larger request with funding available in phase two. All planning activities will consider the need of impacted child care centers. With these funds, SC will make a thorough assessment of needs utilizing qualified consultants to guide the data collection process. SC will look to**

determine where the shortages are and use the funding to ensure that child care center providers receive the funding and supports that could be extended to supplement their response and recovery efforts. This includes supporting mental health, providing quality improvement activities in addition to supply building in this area through possible startup grant or other grant opportunities. We are collaborating with our nationally recognized tribe in SC, the Catawba Indian Nation, with this grant to also support their efforts to rebuild a child care center on the reservation.

4.5.4   Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a.   Underserved geographic areas. Describe: **Underserved geographic areas, in general, are determined by a combination of indicators that include gaps in child care availability and supply, areas of high poverty density, especially among young children under six, and the total number of children in an area. The Child Care Research Team (CCRT) identifies project-specific areas for targeted intervention. SC Business Start-Up program, SC SUCCess Grant, used a combination of both zip codes and census track data. The underserved areas were 49 ZIP codes within one mile of 16 census tracts, with 300 children under five years old living below poverty. The Equity Index is a statewide index that uses a combination of the Social Vulnerability Index (SVI), poverty, and low childcare access, which lists 12/46 counties as the most vulnerable in all indicators. These areas are incentivized with a bonus to participate in ECE initiatives such as the business start-up program.**

b.   Infants and toddlers. Describe: **In partnership with Project Learning Tree (PLT), an award-winning environmental education program designed for teachers and other educators, parents, and community leaders working with youth from preschool through grade 12. PLT new curriculum Trees & Me includes hands-on activities for infants and toddlers. The Lead Agency is committed to indoor and outdoor nature-based learning environments due to the research on positive social, emotional and health outcomes for children in care. Several LA staff members are certified trainers in the PLT curriculum and conducted curriculum presentations for early childhood educators. Each early childhood educator attending the curriculum presentation receives a free curriculum book and resources to implement nature-based play in the learning environment. PLT is an initiative of the Sustainable Forestry Initiative®, a non-profit charitable organization with the mission of advancing sustainability through forest-focused collaboration. This partnership has long reaching outcomes due to the fact the forestry industry supports the South Carolina economy. Exploring the feasibility of increasing PLT curriculum presentations in the early childhood community throughout South Carolina and technical assistance on nature-based environments. Quality Care by Design (QCBD) was created to increase the quality of infant and toddler classroom environments in participating early childhood programs enrolled in ABC Quality and South Carolina First Steps 4K. To ensure demographic equity, 56 early childhood programs participating in QCBD represented the 4 regions of South**

Carolina, the Pee Dee, Lowcountry, Midlands and Upstate. Early childhood classrooms received a design plan, on-site technical assistance, and funding to purchase early learning materials/equipment to increase the quality of the learning environment. National early childhood design expert conducted monthly technical assistance and reviewed design case studies focused on the key elements of classroom design with the SCPITC specialists to prepare for the implementation of design plans.   The University of South Carolina's Research, Evaluation and Measurement Center (REM) conducted research with directors and early childhood educators to track the impact of QCBD on the early childhood programs. Based on their findings, directors and teachers reported that the QCBD project led to improvements in the classroom design, teaching activities and children's learning and behavior. In addition, improvements in children's independent play, self-exploration, peer-to-peer interactions, and physical activity increased. The most profound discovery was early childhood educators indicated that they felt more committed to the field of early childhood education because of participating in QCBD.   The LA will continue to support the stainability of QCBD project by developing Engagement Centers throughout South Carolina that will serve as demonstration sites to engage their local community in the importance of high-quality infant and toddler care. To continue the support of early childhood programs serving infants and toddlers, recruitment of more cohort groups of early childhood programs participating in QCBD throughout South Carolina. In addition, expand community partnerships to support quality care and the implementation of QCBD.

   c.   Children with disabilities. Describe:

   d.   Children who receive care during non-traditional hours. Describe:

   e.   Other. Specify what population is being focused on to increase supply or improve quality. Describe:

4.5.5   Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs.

5   Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for

monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **A child care center must be licensed if the program operates more than four hours a day and more than two days a week.**

> Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?
>
> **[x]** Yes. If yes, describe: **Registered Church and Religious Child Care Centers.**
>
> **[ ]** No.

b. Identify the family child care providers subject to licensing: **Group Child Care Home (GCCH) - (7-12 children) A GCCH is defined as a residence occupied by the operator in which he/she regularly provides child care for at least seven but not more than twelve children, unattended by a parent or a legal guardian including those children living in the home and children received for child care who are related to the resident teacher/caregiver. Care may be provided for eight children without an additional caregiver within a residence occupied by the operator. When the attendance reaches nine or there are more than three children under the age of 24months, an additional caregiver must be present at all times. Licensed Family Child Care Home(FCCH) - (Up to six children at any**

given time) A licensed FCCH provides care for more than one unrelated family of children within a residence occupied by the operator on a regular basis for no more than six children including operator's own or related children. This applies if the FCCH elects to become licensed.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

[x] Yes. If yes, describe: **Registered Family Child Care Home(FCCH) - (Up to six children at any given time) A FCCH provides care for more than one unrelated family of children within a residence occupied by the operator on a regular basis for no more than six children including operator's own or related children. FCCH are required to be registered but can elect to become licensed.**

[ ] No.

c.   Identify the in-home providers subject to licensing:

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

5.1.2   CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a.   License-exempt center-based child care. Describe by answering the questions below.

i.   Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **License-Exempt center-based child care.**

ii.   Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **License-exempt centers participating in ABC Quality operate within the legal parameters of the SC Child Care Licensing law. This includes operating only 4 hours total or less per day during the time school is in session to include transportation and late pick-up if applicable; only serving children 5 years and older; operating full days only on days school is not in session (i.e., school holidays, teacher workdays or any time school is closed). Programs who operate year-round to include summer, offer summer sessions in consecutive sessions of 3 weeks or less.**

iii.   Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **License-exempt centers that participate in ABC Quality must meet all eligibility criteria. The eligibility criteria requirements include; verification of centers exemption status, current fire inspection, no history of active Out of Home Abuse and Neglect (OHAN) reports**

and no history of operating illegally pursuant to SC Child Care Licensing Laws; all staff responsible for the care of children have current Pediatric First Aid and Child CPR certification and completion of the SC Health and Safety Pre-service certification/ECD 101 (any new staff must be in compliance within 90 days of hire); all staff annually sign a discipline and maltreatment policy prohibiting the use of corporal punishment and maltreatment of children; and acknowledgement of ABC Quality Code of Ethical Conduct; verification of minimum staff education/qualifications, TB test and Health Assessment for all staff; all child care staff members complete a Comprehensive Background check (SLED/FBI fingerprints, in-state and out-of-state Abuse and Neglect checks, State Sex Offender checks); on-site Health and Safety Inspection of program; and written mandatory policies and procedures (Medication, Emergency Medical, Emergency Preparedness, Child Abuse and Neglect, Swimming, Transportation, Outdoor Time policies, Discipline and Child Maltreatment, Prevention and Control of Infectious Diseases, Handling, Storage and Disposal of Hazardous Materials and Biological Contaminants, Safe Release of Children and Parental Access). These requirements are verified prior to enrollment and during the annual unannounced visit. These visits include validation of eligibility criteria and Health and Safety Inspection.

b. License-exempt family child care. Describe by answering the questions below.

    i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **A family, friend, and neighbor (FFN) is a provider who is unregulated and is not required to meet licensing/regulatory requirements. FFN are not considered a part of the quality rating and improvement system in SC (ABC Quality). The non-related Family, Friend and Neighbor providers who are CCDF eligible must meet requirements to receive funding. These requirements include background checks, CPR First Aid Certification, training and an onsite inspection to evaluate the home. DECE ensures compliance with these requirements in order to participate Child Care Licensing provides that health and safety monitoring to assess completion of background checks, CPR and First Aid certification, and the health and safety pre-service certificate as well as make onsite inspections to evaluate the home to ensure compliance with basic standards of health and safety. This is an informal care type that does not meet criteria of ABC Quality.**

    ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **A family, friend, and neighbor (FFN) is a provider who is unregulated and is not required to meet licensing/regulatory requirements. The provider must be related to the child in one of the following ways: An aunt or uncle, first generation only, sibling, grandparent or great grandparent, all of whom do not reside in the same household as the child. FFN are not considered a part of the quality rating and improvement system in SC (ABC Quality) but Child Care Licensing has been assigned the responsibility of providing on-site assessments of these providers using a protocol to assess completion of background checks, CPR and First Aid certification, and the abbreviated health and safety pre-service certificate as well as to make onsite inspections to evaluate the home to ensure compliance with basic standards of health and safety for the children enrolled.**

This is an informal care type that does not meet criteria of ABC Quality. The definition of non-related FFN is an exception to family child care home: Family facility within a residence occupied by operator in which child care is regularly provided for no more than 6 children unattended by a parent or legal guardian including those children living in the home and children received for child care who are related to the resident. Exception: however, an occupied residence in which child care is provided only for a child or children related to the resident caregiver or for the child or children of one unrelated family or only for a combination of these children is not a family child care home. SC Child Care Licensing Law Section 63-13-20 (13).

    iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Child care Licensing provides the health and safety monitoring of this category. The FFN provider must meet several health and safety requirements including a comprehensive background check, CPR First Aid Certification, and the 15 Hour Pre-Service Training within 90 days of enrollment. A health and safety checklist has been developed and the CCL Specialists makes an announced enrollment visit within 90 days after enrollment and reviews the FFN Policy Manual with this FFN Provider. An unannounced visit is later conducted within 4-6 months after the enrollment visit. A health and safety checklist is used during this visit to ensure health and safety of the children being cared for at this visit.**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

    i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **A neighbor, relative or friend who does not reside in the home of the client/child but is not required to meet regulatory requirements. Child care is provided in the provider's home.**

    ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **These requirements include; a Comprehensive Background Check, Pediatric First Aid and Child CPR training, and SC Family, Friend and Neighbor Health and Safety Preservice Certification. Topic areas covered in the SC FFN Health and Safety Preservice Certification are infectious disease control and bloodborne pathogens, Sudden Infant Death Syndrome and prevention of Shaken Baby Syndrome and abusive head trauma, administrating medication to children, emergency preparedness, environmental safety (premises), transportation safety, and child developmental milestones. Child Care Licensing make an onsite visit to review health and safety practices and provide technical assistance within 90 days of enrollment and subsequent visits are made annually.**

    iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Non-related Family, Friend and Neighbor providers who are CCDF eligible must meet requirements to receive funding. These requirements include background checks, CPR First Aid Certification, training and an onsite inspection to evaluate the home. DECE**

5.2   Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1   Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a.   Infant. Describe: **0-12, 12-24 months**

b.   Toddler. Describe: **2-3 years**

c.   Preschool. Describe: **3-4 years, 4-5 years, 5-6 years**

d.   School-Age. Describe: **5-6 years, 6-9 years, 9-12 years**

5.2.2   Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a.   Licensed CCDF center-based care:

   i.   Infant.

Ratio: **1 teacher to 5 infants**

ABC Quality awards points to a program in the quality assessment for meeting a best practice ratio of 1:4.

Group size: **Restricted according to the square footage (35 square feet per child) of each classroom pursuant to regulation number 114-507A (1).**

ABC Quality eligibility group size requirement to participate is 15. In October of 2025, the group size will drop to 12. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 8.

   ii.   Toddler.

Ratio: **1 teacher to 6 toddlers**

ABC Quality awards points to a program in the quality assessment for meeting a best practice ratio of 1:5 for children 12-24 months; and 1:7 for children 2 ⬚ 3 years of age.

Group size: **Restricted according to the square footage (35 square feet per child) of each classroom pursuant to regulation number 114-507A (1).**

For children 12-24 months: The ABC Quality eligibility group size requirement to participate is 18. In October of 2025, the group size will drop to 15. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 10. For children 2-3 years of age: The ABC Quality eligibility group size requirement to participate is 24. In October of 2025, the group size will drop to 20. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 14.

iii.   Preschool.

Ratio: **1 teacher to 12 children**

ABC Quality awards points to a program in the quality assessment for meeting a best practice ratio of 1:11 for children 3-4 years of age; and 1:13 for children 4-5 years of age.

Group size: **For children 3-4 years of age: The ABC Quality eligibility group size requirement to participate is 36. In October of 2025, the group size will drop to 30. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 22. For children 4-5 years of age: The ABC Quality eligibility group size requirement to participate is 51. In October of 2025, the group size will drop to 46. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 26.**

iv.   School-Age.

Ratio: **1 teacher to 20 children (5-6-year-old) and 1 teacher to 23 children (6-12-year-old).**

ABC Quality awards points to a program in the quality assessment for meeting a best practice ratio of 1:15 for children 5-6 years of age; 1:18 for children 6-9 years of age; and 1:20 for children 9-12 years of age.

Group size: **For children 5-6 years of age: The ABC Quality eligibility group size requirement to participate is 60. In October of 2025, the group size will drop to 56. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 30. For children 6-12 years of age: The ABC Quality eligibility group size requirement to participate is 69. In October of 2025, the group size will drop to 65. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 36 for children 6-9 and 40 for children 9-12 years of age.**

v.   Mixed-Age Groups (if applicable).

Ratio: **Where there are mixed age groups in the same room, the staff: child ratio shall be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the mixed age group, the staff: child ratio for infants and**

toddlers shall be maintained. For mixed age groups, with one or more infants or toddlers, the ratios applicable to the youngest child in the group apply.

ABC Quality applies ratio based on the youngest child in the room.

Group size: **ABC Quality applies group size based on the youngest child in the room.**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

   i. **[ ]** Not applicable. There are no differences in ratios and group size requirements.

   ii. Infant: **Not Applicable. Per the ABC Quality License Exempt School Age Program Manual, license-exempt programs may not serve children under the age of five.**

   iii. Toddler: **Not Applicable. Per the ABC Quality License Exempt School Age Program Manual, license-exempt programs may not serve children under the age of five.**

   iv. Preschool: **Not Applicable. Per the ABC Quality License Exempt School Age Program Manual, license-exempt programs may not serve children under the age of five.**

   v. School-Age: **Licensed-exempt programs that participate in ABC Quality must meet ratio requirements as outlined in the ABC Quality License Exempt School Age Program Manual. Child to staff ratios apply at all times when children are present on the premises and during activities away from the facility; for children age 5-6, staff: child ratios are 1: 20, for children age 6-12, staff:child ratios are 1: 23. Ratios for when children are at the pool or on an outing with water; for children age 5, staff: child ratios are 1: 6, for children age 6 and older, 2: 25. During the 2022-2024 plan period ABC Quality implemented group size as an eligibility requirement to participate. As outlined in the ABC Quality License Exempt School Age Program Manual, the group size for children 6-12 years of age is 69. In October of 2025, the group size will drop to 65. The ratios and group size requirements as described are part of the eligibility criteria and therefore can jeopardize a license-exempt center's history of compliance. ABC Quality awards points to a program in the quality assessment for meeting a best practice ratio of 1:15 for children 5-6 years of age; 1:18 for children 6-9 years of age; and 1:20 for children 9-12 years of age. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 36 for children 6-9 and 40 for children 9-12 years of age.**

   vi. Mixed-Age Groups: **ABC Quality applies ratio and group size based on the youngest child in the room.**

c. Licensed CCDF family child care home providers:

   i. Infant (if applicable)

       Ratio: **Large Family (Group Child Care Homes), 1 caregiver to 4 children younger than 2 years old. Small Family -1 caregiver to 6 children.**

       Group size: **Large Family (Group Child Care Homes), There shall be an**

additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old. Small Family - Proposed FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.

ii.   Toddler (if applicable)

Ratio: **Large Family ⬜ (Group Child Care Homes), 1 caregiver to 4 children younger than 2 years old. Small Family -1 caregiver to 6 children operator may have up to six children at any one time.**

Group size: **Large Family - (Group Child Care Homes), There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old. Small Family - Proposed FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.**

iii.   Preschool (if applicable)

Ratio: **Large family - capacity set at 12; Small Family - capacity is set at 6.**

Group size: **Large Family ⬜ (Group Child Care Homes), There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old. Small Family - Proposed FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.**

iv.   School-Age (if applicable)

Ratio: **Large family ⬜ (Group Child Care Homes) capacity set at 12; Small Family - capacity is set at 6.**

Group size: **Large Family ⬜ (Group Child Care Homes), There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old. Small Family - Proposed FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.**

v.   Mixed-Age Groups

Ratio: **Large Family ⬜ (Group Child Care Home) 1 caregiver to 4 children younger than 2 years old. Small Family -1caregiver to 6 children.**

Group size: **Large Family - (Group Child Care Homes), There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old. Small Family - Proposed FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.**

d.   Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **For Family, Friend, and Neighbor**

arrangements, only children from one un-related family can be served. If there is a second un-related family in need of care, the provider must become regulated.

[ ] Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

f. Are any of the responses above different for license-exempt in-home care?

[x] No.

[ ] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **ii.(a) Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate(GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED**

because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility.(iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and (iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision. (b) Exception: A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, elementary education, or a related field may begin working with the children immediately without additional supervision as long as they have 60 days' field experience with a group of children aged 0-8. (c) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times. (d)Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver. Proposed amendment 63-13-30 regarding teacher caregiver experience indicates no experience with 15 hours of health and safety training within 5 days of employment being directly supervised for at least 30 days with at least 1 year experience in a licensed or approved child care center until caregiver has completed the required health and safety training.

Licensed center-based care participating in ABC Quality must meet all teacher qualifications as outlined in SC Child Care Licensing Law and Regulations. In addition to meeting these requirements all teachers must meet all program staff eligibility criteria which includes a current certification in Pediatric First Aid and Infant/Child CPR, signed annually Maltreatment policy and ABC Quality Code of Ethics, and SC 15 Hour Health and Safety Preservice Certification. ABC Quality licensed center-based care earn additional points in their Structural Quality portfolio based on the educational qualifications of their teachers. Educational qualifications are evaluated for teachers employed at the program. The education tiers are divided in three areas; entry, skilled and accomplished.

ii.　Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Center Director/Co-Director Must be at least 21 years old and meet on of the following requirements: i. A bachelor's degree or advanced degree from a state-approved college or university in early childhood education, child development, child psychology or a related field that includes at least eighteen credit hours in child development and/or early childhood education; ii. A bachelor's degree from a state-approved college or university in any subject area and six months experience working with children in a licensed, approved or registered child care facility; iii. An associate degree from a state-approved college or university in early childhood education, child development, child psychology or a related field, that includes at least eighteen credit hours in child development and/or early childhood education with six months' work experience in a licensed, approved or registered child care facility; iv. A diploma in child development/early childhood education from a state-approved institution or a child development associate credential (CDA) and one-year work experience in a licensed, approved or registered child care facility; or v. A High School diploma or GED, and Early Childhood Development (ECD) 101, with 3 years' experience in a licensed, approved or registered child care facility. One year shall include supervision of child care staff.**

Licensed center-based care participating in ABC Quality must meet all director qualifications as outlined in SC Child Care Licensing Law and Regulations. In addition to meeting these requirements all directors must meet all program staff eligibility criteria which includes a current certification in Pediatric First Aid and Infant/Child CPR, signed annually Maltreatment policy and ABC Quality Code of Ethics, and SC 15 Hour Health and Safety Preservice Certification. ABC Quality licensed center-based care earn additional points in their Structural Quality portfolio based on the educational qualifications of their teachers. Educational qualifications are evaluated for directors employed at the program. The education tiers are divided in three areas; entry, skilled and accomplished.

b.　Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Large Family (Group Child Care Homes) - Caregivers/Teachers shall meet the following qualifications: (i)Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six month's experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six month's experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six**

clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility.(iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and (iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision. (b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times. (c)Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver. Small Family - the operator of a licensed family child care home shall be at least eighteen (18) years of age and must reside in the home. Someone must be on the premises at all times who can read and write. Caregivers less than eighteen years of age shall be permitted provided the following conditions are met: a. they are at least 14 years of age. b. they are not the person in authority and are properly supervised. c. the facility is in accordance with South Carolina Labor Laws regarding the employment of minors in non-hazardous jobs. (Refer to regulation promulgated by the Commissioner of Labor pursuant to S.C. Code Ann. 41-13-20 (1976) and the Appendix. No person who has been convicted of child abuse or neglect, child molestation or sexual abuse or who is awaiting trial on such charges shall be knowingly employed in a family child care home. The operator shall provide the department staff with three references from non-related sources to verify his/her suitability to care for children. Licensed family child care home and group providers that participate must meet licensing requirements to participate in ABC Quality. Licensed family child care home and group providers applying for Level C must meet eligibility criteria that includes; a current regular license with child care licensing and history of compliance, certification of completion of SC Health and Safety Preservice for all staff, current certification of Pediatric First Aid and Child CPR for all staff, no corporal punishment statement for all staff, physician statement for all staff and TB test for all staff. Licensed family child care home and group providers applying for Level B must meet all the same eligibility criteria as providers applying for Level C and additional requirements to include staff qualifications for director and assistant caregiver. Director must be 21 years old, have a high school diploma or GED, completed ECD 101/signed plan to complete ECD 101 and 10 hours of annual training. Assistant caregiver must be 18 years old and have 10 hours of annual training. Small Family - Proposed Family Child Care Home Regulations. Staff qualification, the operator shall have the following: High School or GED. Caregiver Qualifications shall be at least 15 years of age and supervised by the Operator at all time and not in a position of authority.

Licensed family child care homes and groups that participate in ABC Quality must meet all eligibility criteria. The eligibility criteria requirements include owner/operator of family child care group must be 21 years or older, family child care home must be 18 years or older, have a valid High School Diploma/GED, minimum ECD 101 (Level B/B+), clear TB

test, staff health assessment, Pediatric First Aid, Infant/Child CPR, Maltreatment policy and ABC Code of Ethics statement and SC 15-hour Health and Safety Pre-Service Certificate.

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Regulated family child care homes that participate in ABC Quality must meet all eligibility criteria. The eligibility criteria requirements include owner/operator of family child care home must be 18 years or older, have a valid High School Diploma/GED, minimum ECD 101 (Level B/B+), clear TB test, staff health assessment, Pediatric First Aid, Infant/Child CPR, Maltreatment policy and ABC Code of Ethics statement and SC 15-hour Health and Safety Pre-Service Certificate.**

5.2.4   Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **License-exempt center-based child care programs that participate in ABC Quality teachers/administrators must meet the all program staff eligibility criteria which includes; must be 18 years old and have a valid high diploma/GED, must have 6 months verifiable experience working with children or must be supervised by a teacher with more than 1-year experience, clear TB teat, staff health assessment, comprehensive background checks (includes SLED/FBI fingerprints, and Central Registry for Abuse and Neglect), Pediatric First Aid and Infant/Child CPR, signed annually Discipline and Maltreatment Policy and ABC Code of Ethics and SC 15 hour Health and Safety Pre-Service Certificate.**

b. License-exempt home-based child care. **This provider type (FFN in home non-regulated and FFN out of home non-regulated) does not receive a quality level through ABC Quality. The FFN must be 21 years of age or older. FFN providers are not required to be licensed or registered according to SC Law.**

c. License-exempt in-home care (care in the child's own home). **We do not regulate or register in-home care.**

5.3   Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Center Regulation: 114-503G(6) (a-c)-Child's Record: 114-505A- Children's Health;114-505B-Sanitation; 114-505F(3-15)-Diapering Procedures; 114-404G-Staff Health;114-507A(6)-Water Supply; 114-507D(2) Rest Equipment; 114-508A(4-6) Meal Requirements; 114-508(D) &E)-Storage and Cleaning; Storage and handling of utensils and equipment; 114-509(a)(3)(a)-Feeding, Eating, and Drinking; 114-509(B)- Care for mildly ill children.**

Licensed center child care programs that participate in ABC Quality must meet the standard Prevention and Control of Infectious Diseases with policy that helps to ensure that infectious diseases are prevented or minimized while children are in their care. These policies must address daily health observations of children, separation of children who show signs of communicable diseases, exclusion or dismissal of children who are ill, handwashing of children and staff to prevent spread of germs, notifications to parents when children have been exposed to an infectious disease, copies of children immunization records, cleaning/disinfecting schedule, and staff health records (health assessment and TB test). The program must follow the policy as written. (ABC Quality Center-based Manual, Section 4.2.3.j, Prevention and Control of Infectious Diseases Policy). ABC Quality has created a policy template for Prevention and Control of Infectious Disease Policy to support programs ability to meet this standard.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Group Child Care Homes Child Care Licensing Regulations set forth in 2005. Group Child Care Home Regulations 114-513G(6)(a-c)- Child's Record, 114-515A-Children' Health, 114-515B-Sanitation; 114-515F(1-6)- Diapering Procedure, 114-515G-Staff's Health,114-517A(6)-Water Supply, 114- 517D(2)-Rest Equipment, 114-508A(4-6) Meal Requirements, 114-508(D)&E)-Storage and Cleaning, Storage and handling of utensils and equipment; 114-409(A)(3)(a)- Feeding Eating and Drinking; 114-509(B)-Care for mildly ill children. The Child Care Licensing Law currently describes health and safety inspections for small Family Child Care Homes. Children's Code of Law-Title 63, Section 63-13-830E(1)(a) and 63-13-840 A(1) related to health and safety of children. Policy FCCH 21- FCCH providers must help to ensure that infectious diseases are prevented or minimized while children are in care. All licensed family child care providers must comply with the requirements in the Suggested Standards. Presently, proposed regulations are currently being considered in the General Assembly for Small Family Child Care Homes related to health and safety and infectious diseases.**

Licensed family child care home and group programs that participate in ABC Quality must meet the standard Prevention and Control of Infectious Diseases with policy that helps to ensure that infectious diseases are prevented or minimized while children are in their care. These policies must address daily health observations of children, separation of children who show signs of communicable diseases, exclusion or dismissal of children who are ill, handwashing of children and staff to prevent spread of germs, notifications to parents when children have been exposed to an infectious disease, copies of children immunization records, cleaning/disinfecting schedule, and staff health records (health assessment and TB test). The program must follow its policy as written. (ABC Quality Family Group Manual, Section 4.2.3.i, Prevention and Control of Infectious Diseases Policy). ABC Quality has created a policy template for Prevention and Control of Infectious Disease Policy to support programs ability to meet this standard.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center child care programs that participate in ABC Quality must meet the standard Prevention and Control of Infectious Diseases with policy that helps to ensure that infectious diseases are prevented or minimized while children are in their care. These policies must address daily health observations of children, separation of children who show signs of communicable diseases, exclusion or dismissal of children who are ill, handwashing of children and staff to prevent spread of germs, notifications to parents when children have been exposed to an infectious disease, copies of immunization records for children who are homeschooled, cleaning/disinfecting schedule, and staff health records (health assessment and TB test). The program must follow its policy as written. (ABC Quality License Exempt Manual, Section 4.2.6.i, Prevention and Control of Infectious Diseases Policy). ABC Quality has created a policy template for Prevention and Control of Infectious Disease Policy to support programs ability to meet this standard.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family Friend and Neighbor Policy Manual. Section 4.2.11 Prevention and Control of Infectious Diseases Policy.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

    i.   All CCDF-eligible licensed center care. Provide the standard: **A health record shall be maintained in the center for each child enrolled, and it shall include all of the following information: A current South Carolina certificate of Immunizations in the record of the child. 114-503G(6)(b).**

    ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family ⬜ GCCH A health record shall be maintained in the group child care home for each child enrolled, and it shall include all of the following information: A current South Carolina Certificate of Immunization, 114-513 G (6)(b). Small Family ⬜ Registered FCCH providers - Policy 21 (a) Requirements for child immunizations and/or exemption information for children receiving CCDF-funding (ABC Quality-enrolled) services. Licensed Family Child Care -The operator shall maintain a health record on each child containing the following items: Written verification that the operator has been shown the immunization card of each child by the parent(s) indicating required immunizations are completed, in process or child meets exemptions. (See Sources of Information in Appendix for information regarding immunization(s). Proposed FCCH Regulations - Child's health records ⬜ The file shall contain the following: Copy of immunization card of the child indicating required immunizations are completed, in process, or that the child is exempt. 114-532 (F)(3)(b).**

    iii.   All CCDF-eligible licensed in-home care. Provide the standard:

        [x] Not applicable.

    iv.   All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center care serves children 5 years of age and older. In South Carolina children aged 5 years of age to 17 years old must attend school (SC Statute 59-65-10). SC Department of Health and Environmental Control monitors the adherence to immunizations requirements of children attending public school these records are maintained at the school the child attends (SC Code of Laws 44-29-180). License-exempt center care that participate in ABC Quality must maintain copy of immunization record for any child who is homeschooled, unless provided a statement of religious exemption (ABC Quality License Exempt Manual, Chapter 13 Records, Section 13.6.b Client Records).**

    v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.11 Prevention and Control of Infectious Diseases Policy, a. Required Immunizations and or proof of exemption.**

    vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

    vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate.**

Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.

5.3.2   Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: **114-507 D. (1-5) Rest equipment; 114-509 A. Infant and toddler care) (1) Stimulation and nurturing. (a) Children shall not remain in their cribs or play equipment for other than sleeping and specific, short time-limited quiet play Feeding, eating and drinking 114-509 (3) (c) Infants shall be held while being bottle fed until they are able to hold their own bottles. Bottles shall not be propped or given in cribs or on mats. 114-509 (3)(g) Infants and toddlers shall not sleep with bottles in their mouths. 114-509 A (5) (a-d) Sleeping (a) Infants shall be placed on their backs to sleep. (b) Crib mobiles shall not be permitted for infants or toddlers who can sit. (c) Cribs shall be spaced so that there is at least three feet of space on two sides of the crib. Cribs shall not be placed next to each other so that one child may reach into the other child's crib. (d) Stacked cribs are not permitted. The Licensed Center regulations are currently being reviewed by the State Advisory Committee regarding safe sleep for revision.**

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family ⬜ GCCH 114-517 D.(1-5) Rest equipment; 114-519 A. (1) (a)Infant and toddler care (1) Stimulation and nurturing. (a) Children shall not remain in their cribs or play equipment for other than sleeping and specific, short time-limited quiet play 114-519 A. (3) Feeding, eating and drinking. (c) Infants shall be held while being bottle fed until they are able to hold their own bottles. Bottles shall not be propped or given in cribs or on mats. (g) Infants and toddlers shall not sleep with bottles in their mouths. 114-519 A. (5) Sleeping. (a) Infants shall be placed on their backs to sleep unless the parent provides a note from a physician specifying otherwise. (b) Crib mobiles shall not be permitted for infants or toddlers who can sit. (c) Stacked cribs are not permitted. The Large family regulations are being reviewed by the State Advisory Committee for revisions. Small Family - Licensed FCCH THE CARE OF THE CHILDREN, Suggested Standards C. Program Infant-Toddler Care. (4) Sleeping equipment including cribs for infants who have not yet begun to climb and low cots for the other children. In a facility with limited space in which cribs and other bulky equipment would leave too little area for floor space, individual floor pads are adequate, provided that the floors are clean, warm and free from drafts. Sleeping and Resting Equipment. Individual, comfortable and sanitary equipment for sleeping and resting shall be provided. a. Beds, Cots, Cribs, Mats. (1) For daytime rest and nap periods. A separate bed, cot,**

crib or mat shall be assigned each individual for use during rest or nap periods. If mats are used, they shall be made of waterproof washable material and shall be stored and handled in such a manner that the sleeping surface does not contact the floor. If linen is provided, it shall be clean and available for each individual user. b. Placement of Equipment. Placement of beds, cots, cribs, or mats shall allow staff to have ready access to each individual. Registered FCCH Policy 11 Children shall not sleep in rooms with the door closed to allow for proper supervision during nap time, even if a monitoring device is used. Policy 26 All infants (12 months and younger) must be placed on their backs to sleep and only sleep in a Consumer Product Safety Commission-approved crib (compliant with rule 16 CFR 1219 or 1220). The crib's certificate of compliance must be kept. Policy 27 Each infant, toddler, 2-year-old, and preschool-aged child must be assigned a clean and developmentally appropriate crib, cot, or mat. Children may not sleep in a playpen. Small Family Child Care proposed regulations have been submitted to the General Assembly.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center care must be licensed to serve children under the age of 5 years-old. To be eligible to participate in ABC Quality license-exempt center care can only serve children ages 5 years and older. SC Child Care Licensing law prohibits programs who are not licensed to serve children under the age of five even if they attend public school (ABC Quality License Exempt Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.1.3.a).**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.13 Prevention of Sudden Infant Death Syndrome and Use of Safe Sleeping Practices Policy.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **§ 63⬚13⬚185. (A-F) Childcare facility medication administration to children; 114-503 F (e) Parent**

Access and Communication Management, Administration and Staffing; 114-505 D. (1-4) Medications or medical procedures.

Licensed center care that participates in ABC Quality must have policies and procedures in place that address the standard for administration of medication to children. The bolded sections represent this portion of the standard. These policies and procedures must include administration of prescription or over the counter medication, medication is in original container and labeled, medication must be locked and kept out of reach of children, medication is only used for child which is authorized to receive the medication, only the indicated/specified dosage on label is administered, written parental consent to administer medication on file, program maintains a medication log, parent/guardian are notified immediately if their child was involved in any errors of administration of medication, unused/expired medication is returned to parent/guardian, and staff wash hands before and after administration of medication. If the program does not administer medication the program has a written policy informing parents/guardians, they do not administer medication. The program follows their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.a. Medication Policy). ABC Quality has created a policy template for Administration of Medication Policy to support programs ability to meet this standard.

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **§ 63⬛13⬛185 (A-F). Childcare facility medication administration to children. Large Family ⬛ GCCH 114-513 F (e) Management, Administration and Staffing, Parent Access and Communication. 114-515 D. (1-4) Medications or medical procedures. Small Family Licensed and Registered FCCH § 63⬛13⬛185. (A-F) Childcare facility medication administration to children. Proposed Regulation for Small Family Child Care ⬛ 114-532 D (e) Management, Administration and Staffing, Parent Access and Communication; 114-532 E. (1-6) Medication; 114-532 F (c) Child's Record.**

Licensed family child care homes that participate in ABC Quality must have policies and procedures in place that address the standard for administration of medication to children. The bolded sections represent this portion of the standard. These policies and procedures must include administration of prescription or over the counter medication, medication is in original container and labeled, medication must be locked and kept out of reach of children, medication is only used for child which is authorized to receive the medication, only the indicated/specified dosage on label is administered, written parental consent to administer medication on file, program maintains a medication log, parent/guardian are notified immediately if their child was involved in any errors of administration of medication, unused/expired medication is returned to parent/guardian, and staff wash hands before and after administration of medication. If the program does not administer medication the program has a written policy informing parents/guardians, they do not administer medication. The program follows their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3. a. Medication Policy). ABC Quality has created a policy template for Administration of Medication Policy to

support programs ability to meet this standard.

    iii.   All CCDF-eligible licensed in-home care. Provide the standard:

        [x] Not applicable.

    iv.   All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center care that participates in ABC Quality must have policies and procedures in place that address the standard for administration of medication to children. The bolded sections represent this portion of the standard. These policies and procedures must include administration of prescription or over the counter medication, medication is in original container and labeled, medication must be locked and kept out of reach of children, medication is only used for child which is authorized to receive the medication, only the indicated/specified dosage on label is administered, written parental consent to administer medication on file, program maintains a medication log, parent/guardian are notified immediately if their child was involved in any errors of administration of medication, unused/expired medication is returned to parent/guardian, and staff wash hands before and after administration of medication. If the program does not administer medication the program has a written policy informing parents/guardians, they do not administer medication. The program follows their policy as written. (ABC Quality Ce6nter-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.6.a. Medication Policy). ABC Quality has created a policy template for Administration of Medication Policy to support programs ability to meet this standard.**

    v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.5 Medication Policy**

    vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

    vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

b.   Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

    i.   All CCDF-eligible licensed center care. Provide the standard: **114-507D. Medications or medical procedures (1) Written, signed and dated parental consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures.**

        Licensed center care that participates in ABC Quality must have policies and procedures in place that address the standard for administration of medication to

children. The bolded sections represent this portion of the standard. These policies and procedures must include administration of prescription or over the counter medication, medication is in original container and labeled, medication must be locked and kept out of reach of children, medication is only used for child which is authorized to receive the medication, only the indicated/specified dosage on label is administered, written parental consent to administer medication on file, program maintains a medication log, parent/guardian are notified immediately if their child was involved in any errors of administration of medication, unused/expired medication is returned to parent/guardian, and staff wash hands before and after administration of medication. If the program does not administer medication the program has a written policy informing parents/guardians, they do not administer medication. The program follows their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.a. Medication Policy). ABC Quality has created a policy template for Administration of Medication Policy to support programs ability to meet this standard.

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **114-517 Large Family D. Medications or medical procedures (1) Written, signed and dated parental consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures. Small Family ⬚ Licensed FCCH and Registered Child Care Licensing Law 63-13-185 (1) the parent or guardian of the child has submitted to the childcare facility prior to the administration of the medication a signed and dated parental consent form that authorizes the facility to administer the medication to the child, and the authorization is for not longer than one year. Proposed Regulation for Small Family Child Care ⬚ 114-532 D (e) Management, Administration and Staffing, Parent Access and Communication; 114-532 E. (1-6) Medication; 114-532 F (c) Child's Record.**

Licensed family child care homes that participate in ABC Quality must have policies and procedures in place that address the standard for administration of medication to children. The bolded sections represent this portion of the standard. These policies and procedures must include administration of prescription or over the counter medication, medication is in original container and labeled, medication must be locked and kept out of reach of children, medication is only used for child which is authorized to receive the medication, only the indicated/specified dosage on label is administered, written parental consent to administer medication on file, program maintains a medication log, parent/guardian are notified immediately if their child was involved in any errors of administration of medication, unused/expired medication is returned to parent/guardian, and staff wash hands before and after administration of medication. If the program does not administer medication the program has a written policy informing parents/guardians, they do not administer medication. The program follows their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.a. Medication Policy). ABC Quality has created a policy template for Administration of Medication Policy to support programs ability to meet this standard.

iii.   All CCDF-eligible licensed in-home care. Provide the standard:

> [x]Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center care that participates in ABC Quality must have policies and procedures in place that address the standard for administration of medication to children. The bolded sections represent this portion of the standard. These policies and procedures must include administration of prescription or over the counter medication, medication is in original container and labeled, medication must be locked and kept out of reach of children, medication is only used for child which is authorized to receive the medication, only the indicated/specified dosage on label is administered, written parental consent to administer medication on file, program maintains a medication log, parent/guardian are notified immediately if their child was involved in any errors of administration of medication, unused/expired medication is returned to parent/guardian, and staff wash hands before and after administration of medication. If the program does not administer medication the program has a written policy informing parents/guardians, they do not administer medication. The program follows their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.6.a. Medication Policy). ABC Quality has created a policy template for Administration of Medication Policy to support programs ability to meet this standard.**

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.5 Medication Policy**

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

5.3.4   Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a.   Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: **114-507 E. Environmental hazards (b) Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal. 114-509 A. Meal requirements (9) Dietary alternatives shall be available for a child who has special health needs or religious beliefs.**

Licensed center care programs that participate in ABC Quality must have policies in place that address the standard for responses to emergencies due to food and allergic reactions. The bolded sections represent this portion of the standard. The standard is Emergency Medical Care Policy to include food and allergic reactions. The policy must address medical conditions under which emergency care and treatment is warranted due to allergic reactions, procedure to prevent emergencies due to allergic reactions, steps to follow if child has an allergic reaction, notifications to families of foods not allowed in program, steps followed in a medical emergency, hospital/healthcare facility used, transportation method, and emergency staffing plan. The program must follow their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.b. Emergency Medical Care Policy). ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family ⏹ GCCH 114-517 E (4)(b) Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal. 114-518 A. Meal requirements (6) Dietary alternatives shall be available for a child who has special health needs or religious beliefs. Small Family Licensed and Registered POLICY FCCH 16: Upon a child's enrollment, all Family Child Care Homes should obtain medical information on DSS Form 2909 about the risk of possible allergic reactions in children in their care. If a child has a known food or environmental allergy, a Health Action Plan should be provided to the Family Child Care Home from the child's parent/guardian that describes how to respond to the reaction in that child. Policy 21 (e) and (f).**

Licensed family child care homes that participate in ABC Quality must have policies in place that address the standard for responses to emergencies due to food and allergic reactions. The bolded sections represent this portion of the standard. The standard is Emergency Medical Care Policy to include food and allergic reactions. The policy must address medical conditions under which emergency care and treatment is warranted due to allergic reactions, procedure to prevent emergencies due to allergic reactions, steps to follow if child has an allergic reaction, notifications to families of foods not allowed in program, steps followed in a medical emergency, hospital/healthcare facility used, transportation method, and emergency staffing plan. The program must follow their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.b. Emergency Medical Care Policy). ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center care programs that participate in ABC Quality must have policies in place that address the standard for responses to emergencies due to food and allergic reactions. The bolded sections represent this portion of the standard. The**

standard is Emergency Medical Care Policy to include food and allergic reactions. The policy must address medical conditions under which emergency care and treatment is warranted due to allergic reactions, procedure to prevent emergencies due to allergic reactions, steps to follow if child has an allergic reaction, notifications to families of foods not allowed in program, steps followed in a medical emergency, hospital/healthcare facility used, transportation method, and emergency staffing plan. The program must follow their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.6.b. Emergency Medical Care Policy). ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.6 Emergency Medical Policy**

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

b.   Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: **114-503. Management, Administration, and Staffing. G. Child Record (7) (a-f) Emergency information for each child (8) Emergency information shall be updated by the parent as changes occur. 114-505C. (1-3) Emergency medical plan.**

Licensed center care programs that participate in ABC Quality must have policies in place that address the standard for responses to emergencies due to food and allergic reactions. The bolded sections represent this portion of the standard. The standard is Emergency Medical Care Policy to include food and allergic reactions. The policy must address medical conditions under which emergency care and treatment is warranted due to allergic reactions, procedure to prevent emergencies due to allergic reactions, steps to follow if child has an allergic reaction, notifications to families of foods not allowed in program, steps followed in a medical emergency, hospital/healthcare facility used, transportation method, and emergency staffing plan. The program must follow their policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.b. Emergency Medical Care Policy). ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family ☐ GCCH 114-513. MANAGEMENT, ADMINISTRATION, AND STAFFING G. Child Record (7) (a-d) Emergency information for each child, (8) Emergency information shall be updated by the parent as changes occur. 114-515 C. Emergency medical plan (1-3). Small Family ☐ Licensed FCCH Suggested Standard III. THE CARE OF THE CHILDREN A. Health Practices Emergency Health Care. The family child care home shall have provision of emergency medical care of children requiring treatment away from the child care setting, such as an arrangement with a hospital, public health department, or local physician Registered Policy Number 16 Upon a child's enrollment, all Family Child Care Homes should obtain medical information on DSS Form 2909 about the risk of possible allergic reactions in children in their care. If a child has a known food or environmental allergy, a Health Action Plan should be provided to the Family Child Care Home from the child's parent/guardian that describes how to respond to the reaction in that child. Proposed FCCH regulation G. Emergency Medical Plan (1) The family child care home shall have an emergency medical plan in writing providing for emergency medical care of children requiring treatment away from the child care setting.**

Licensed center care programs that participate in ABC Quality must have policies in place that address the standard for responses to emergencies due to food and allergic reactions. The bolded sections represent this portion of the standard. The standard is **Emergency Medical Care Policy to include food and allergic reactions. The policy must address medical conditions under which emergency care and treatment is warranted due to allergic reactions, procedure to prevent emergencies due to allergic reactions, steps to follow if child has an allergic reaction, notifications to families of foods not allowed in program, steps followed in a medical emergency, hospital/healthcare facility used, transportation method, and emergency staffing plan. The program must follow their policy as written.** (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.b. Emergency Medical Care Policy). ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

iii.   All CCDF-eligible licensed in-home care. Provide the standard::

         [x] Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center care programs that participate in ABC Quality must have policies in place that address the standard for responses to emergencies due to food and allergic reactions. The bolded sections represent this portion of the standard. The standard is Emergency Medical Care Policy to include food and allergic reactions. The policy must address medical conditions under which emergency care and treatment is warranted due to allergic reactions, procedure to prevent emergencies due to allergic reactions, steps to follow if child has an allergic reaction, notifications to families of foods not allowed in program, steps followed in a medical emergency, hospital/healthcare facility used, transportation method, and emergency staffing plan. The program must follow their policy as written.**

(ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.6.b. Emergency Medical Care Policy). ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.6 Emergency Medical Policy**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility.**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **114-500. General Provisions. C. Access to and within the center, and physical site accommodations and equipment, shall be provided for children with disabilities to meet their health and safety needs in accordance with applicable state and federal laws. 114-504 D Supervision, Water safety staff; 114-505 HEALTH, SANITATION AND SAFETY. F Diapering (1); H. Fire and emergency Preparedness (1-3), I. Transportation (1 and 2). 114-507. Entire Physical Site Section. A. Indoor space and conditions B. Outdoor space. C. Furniture, toys, and recreational equipment. D. Rest equipment. E. Environmental hazards.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family Child Care ⬜ Group Child Care Homes, 114-510. GENERAL PROVISIONS. C. Access to and within the group child care home, and physical site accommodations and equipment, shall be provided for children with disabilities to meet their health and safety needs in accordance with applicable state and federal laws. C. Water safety staffing (1); 114-515. HEALTH, SANITATION AND SAFETY. F. Diapering (1) (7); H. Fire and emergency Preparedness (1-3); I. Transportation (1 and 2); 114-517. PHYSICAL SITE (entire section), A. Indoor space and conditions, B. Outdoor space, C. Furniture, toys, and recreational equipment, D. Rest equipment, E. Environmental hazards. Small Family ⬜ Registered Family Child Care Providers, Family Child Care Providers Policy Manual, Policy 23 Children should be restricted from unsafe areas, Policy Manual 24 Transportation, Policy 25 Environment hazards; Licensed Family Child Care Homes, Suggested Standard, IV. Sanitation and Safety Provisions. A. Safety Precautions, B. Environment Sanitation,**

C. Fire Safety. Proposed Regulation for small Family Child Care Homes are in the general assembly for consideration, 114-534. Health, Sanitation, and Safety. A. Child Health and Safety, C. Sanitation, F. Emergency Preparedness, H. Diapering. 114-535. Physical Site. A. Indoor Space, B. Non-Infant Sleeping and Resting, C. Outdoor Space, D. Environmental Hazards.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **License-exempt center care that participate in ABC Quality programs must undergo an onsite annual Health and Safety Inspection. This inspection includes the monitoring of this standard, identification of and protection from bodies of water. The bolded sections represent this portion of the standard. Outdoor Environment ⬜ the building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices (ABC Quality License Exempt Manual, Chapter 7, Regulations, Section 7.2.7.b. & j. Outdoor Environment).**

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.15 Physical Safety of the Home and Premises, 4.2.12 (c) Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy. 4.2.10 Transportation Policy 6.4 Transportation of Children, 6.2 Physical Safety of the Home and Premises (b) Outdoor.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **114-504. Supervision. D. Water safety staffing114-507. A. Physical Site (11) Electrical sources (d), E. Environmental hazards (2) Water hazards.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family ⬜ Group Child Care Homes, 114-514. SUPERVISION. C. Water safety staffing. 114-517. PHYSICAL SITE. A. (11) Electrical sources (d), E. Environmental**

hazards, (2) Water hazards. Small Registered/licensed Family Child Care Homes (7) Supervision, Policy FCCH 10, Policy FCCH 23. Proposed regulations are being considered at the General Assembly, 114-535. Physical Site. C. Outdoor Space (2-4).

iii.   All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: **License-exempt center care that participate in ABC Quality programs must undergo an onsite annual Health and Safety Inspection. This inspection includes the monitoring of this standard, identification of and protection from bodies of water. Outdoor Environment ⬚ the building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices (ABC Quality License Exempt Manual, Chapter 7, Regulations, Section 7.2.7.b. & j. Outdoor Environment).**

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.15 Physical Safety of the Home and Premises 6.2 Physical Safety of the Home and Premises b. Outdoor**

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

c.   Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: **114-505. Health, Sanitation and Safety C. Emergency medical plan (1)(d), I. Transportation.**

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **114-515. HEALTH, SANITATION AND SAFETY C. Emergency medical plan (1)(d), I. Transportation.**

iii.   All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: **License-**

exempt center care that participate in ABC Quality programs must undergo an onsite annual Health and Safety Inspection. This inspection includes the monitoring of this standard, identification of and protection from vehicle traffic hazards. The bolded sections represent this portion of the standard. Outdoor Environment ▫ the building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water. Children shall be restricted from unsafe areas and conditions (such as traffic, parking areas, ditches, and steep slopes) by a fence or natural barrier that is at least 4 feet high. In addition, ABC Quality has additional program eligibility requirements that includes the program has an outside play area on-site that is protected from traffic and other hazards. Existing programs who utilize on-site play areas particularly those in strip malls, and who do not have barriers or other methods to protect children from traffic or hazards must provide those items to ensure the safety of children. (ABC Quality License Exempt Manual, Chapter 4, Program Eligibility Criteria, 4.2.3.e., Additional Program Eligibility Requirements, Chapter 7, Regulations, Section 7.2.7.b. & j., Outdoor Environment).**

     v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.10 Transportation Policy (if applicable) 6.4 Transportation of Children**

     vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

     vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

5.3.6   Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

     a.   Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

          i.   All CCDF-eligible licensed center care. Provide the standard: **License Centers 114-503 C Child Abuse, 114-506 B Discipline and Behavior Management.**

               ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes, Licensed Group (Large Family) 114-513 C Child Abuse, 114-516 B Discipline and Behavior Management, Children's Code of Law- Title 63, Section 63-13-840, (small) Family Child Care Homes DSS Regulation No. 114-528. H. (6) (d), 114-528. H. (7).**

Participating ABC Quality licensed family child care homes, all staff must complete the SC Health and Safety Preservice Certificate or ECD 101 through a SC Technical College prior to enrollment and within 90 days from the date of hire for new employees. The SC Health and Safety Preservice Certificate consists of 15 hours of online training of which 1 hour is in Prevention of Shaken Baby Syndrome and Abusive Head Trauma. (ABC Quality Family Group Manual, Chapter 4, Eligibility to Participate, Section 4.3.7, SC Health and Safety Preservice Certificate).

iii. All CCDF-eligible licensed in-home care. Provide the standard:

> **[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Participating ABC Quality license-exempt center care, all staff must complete the SC Health and Safety Preservice Certificate or ECD 101 through a SC Technical College prior to enrollment and within 90 days from the date of hire for new employees. The SC Health and Safety Preservice Certificate consists of 15 hours of online training of which 1 hour is in Prevention of Shaken Baby Syndrome and Abusive Head Trauma. (ABC Quality License Exempt Manual, Chapter 4, Eligibility to Participate, Section 4.3.8, SC Health and Safety Preservice Certificate).**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.2.14 Prevention of Shaken Baby, Abusive Head and Maltreatment, Standards of operations for Family, Friend, and Neighbor (FFN) providers are set in the FFN Child Care Certification Form, DSS Form 3776 and 3774.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **63-13-40 A (1) D (1-2), Chapter 7 63-7-310 Mandated Reporter, persons required to report. 63-13-110 Sex Offender employment prohibitions; Child Care Licensing Regulation 114-506**

B. If enrolled in and receive funding from ABC Quality providers are not allowed to use corporal punishment.

Licensed center care that participates in ABC Quality must have policies in place that address the prevention of child maltreatment of children. This maltreatment policy must include all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role. There are four common types of abuse; they are sexual, physical, emotional and neglect. The program should have additional behavioral guidance policies for how staff should deal with disruptive behavior. (ABC Quality Center-Based Manual. Chapter 4, Eligibility to Participate, Section 4.2.3.h., Child Maltreatment Policy). ABC Quality has created a policy template for Child Maltreatment Policy to support programs ability to meet this standard.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **63-13-40 A (1) D (1-2); Chapter 7 63-7-310 Mandated Reporter, persons required to report; 63-13-110 Sex Offender employment prohibitions (Large Family) Group Child Care Home Regulation 114-516 B Discipline and Behavior Management. (We are revising Large GCCH regulations to prohibit the use of corporal punishment and a Notice of Drafting on April 11, 2024 has been filed.) (Small Family) 63-13-840 A (2) Inspections of FCCH, no evidence of child abuse Family Child Care Home Proposed Regulation 114-533 G (2) Discipline Policy with no Corporal Punishment.**

Licensed family child care homes that participate in ABC Quality must have policies in place that address the prevention of child maltreatment of children. This maltreatment policy must include all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role. There are four common types of abuse; they are sexual, physical, emotional and neglect. The program should have additional behavioral guidance policies for how staff should deal with disruptive behavior. (ABC Quality Center-Based Manual. Chapter 4, Eligibility to Participate, Section 4.2.3.h., Child Maltreatment Policy). ABC Quality has created a policy template for Child Maltreatment Policy to support programs ability to meet this standard.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Licensed-exempt child care that participates in ABC Quality must have policies in place that address the prevention of child maltreatment of children. This maltreatment policy must include all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role. There are four common types of abuse; they are sexual, physical, emotional and neglect. The program should have additional behavioral guidance policies for how staff should deal with disruptive behavior. (ABC Quality Center-Based Manual. Chapter 4, Eligibility to Participate, Section 4.2.6.h., Child Maltreatment Policy). ABC Quality has created a policy template for Child Maltreatment Policy to support programs ability to meet this standard.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **4.1.2 Comprehensive Background Checks; 4.2.9 Child C Abuse and Neglect policy.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

    i. All CCDF-eligible licensed center care. Provide the standard: **Center-based Regulation: 114-507 A(5) (c and e) Lead poisoning and mop water disposal; 114-507 A (8) Trash Disposal and Sewage system; 114-507E-Environmental Hazards.**

        ABC Quality licensed center care must have policies in place that meet the standard handling and storage of hazardous materials and the appropriate disposal of bio contaminants. The bolded sections represent this portion of the standard. This policy must address how toxic substances are stored out of the reach of children in a locked cabinet; toxic substances must not be used while children are present; flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children; toxic substances/hazards must be stored away from food and medication; poisonous plants must not be allowed in the center; chemicals used to control odors must not be allowed; procedures when staff must come in contact with bodily fluids resulting from a child injury or illness (including disposal of material that comes into contact with bodily fluids). The program must follow their written policy. (ABC Quality Center-Based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.2.3.j. Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants) ABC Quality has created a policy template for Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants to support programs ability to meet this standard. .

    ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family - Group Child Care Home Regulations: 114-517 A (5) (c and e) Lead poisoning and mop water disposal; 114-507 A (8) Trash Disposal and Sewage system; 114-517E-Environmental Hazards. (small Family) Family Child Care Home - Policy 25; Proposed Regulation: Physical site 114-535 D (3 and 4) Poison and harmful agents and cleaning supplies.**

        ABC Quality licensed family child care must have policies in place that meet the standard handling and storage of hazardous materials and the appropriate disposal of bio contaminants. The bolded sections represent this portion of the standard. This policy must address how toxic substances are stored out of the reach of children in a locked cabinet; toxic substances must not be used while children are present; flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children; toxic substances/hazards must be stored away from food and medication; poisonous plants must not be allowed in the center; chemicals used to control odors must not be allowed; procedures when staff must come in contact with bodily fluids resulting from a child injury or illness (including disposal of material that comes into contact with bodily fluids). The program must follow their written policy. (ABC Quality Family Group Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.2.3.j., Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants) ABC Quality has created a policy template for Handling, Storage, and Disposal of Hazardous Materials and

Biological Contaminants to support programs ability to meet this standard.**

iii.   All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: **ABC Quality license-exempt center care must have policies in place that meet the standard handling and storage of hazardous materials and the appropriate disposal of bio contaminants. The bolded sections represent this portion of the standard. This policy must address how toxic substances are stored out of the reach of children in a locked cabinet; toxic substances must not be used while children are present; flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children; toxic substances/hazards must be stored away from food and medication; poisonous plants must not be allowed in the center; chemicals used to control odors must not be allowed; procedures when staff must come in contact with bodily fluids resulting from a child injury or illness (including disposal of material that comes into contact with bodily fluids). The program must follow their written policy. (ABC Quality License Exempt Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.2.6.j. Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants) ABC Quality has created a policy template for Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants to support programs ability to meet this standard.**

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family Friend and Neighbor Policy Manual 4.2.12 Handling Storage and Disposal of Hazardous Materials and Biological Contaminants Policy**

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

b.   Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: **Center-based Regulation: 114-507 A(5) (c and e) Lead poisoning and mop water disposal; 114-507 A (8) Trash Disposal and Sewage system; 114-507E-Environmental Hazards.**

ABC Quality licensed center care must have policies in place that meet the standard handling and storage of hazardous materials and the appropriate disposal of bio contaminants. The bolded sections represent this portion of the standard This policy must address how toxic substances are stored out of the

reach of children in a locked cabinet; toxic substances must not be used while children are present; flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children; toxic substances/hazards must be stored away from food and medication; poisonous plants must not be allowed in the center; chemicals used to control odors must not be allowed; procedures when staff must come in contact with bodily fluids resulting from a child injury or illness (including disposal of material that comes into contact with bodily fluids). The program must follow their written policy. (ABC Quality Center-Based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.2.3.j. Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants) ABC Quality has created a policy template for Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants to support programs ability to meet this standard.

ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family - Group Child Care Home Regulations: 114-517 A (5) (c and e) Lead poisoning and mop water disposal; 114-507 A (8) Trash Disposal and Sewage system; 114-517E-Environmental Hazards. (small Family) Family Child Care Home - Policy 25; Proposed Regulation: Physical site 114-535 D (3 and 4) Poison and harmful agents and cleaning supplies.**

ABC Quality licensed family child care must have policies in place that meet the standard handling and storage of hazardous materials and the appropriate disposal of bio contaminants. The bolded sections represent this portion of the standard. This policy must address how toxic substances are stored out of the reach of children in a locked cabinet; toxic substances must not be used while children are present; flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children; toxic substances/hazards must be stored away from food and medication; poisonous plants must not be allowed in the center; chemicals used to control odors must not be allowed; procedures when staff must come in contact with bodily fluids resulting from a child injury or illness (including disposal of material that comes into contact with bodily fluids). The program must follow their written policy. (ABC Quality Family Group Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.2.3.j., Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants) ABC Quality has created a policy template for Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants to support programs ability to meet this standard.

iii.   All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv.   All CCDF-eligible license-exempt center care. Provide the standard: **ABC Quality license-exempt center care must have policies in place that meet the standard handling and storage of hazardous materials and the appropriate disposal of bio contaminants. The bolded sections represent this portion of the standard. This policy must address how toxic substances are stored out of the reach of children in a locked cabinet; toxic substances must not be used while children are present; flammable materials should be stored in a separate building or area away from**

high temperatures and ignition sources, inaccessible to children; toxic substances/hazards must be stored away from food and medication; poisonous plants must not be allowed in the center; chemicals used to control odors must not be allowed; procedures when staff must come in contact with bodily fluids resulting from a child injury or illness (including disposal of material that comes into contact with bodily fluids). The program must follow their written policy. (ABC Quality License Exempt Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.2.6.j. Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants). ABC Quality has created a policy template for Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants to support programs ability to meet this standard.

v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family Friend and Neighbor Policy Manual 4.2.12 Handling Storage and Disposal of Hazardous Materials and Biological Contaminants Policy**

vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

5.3.9   Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i.   All CCDF-eligible licensed center care. Provide the standard: **114-505 I Transportation; School Bus Safety Standards, Section 56-5-195 (Jacob's Law); Transporting Students; SC Department of Motor Vehicle Transporting Students (scdmvonline.com).**

ABC Quality licensed center care must have policies in place that meet the standard address precautions in transporting children in place if transportation is provided by the program. The policy must include a written consent from parent prior to transportation; emergency medical information and contacts for each child; the vehicle must have a current vehicle registration and insurance; the driver must have access to a cell phone; a first aid kit must be on the vehicle(s) during transport; a plan when children are picked up and dropped off from home (to include driver access to parent information with contact numbers, driver access to a cell phone, a designated place at home where parent/adult will meet staff to pick up/drop off child, child will not be left at home unless a parent/authorized adult is there to receive child, if the adult at the home is unfamiliar to staff they will request identification and verify it against authorized

list provided by parent to receive the child, procedure to follow if no one is at the child's home to receive the child, or the adult is not authorized); tracking procedures to ensure no child is left in the vehicle at the end of the trip or left unsupervised outside/inside the vehicle during loading or unloading; written transportation plans for routine travel must be on file outlining the route to be followed. (ABC Quality Center-Based Manual, Chapter 4, Eligibility to Participate, Section 4.2.3.f, Transportation Policy). ABC Quality has created a policy template for Transportation Policy to support programs ability to meet this standard.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **SC Department of Motor Vehicle Transporting Students (scdmvonline.com); School Bus Safety Standards, Section 56-5-195 (Jacob's Law); Large Family ⬜ Group Child Care Homes Regulation 114- 515 I Transportation; Small Family ⬜ Child Care Licensing Law, Section 63-13-830 E. (1)(a), Section 63-13-840 A(1) Family Child Care Home Policy 24; Proposed Family Child Care Home 114-532 F (3)(d) Child's Record.**

ABC Quality licensed family child care homes must have policies in place that meet the standard address precautions in transporting children in place if transportation is provided by the program. The policy must include a written consent from parent prior to transportation; emergency medical information and contacts for each child; the vehicle must have a current vehicle registration and insurance; the driver must have access to a cell phone; a first aid kit must be on the vehicle(s) during transport; a plan when children are picked up and dropped off from home (to include driver access to parent information with contact numbers, driver access to a cell phone, a designated place at home where parent/adult will meet staff to pick up/drop off child, child will not be left at home unless a parent/authorized adult is there to receive child, if the adult at the home is unfamiliar to staff they will request identification and verify it against authorized list provided by parent to receive the child, procedure to follow if no one is at the child's home to receive the child, or the adult is not authorized); tracking procedures to ensure no child is left in the vehicle at the end of the trip or left unsupervised outside/inside the vehicle during loading or unloading; written transportation plans for routine travel must be on file outlining the route to be followed. (ABC Quality Family Group Manual, Chapter 4, Eligibility to Participate, Section 4.2.3.f, Transportation Policy). ABC Quality has created a policy template for Transportation Policy to support programs ability to meet this standard.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **ABC Quality license-exempt center care must have policies in place that meet the standard address precautions in transporting children in place if transportation is provided by the program. The policy must include a written consent from parent prior to transportation; emergency medical information and contacts for each child; the vehicle must have a current vehicle registration and insurance; the driver must have access to a cell phone; a first aid kit must be on the vehicle(s) during transport; a plan when children are picked up and dropped off from home (to**

include driver access to parent information with contact numbers, driver access to a cell phone, a designated place at home where parent/adult will meet staff to pick up/drop off child, child will not be left at home unless a parent/authorized adult is there to receive child, if the adult at the home is unfamiliar to staff they will request identification and verify it against authorized list provided by parent to receive the child, procedure to follow if no one is at the child's home to receive the child, or the adult is not authorized); tracking procedures to ensure no child is left in the vehicle at the end of the trip or left unsupervised outside/inside the vehicle during loading or unloading; written transportation plans for routine travel must be on file outlining the route to be followed. (ABC Quality License-Exempt Manual, Chapter 4, Eligibility to Participate, Section 4.2.6.f, Transportation Policy). ABC Quality has created a policy template for Transportation Policy to support programs ability to meet this standard.

    v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family, Friend, Neighbor Standard, 6.4 Transportation of Children.**

    vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

    vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

    a.   Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

        i.   All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Law, Section 63‑13‑110. First aid and CPR certificates, Child Care Center 114-503 K (5)(h).**

        All staff in ABC Quality licensed center care must have current certification in pediatric first aid. The standard requires any person responsible (including emergency persons) for the care and supervision of children must have and maintain current Pediatric First Aid (in-person and hands-on training by a nationally recognized training provider). (ABC Quality Center-based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.3, Program Staff Eligibility Criteria, 4.3.2 Pediatric First Aid). ABC Quality offers free training on Pediatric First Aid through the SC National Safety Council to support program's ability to meet this standard.

        ii.   All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family ‑ Group Child Care Homes, Child Care Licensing Law, Section 63‑13‑110. First aid and CPR certificates, Group Child Care Homes Regulation 114-513 K**

(5)(g); Small Family (Licensed) Child Care Licensing Law, Section 63⬚13⬚110. First aid and CPR certificates, Registered Small Family Policy 4 Pediatric First Aid and CPR certificates; Proposed Regulation for Licensed Small Family 114-531 B (4)(k)(1), 114-532 A (5).

All staff in ABC Quality family child care homes must have current certification in pediatric first aid. The standard requires any person responsible (including emergency persons) for the care and supervision of children must have and maintain current Pediatric First Aid (in-person and hands-on training by a nationally recognized training provider). (ABC Quality Center-based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.3, Program Staff Eligibility Criteria, 4.3.2 Pediatric First Aid). ABC Quality offers free training on Pediatric First Aid through the SC National Safety Council to support program's ability to meet this standard.

    iii.   All CCDF-eligible licensed in-home care. Provide the standard:

        [x] Not applicable.

    iv.   All CCDF-eligible license-exempt center care. Provide the standard: **All staff in ABC Quality license-exempt center care must have current certification in pediatric first aid. The standard requires any person responsible (including emergency persons) for the care and supervision of children must have and maintain current Pediatric First Aid (in-person and hands-on training by a nationally recognized training provider). (ABC Quality Center-based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.3, Program Staff Eligibility Criteria, 4.3.5 Pediatric First Aid). ABC Quality offers free training on Pediatric First Aid through the SC National Safety Council to support program's ability to meet this standard.**

    v.   All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family, Friend, Neighbor 4.2.2 Pediatric First Aid**

    vi.   All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

    vii.   All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.**

b.   Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

    i.   All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Law, Section 63⬚13⬚110. First aid and CPR certificates, Child Care Center 114-503 K (5)(h).**

All staff in ABC Quality licensed center care must have current certification in pediatric cardiopulmonary resuscitation (CPR). The standard requires any person responsible (including emergency persons) for the care and supervision of children must have and maintain current infant/child CPR certification (in-person and hands-on training by a nationally recognized training provider). (ABC Quality Center-based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.3, Program Staff Eligibility Criteria, 4.3.3 Infant/Child Cardiopulmonary Resuscitation CPR). ABC Quality offers free training on Pediatric CPR through the SC National Safety Council to support program's ability to meet this standard

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family ⬛ Group Child Care Homes, Child Care Licensing Law, Section 63⬛13⬛110. First aid and CPR certificates, Group Child Care Homes Regulation 114-513 K (5)(g); Small Family (Licensed) Child Care Licensing Law, Section 63⬛13⬛110. First aid and CPR certificates, Registered Small Family Policy 4 Pediatric First Aid and CPR certificates; Proposed Regulation for Licensed Small Family 114-531 B (4)(k)(1), 114-532 A (5).**

All staff in ABC Quality family child care homes must have current certification in pediatric cardiopulmonary resuscitation (CPR). The standard requires any person responsible (including emergency persons) for the care and supervision of children must have and maintain current Infant/Child CPR certification (in-person and hands-on training by a nationally recognized training provider). (ABC Quality Center-based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.3, Program Staff Eligibility Criteria, 4.3.3 Infant/Child Cardiopulmonary Resuscitation CPR). ABC Quality offers free training on Pediatric CPR through the SC National Safety Council to support program's ability to meet this standard.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All staff in ABC Quality license-exempt center care must have current certification in pediatric cardiopulmonary resuscitation (CPR). The standard requires any person responsible (including emergency persons) for the care and supervision of children must have and maintain current Infant/Child CPR certification (in-person and hands-on training by a nationally recognized training provider). (ABC Quality Center-based Manual, Chapter 4, Eligibility Criteria to Participate, Section 4.3, Program Staff Eligibility Criteria, 4.3.6 Pediatric Infant/Child Cardiopulmonary Resuscitation CPR). ABC Quality offers free training on Pediatric CPR through the SC National to support program's ability to meet this standard.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family, Friend, Neighbor 4.2.3 Infant/child CPR.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate.**

Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

   i. All CCDF-eligible licensed center care. Provide the standard: **Child Protection and Permanency Law, 63-7-310 Persons required to report; 114-503 C(2) Child Abuse.**

       ABC Quality licensed center care must have policies in place that meet the standard that address the identification of child abuse and neglect. Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. The bolded sections represent this portion of the standard. The policy must include the Child Abuse and Neglect Law (Child Abuse and Neglect Law, CAPTA, 1974, Public Law 93-247); information on types of abuse or neglect that staff may look for; procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility; how to make a report of suspected abuse or neglect (contact SCDSS Office of Child Protective Services with the Office of Out of Home Abuse and Neglect OHAN, contact SCDSS/ABC Quality); Mandated Reporter Law Section 63-7-310; procedure for training staff as mandated reporters; statement regarding the program's cooperation in allowing SCDSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage; release of staff and children's records as appropriate and upon request. The program must follow policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.d. Child Abuse and Neglect Policy). ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard.

   ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Protection and Permanency Law, 63-7-310 Persons required to report; Large Family ⬜ Group Child Care, 114-513 C(2) Child Abuse; Child Protection and Permanency Law, 63-7-310 Persons required to report; Child Care Licensing Law, Small Family ⬜ Family Child Care Homes 63-13-840 A(2); Family Child Care Home 114-528 H (7); Family Child Care Home Policy 30, Policy 34; Family Child Care Home Proposed Regulations: 114-531 A(3), 114-531 D(3), 114-531 G(1)(b), 114-532 B(2).**

        ABC Quality licensed family child care home must have policies in place that meet the standard that address the identification of child abuse and neglect. Child care providers are mandated reporters and have the responsibility to protect those

who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. The bolded sections represent this portion of the standard. The policy must include the Child Abuse and Neglect Law (Child Abuse and Neglect Law, CAPTA, 1974, Public Law 93-247); information on types of abuse or neglect that staff may look for; procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility; how to make a report of suspected abuse or neglect (contact SCDSS Office of Child Protective Services with the Office of Out of Home Abuse and Neglect OHAN, contact SCDSS/ABC Quality); Mandated Reporter Law Section 63-7-310; procedure for training staff as mandated reporters; statement regarding the program's cooperation in allowing SCDSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage; release of staff and children's records as appropriate and upon request. The program must follow policy as written. (ABC Quality Family Group Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.d. Child Abuse and Neglect Policy). ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard

iii. All CCDF-eligible licensed in-home care. Provide the standard:

  [x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **ABC Quality license-exempt center care must have policies in place that meet the standard that address the identification of child abuse and neglect. Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. The bolded sections represent this portion of the standard. The policy must include the Child Abuse and Neglect Law (Child Abuse and Neglect Law, CAPTA, 1974, Public Law 93-247); information on types of abuse or neglect that staff may look for; procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility; how to make a report of suspected abuse or neglect (contact SCDSS Office of Child Protective Services with the Office of Out of Home Abuse and Neglect OHAN, contact SCDSS/ABC Quality); Mandated Reporter Law Section 63-7-310; procedure for training staff as mandated reporters; statement regarding the program's cooperation in allowing SCDSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage; release of staff and children's records as appropriate and upon request. The program must follow policy as written. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.6.d. Child Abuse and Neglect Policy). ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family Friend, Neighbor 4.2.9 Child Abuse and Neglect policy**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt**

programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child Protection and Permanency Law, 63-7-310 Persons required to report: 114-503 D (2)(h) Reporting of Incidents.**

ABC Quality licensed center care must have policies in place that meet the standard that address the identification of child abuse and neglect. Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. The bolded sections represent this portion of the standard. The policy must include the Child Abuse and Neglect Law (Child Abuse and Neglect Law, CAPTA, 1974, Public Law 93-247); information on types of abuse or neglect that staff may look for; procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility; how to make a report of suspected abuse or neglect (contact SCDSS Office of Child Protective Services with the Office of Out of Home Abuse and Neglect OHAN, contact SCDSS/ABC Quality); Mandated Reporter Law Section 63-7-310; procedure for training staff as mandated reporters; statement regarding the program's cooperation in allowing SCDSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage; release of staff and children's records as appropriate and upon request. The program must follow policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.d. Child Abuse and Neglect Policy). ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Protection and Permanency Law, 63-7-310 Persons required to report; Large Family Group Child Care Home Regulation 114-513 D (2)(g) Child Protection and Permanency Law, 63-7-310 Persons required to report; Small Family Family Child Care Home 114-528 H(6)(d) Reporting, Family Child Care Home Policy, Proposed Family Child Care Home Regulation 114-532 B(2).**

ABC Quality licensed family child care homes must have policies in place that meet the standard that address the identification of child abuse and neglect. Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. The bolded sections represent this portion of the standard. The policy must include the Child Abuse and Neglect

Law (Child Abuse and Neglect Law, CAPTA, 1974, Public Law 93-247); information on types of abuse or neglect that staff may look for; procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility; how to make a report of suspected abuse or neglect (contact SCDSS Office of Child Protective Services with the Office of Out of Home Abuse and Neglect OHAN, contact SCDSS/ABC Quality); Mandated Reporter Law Section 63-7-310; procedure for training staff as mandated reporters; statement regarding the program's cooperation in allowing SCDSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage; release of staff and children's records as appropriate and upon request. The program must follow policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.d. Child Abuse and Neglect Policy). ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

> [x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **ABC Quality license-exempt center care must have policies in place that meet the standard that address the identification of child abuse and neglect. Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. The bolded sections represent this portion of the standard. The policy must include the Child Abuse and Neglect Law (Child Abuse and Neglect Law, CAPTA, 1974, Public Law 93-247); information on types of abuse or neglect that staff may look for; procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility; how to make a report of suspected abuse or neglect (contact SCDSS Office of Child Protective Services with the Office of Out of Home Abuse and Neglect OHAN, contact SCDSS/ABC Quality); Mandated Reporter Law Section 63-7-310; procedure for training staff as mandated reporters; statement regarding the program's cooperation in allowing SCDSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage; release of staff and children's records as appropriate and upon request. The program must follow policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.d. Child Abuse and Neglect Policy). ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Family Friend, Neighbor 4.2.9 Child Abuse and Neglect policy.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt programs that operate during the school year or year-round to participate. Summer-only programs are not eligible to enroll, as they would not be able to meet all eligibility requirements and be assigned a Quality Level before the**

program ends. (ABC Quality License Exempt Manual, Chapter 4 Eligibility Criteria to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.

c.   Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i.   Nutrition. Describe: **Child Care Center Regulations 114-508 A Meal Requirements, Large Family ⬚ Group Child Care Home Regulation 114-518 A Meal Requirements; Small Family ⬚ Family child Care Home Suggested Standards Article 3, Care of Child, D(1) Food; Family Child Care Home Proposed Regulation 114-536 A Meal Requirements.**

ii.   Access to physical activity. Describe: **Child Care Center Regulations 114-506 A(4) & (8); Large Family- Group Child Care Home Regulations 114-516 A(4) & (8); Small Family ⬚ Family Child Care Home Proposed Regulation 114-533 E(2).**

All program types (licensed center care, licensed family child care home, license-exempt center care) that participate in ABC Quality must meet the standard to provide physical activity outdoors daily. Licensed center care eligible to participate programs must have an on-site outdoor play area. The standard requires programs to have an outside play area on-site that is protected from traffic and other hazards. Existing programs who utilize on-site play areas, particularly those in strip malls and who do not have barriers or other methods to protect children from traffic or hazards must provide

those items to ensure the safety of children. In addition, all program types that participate in ABC Quality must have written policy to meet this standard. Outdoor play is not only an opportunity for learning in a different environment, it also provides health benefits. Outdoor play allows for physical activity that supports maintenance of a healthy weight and better nighttime sleep and brief exposure of the skin to sunlight promotes the production of vitamin D that growing children require. The program must develop an outdoor time policy that includes children are taken outdoors for play daily, weather permitting. Caution should be taken in the event of inclement weather. The program must follow the policy as written. (ABC Quality Center-Based and ABC Quality Family Group Manual Chapter 4 Eligibility Criteria to Participate, Sections 4.2.2.g., 4.2.3.g., Outdoor Time Policy, ABC Quality License Exempt Manual, Sections 4.2.3.c., 4.2.6.g). ABC Quality has created a policy template for Outdoor Policy to support program's ability to meet this standard.

    iii.   Caring for children with special needs. Describe: **Child Care Center Regulations 114-500 C; Large Family Group Child Care Home Regulation 114-513 C.**

    iv.   Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **N/A**

5.4   Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1   Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or

orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[ ]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[ ]
c. Administration of medication	[x]	[x]	[ ]
d. Prevention and response to food and allergic reactions	[x]	[x]	[ ]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[ ]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[ ]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[ ]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[ ]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[ ]

j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[ ]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[ ]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[ ]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

  i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

  [x] Yes.

  [ ] No. If no, describe:

  ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

  [x] Annually.

  [ ] More than once a year. If more than once a year, describe:

  [ ] Other. If other, describe:

  iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Unannounced inspections are conducted annually to regulated child care facilities. A designated inspection checklist is used and includes regulatory requirements that are considered most critical to children's safety and well-being that statistically indicate compliance with all of the regulatory requirements. Child Care Licensing (CCL) is currently working on developing an electronic inspection checklist to streamline our inspections. The CodePal software is being configured to address our inspection needs to ensure the regulations are pulled when a citation is determined, and the inspection visit will move into the Child Care Licensing database electronically instead of inputting them manually. The inspection visits may also require additional unannounced follow up visits to ensure compliance concerns are resolved. The child care regulations include Fire Safety regulations that are checked at the annual inspections in a child care center related to the physical site at the center. There are also regulations that discuss Fire Safety and Emergency preparedness. Fire code regulations are also checked as it relates to Infant Care whether the infant room has the appropriate capacity and if all infants are in the designated rooms as indicated by the Fire Marshal. The regulations indicate that private and public childcare centers shall comply with the regulations and codes of the State Fire Marshal, and they are accounted for in the annual inspection of a child care center.**

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Department of Social Services, Division of Early Care and Education, Child Care Licensing.**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Unannounced inspections are conducted annually to regulated child care facilities. A designated inspection checklist is used and includes regulatory requirements that are considered most critical to children's safety and well-being that statistically**

indicate compliance with all of the regulatory requirements. Child Care Licensing (CCL) is currently working on developing an electronic inspection checklist to streamline our inspections. The CodePal software is being configured to address our inspection needs to ensure the regulations are pulled when a citation is determined, and the inspection visit will move into the Child Care Licensing database electronically instead of inputting them manually. The inspection visits may also require additional unannounced follow up visits to ensure compliance concerns are resolved. The child care regulations include Fire Safety regulations that are checked at the annual inspections in a child care center related to the physical site at the Family Child Care Home. There are also regulations that discuss Fire Safety and Emergency preparedness. Fire code regulations are also checked as it relates to Infant Care whether the infant room has the appropriate capacity and if all infants are in the designated rooms as indicated by the Fire Marshal. The regulations indicate that Group Child Care Homes shall comply with the regulations and codes of the State Fire Marshal and they are accounted for in the annual inspection of a large family child care home and the small licensed family child care home. The registered Family Child Care Home, CCL ensures that the registered family provider has smoke detectors and fire extinguishers present at their annual inspection.

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers.

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

<blockquote>
iv.   Identify which department or agency is responsible for completing the inspections for licensed in-home providers.
</blockquote>

5.5.2   Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a.   License-exempt CCDF center-based child care providers

> i.   Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
>
> [x] Annually.
>
> [ ] More than once a year. If more than once a year, describe:
>
> [ ] Other. If other, describe:
>
> ii.   Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
>
>> [x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **ABC Quality staff conduct a health and safety inspection for participating license-exempt programs prior to enrollment and during the program's annual unannounced on-site visit. Additionally, the inspection may be used for follow-up visits or complaints. This inspection includes looking at the environment, policies and procedures, program/staff records, as well as conducting staff interviews.**
>>
>> **The full check is completed utilizing two assessment instruments. The first is a Health and Safety Checklist, which is completed on-site to ensure compliance with health, safety, and fire standards. The checklist outlines required health and safety criteria by indicators which are grouped into the following categories: Program operations, program/staff eligibility, handwashing, annual training, reporting requirements, meals, ratios and group size, tracking, supervision, swimming, transportation, environmental hazards (outdoor/indoor), food preparation, records, and staff interviews. The second utilizes assessment software to conduct an electronic program and staff eligibility check. This tool checks the following areas: eligibility, written policies, annual training hours, staff qualifications, meals/snacks, history of compliance, regulations related to history of compliance, indoor/outdoor environment, and food preparation/service. Both tools are completed as a part of the program's overall quality rating assessment to ensure compliance.**
>>
>> **The results and follow-up to Health and Safety Inspections are posted on the scchildcare.org website.**
>>
>> **ABC Quality has found the use of both instruments to be duplicative in some places. Therefore, ABC Quality is planning to review the eligibility and health and**

safety inspection process to eliminate duplication within the two instruments. The focus of the Health and Safety checklist will be items that are observable onsite, could cause substantial risk, and are updated frequently, such as new employee records. The software will document health and safety criteria that is ongoing eligibility documentation related to program policies, history of compliance, and continuing staff qualifications. This new approach will allow the on-site health and safety inspection, utilizing the checklist to be separated from the full quality assessment. One of the goals is to have the ABC Quality Health Educator team conduct the health and safety inspection using the checklist at programs. This team will receive training on outdoor play equipment from the Certified Playground Safety Inspector (CPSI) certification program of the National Recreation and Park Association (to be recertified every 3 years). The training objectives include how to identify hazards on public playgrounds and playground equipment, rank hazards according to injury potential, and apply that knowledge. They will also receive the Serve Safe Manager Certification sponsored by the National Restaurant Association. This approach will ensure monitoring of all the health and safety requirements, while providing better use of the Lead Agency's limited resources.

[ ] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **The Lead Agency has established that ABC Quality will conduct the inspections of license-exempt center-based CCDF programs.**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **For new FFN providers, a Child Care Licensing Specialist will contact the provider by phone within 90 days of enrollment to schedule the on-site visit. During this visit, the Licensing Specialist will conduct the Health & Safety Inspection. Child Care Licensing is required to conduct an annual inspection of all FFN providers utilizing SC Child Care Scholarship Program. The checklist outlines the areas and items that will be verified during the on-site inspection. These inspections will be conducted within 90 day enrollment period and then at the annual unannounced visit.**

[ ] No.

iii. Identify which department or agency is responsible for completing the inspections

for license-exempt family child care providers.

5.5.3   Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers:

5.5.4   Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i.   [ ] Pre-licensing inspection reports for licensed programs.

ii. [x] Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. [ ] Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

iv. [ ] Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i.   [x] Date of inspection.

ii. [x] Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Currently the results of**

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

iii.   **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **The website indicates whether the deficiency was corrected onsite or is pending correction. Additionally, we include the provider's corrective action on the DSS Form 2910 Deficiency Correction, to include how the provider plans to correct the violations and the date it will be completed. Lastly, the CodePal software that is currently being configured will include deficiency correction within the checklist when using the electronic inspection check list.**

iv.   **[x]** A minimum of 3 years of results, where available.

v.   If any of the components above are not selected, please explain:

c.   Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i.   Provide the direct URL/website link to where the reports are posted: **https://www.scchildcare.org/. https://abcquality.org/families/find-a-provider/**

ii.   Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Currently, after the monitoring visit, the Licensing Specialist enters the information from the report into the CCSS database. Once entered, the Regional Supervisor must review and approve the information from the visit and the monitoring reports. Once approved, the monitoring reports are emailed to the Central Office and uploaded to the provider's page SC Child Care website. This process typically takes two weeks. Additionally, inspection software has been purchased to assist with electronic inspection at the monitoring visit that will upload automatically once the Licensing Specialist syncs to the network. Reportedly, this will allow for a more efficient way of approving monitoring reports before it goes to the website. For FFN providers, the monitoring report is added to the FFN provider page that can only be accessed by the family that the FFN provider is caring for. The family must have the provider number to search in the ⬜more search options⬜ for the inspection report.**

License-exempt monitoring visits are conducted within 30 days of enrolling in ABC Quality and then subsequent visits are conducted annually during the programs unannounced visits. Additional visits are required for complaints and follow-up. The inspection reports are posted within 15 days of the initial visit on the Friday within the week the report is received. Providers can make any corrections needed till the posting of the report. After 15 days from the visit, the report is posted. Any corrections made thereafter are recorded on a subsequent report that is posted on the website using the same timeframe as the initial visit. ABC Quality posting of monitoring reports of participating license-exempt center care falls within the perimeters of the corrective action process making posting of monitoring reports timely.

d.   Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e.   Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f.   Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5   Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The Lead Agency hires Child Care Licensing (CCL) Specialists in the positions of Human Service Specialist II within Division of Early Care Education in the CCL Office of SC Department Social Services. The minimum requirement for this position is a bachelor's degree in early childhood education, social work or a related field. The qualifications indicate the licensing specialist must have considerable knowledge of fact gathering methods and interviewing techniques; of regulations, departmental standards and policies governing the operation and licensing of child care facilities, case management and of community resources. They must have the ability to examine and evaluate licensing applications and other forms and to make sound recommendations based upon written material and personal visits. The Lead Agency strives to hire Licensing Specialists from diverse cultural and linguistic backgrounds to enable staff to communicate with providers by treating**

them with respect and dignity and to avoid cultural or linguistic barriers. Lastly, all licensing specialists are trained during orientation of their employment. They are given a training plan that involves classroom instruction and on-the-job instruction and training. Training lasts for 10 weeks and is conducted by the training director and the regional supervisor where the licensing specialist is assigned. This training plan consists of understanding the law and regulations; reviewing the process for the registration of Family Child Care Homes and conducting the inspection; reviewing the process to open a new facility (any category of care); reviewing the renewal process; learning how to conduct an unannounced visit to all categories of care; learning how to conduct a complaint visit; investigating illegal operations; and understanding corrective action plans, appeals and testifying in hearings. Additionally, CCL has instituted Topic Tuesdays which occurs quarterly related to the health and safety topics as indicated by the CCDBG Act for all licensing specialists and all licensing supervisors. In October of 2024, CCL will be having an annual training for all Licensing Staff. This training will focus on health and safety in child care across the state. CCL has also participated in the Advanced Training for Program Infant and Toddler Care which supports caregiver and helping build resilience in care in March 2024. Currently, many staff in CCL has taken the Early Childhood Outdoor Learning course certification provided for by SC Department of Health and Environmental Control in conjunction with NC State University. In previous years, most of the CCL Regional Supervisors have been certified by National Association for Regulatory Administration (NARA). Other CCL staff are currently participating in the NARA based training offered through an approved Office of Child Care Quality TA staff.

The Lead Agency has designated ABC Quality Assessors and ABC Quality Health Educators as qualified to inspect license-exempt child care providers participating in ABC Quality for health and safety requirements. ABC Quality assessors are hired in the position of a Program Coordinator II within the Division of Early Care and Education (DECE) in the ABC Quality office of SCDSS. The preferred requirement for the position is a master's degree in early childhood education or related field. ABC Quality assessors are trained one on one upon hire on manuals, standards, health and safety inspections, Business Procedures, and other key documents. Each assessor completes the SC 15 hour Health and Safety Pre-service course that is required of child care staff, to ensure they have the same understanding of the health and safety requirements. They must have a broad understanding of developmentally appropriate practice and best practice observed in a wide variety of settings and quality levels. They shadow multiple assessors, conduct parallel assessments, and complete inter-rater reliability with the guidance of a lead anchor who provides mentorship, training and support. They must master the Process Quality assessment tool which is an intensive on-site observation tool for classrooms of children age birth through 12 years, a Structural Quality portfolio that addresses key elements of program policies and procedures, and mandatory Eligibility Requirements. Once reliable, assessors conduct reviews independently with cell phone access to anchors and program management if there is an unusual scenario not encountered during training. They conduct reviews with tablet pc and use an integrated data system to enter their findings. Anchors and program management review completed reports for accuracy prior to assessments being finalized. ABC Quality assessors are provided regular updates and changes at monthly staff meetings or called meetings. A protocol is followed for inter-rater reliability on a continuing basis to assure consistency of reviews. ABC Quality Health Educators are hired in the position of a Health Educator III within the Division of Early Care and Education (DECE) in the ABC Quality office of SCDSS. The preferred requirement for the position is a master's degree in health education, public health education or a related field and 2 years of health education experience. They will conduct the health and safety checklist at license exempt programs which are primarily after-school centers. The current team of 3 ABC Quality health

educators and any future health educators hired will receive training on outdoor play equipment from the Certified Playground Safety Inspector (CPSI) certification program of the National Recreation and Park Association (to be recertified every 3 years). The training objectives include how to identify hazards on public playgrounds and playground equipment, rank hazards according to injury potential, and apply that knowledge. They will also receive the Serve Safe Manager Certification sponsored by the National Restaurant Association. Fire inspections will be conducted by the local fire chief/inspector of the locality of the program to be assessed.

5.5.6   Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Child Care Licensing establishes caseload sizes by best practices recommended by the National Association of Regulatory Agencies (NARA). There are 2329 licensed/registered providers in South Carolina. There are 56 Licensing Specialist which consist of a caseload size on the average of no more than 42 cases per Specialist.**

At the end of April 2024, ABC Quality had 17 assessors, with an additional assessor beginning in May. At that time 1,239 programs were currently enrolled in ABC Quality. After accounting for the new assessor, this places the average caseload at 69 programs. The anchor role has been established to train, mentor, and provide ongoing support to quality assessors. Anchors also read the completed assessments to ensure accuracy. ABC currently has 4 anchors supporting the assessor team.   Child Care Licensing establishes caseload sizes by best practices recommended by the National Association of Regulatory Agencies (NARA). Each program that is assessed by ABC Quality receives a detailed report on the program as a whole (Structural Quality) as well as each classroom observation (Process Quality).   Recommendations to the Lead Agency include a recommended assessor caseload of no more than 50 programs, similar to Child Care Licensing. To adequately ensure timely and quality visits, it is estimated that a minimum of 26 Quality Assessors and 6 anchors are needed as well as other staff to support the varied responsibilities of ABC Quality. Continued growth will require recalculations.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1   Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a.   Licensed child care centers: **The director shall participate in at least twenty clock hours of**

training annually. At least five clock hours shall be related to program administration and at least five clock hours shall be in child growth and development and/or health and safety excluding first aid and CPR training. The remaining hours shall come from the following areas: Curriculum, Nutrition, Special Needs, Child Guidance, Professional Development, or other areas approved by the Department, and must include blood-borne pathogens training as required by OSHA. Directors who receive training in excess of twenty hours per year may carry over ten hours to the following year in the category earned. Teacher/caregivers, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, Health and Safety, Nutrition, Special Needs, Professional Development, Program Administration, or other areas approved by the Department, and must include blood-borne pathogens training as required by OSHA. CPR and first aid training do not count in the fifteen hours. When children with special needs are enrolled, the director and teacher/caregiver shall receive orientation and/or training in understanding the child's special needs and ways of working in group settings when children with special needs are enrolled.

All ABC Quality licensed child care centers staff supervising or caring for children must obtain the health and safety pre-service certificate prior to enrollment as part of the eligibility requirements. Individual staff being hired to supervise or be responsible for children following program enrollment and during ongoing ABC participation are allowed to complete the 15-hour health and safety pre-service certificate within 90 days of hire.

b. License-exempt child care centers: **For large family Group Child Care Homes, the operator shall participate in at least fifteen (15) clock hours of training annually. At least five clock hours shall be related to program administration and at least five clock hours shall be in child growth and development, early childhood education and/or health and safety excluding first aid and CPR training. The remaining hours shall come from the following areas: Safety, Health, Nutrition, Guidance, or Professional Development and must include blood-borne pathogens training as required by the Occupational Safety and Health Administration (OSHA). The teacher/caregivers, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least ten (10) clock hours of training annually. At least four clock hours shall be in child growth and development and at least four (4) clock hours shall be in curriculum activities for children excluding first aid and CPR training. The remaining hours shall come from the following areas: Curriculum Activities, Nutrition, Guidance, or Professional Development and must include blood borne pathogens training as required by OSHA. (d) When children with special needs are enrolled, the operator and teacher/caregivers shall receive orientation and/or training in understanding the child's special needs and ways of working in group settings when children with special needs are enrolled. Small Family Child Care, requires an operator of a family childcare home and any person employed by or who contracts with an operator of a family childcare home to provide direct childcare, annually shall complete and provide documentation to the Department of Social Services of a minimum of ten hours of training approved by the department. Family Child Care Home proposed regulation will require all caregivers shall participate in at least ten (10) clock hours of training annually. At least four (4) clock hours shall be in child growth and development. If serving infants 12 months and under, one hour of safe sleep is required.**

The remaining hours shall come from the following areas: program administration, safety, health, nutrition, physical activity, guidance, infant/child CPR and first aid, and Blood Borne Pathogen training or other areas approved by the Department.

All ABC Quality license-exempt child care centers staff supervising or caring for children must obtain the health and safety pre-service certificate prior to enrollment as part of the eligibility requirements. Individual staff being hired to supervise or responsible for children following program enrollment and during ongoing ABC participation are allowed to complete the 15-hour health and safety pre-service certificate within 90 days of hire. License-exempt providers must meet the following training requirements at enrollment and annually; directors/on-site supervisors must obtain 20 clock hours of training annually in child development/early childhood, at least one hour must be on blood borne pathogens and at least two hours must be related to health and safety. The remainder of the training may come from topics such as growth & development, discipline, curriculum, social emotional, nutrition and administration, etc. Teacher/caregiver staff must obtain 15 clock hours of training annually in child development/early childhood, at least one hour must be on blood borne pathogens and at least two hours must be related to health and safety. The remainder of the training hours may come from topics such as growth and development, discipline, curriculum, social emotional, and nutrition, etc.

c.   Licensed family child care homes: **All licensed family child care homes staff must meet all ongoing Child Care Licensing training requirements; program staff must have at least 10 clock hours of training each year. Courses can cover safe sleep, prevention of sudden infant death syndrome (SIDS), blood-borne pathogens, prevention of abusive head trauma, and child maltreatment to include mandated child abuse and neglect reporting training.**

All ABC Quality licensed family child care homes staff supervising or caring for children must obtain the health and safety pre-service certificate prior to enrollment as part of the eligibility requirements. Individual staff being hired to supervise or responsible for children following program enrollment and during ongoing ABC Quality participation are allowed to complete the 15-hour health and safety pre-service certificate within 90 days of hire.

d.   License-exempt family child care homes: **Family, Friend and Neighbor providers are required to complete 10 hours of annual training.**

e.   Regulated or registered in-home child care: **N/A**

f.   Non-regulated or registered in-home child care:

5.7   Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1   In-state criminal history check with fingerprints

a.   Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b.   Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c.   Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2   National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a.   Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b.   Does the Lead Agency conduct FBI criminal history background checks with fingerprints

for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5   In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6   Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of

licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b.   Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

c.   Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[x] Yes.

[ ] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7   Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a.   Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b.   Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

c.   Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8   Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a.   Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b.   Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

c.   Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9   Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.

- Knowingly made materially false statements in connection with the background check.

- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.

- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.

- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving

child pornography.

- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **Once it has been determined that the results disqualify employment, we notify the provider and the applicant by letter which is attached to an email that is sent to them. If the provider or applicant does not have an email address, the letter is mailed to them. Or if the provider used the provider portal to request an abuse and neglect check, the results indicating the disqualification of employment will be located there, specifically for that provider for that applicant. The provider can download to print for their files. An email is still sent to the applicant regarding their disqualification. Additionally, the regional office Licensing Specialist will call the Director of the facility to verify that the applicant was not employed with them.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **Once we complete the abuse and neglect check for South Carolina and the check is clear for the applicant, the applicant and provider will receive a provisional pending letter which allows the applicant to work under supervision. Then, the abuse and neglect check is requested from the state(s) the applicant has lived in the previous 5 years. Once we receive the results from state(s) where the applicant has previously lived in the past 5 years, our staff will update the applicant's status to reflect the disqualification. Once that is completed, we notify the provider and the applicant by letter which is attached to an email that is sent to them. If the provider or applicant does not have an email address, the letter is mailed to them. Or if the provider used the provider portal to request an abuse and neglect check, the results indicating the disqualification of employment will be located there, specifically for that provider regarding that applicant. The provider can download to print for their files. An email is still sent to the applicant regarding their disqualification. Additionally, the regional**

office Licensing Specialist will call the Director of the facility to discuss the results to ensure that the applicant is no longer employed in child care.

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

> **[x]** Yes.

> **[ ]** No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

> i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.
>
> **[x]** Yes.
>
> **[ ]** No. Describe:

> ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.
>
> **[x]** Yes.
>
> **[ ]** No. Describe:

> iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.
>
> **[x]** Yes.
>
> **[ ]** No. Describe:

> iv. Get completed in a timely manner.
>
> **[x]** Yes.
>
> **[ ]** No. Describe:

> v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's

efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi.   Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12   Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a.   FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b.   In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c.   In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d.   In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

e.   Name-based national Sex Offender Registry (NCIC NSOR).

[x] Yes.

[ ] No. If no, describe:

f.   Interstate criminal background check, as applicable.

[x] Yes.

[ ] No. If no, describe:

g.   Interstate Sex Offender Registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

h.   Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **In SC, if the applicant has listed other states on her consent to release form, the Lead Agency will process the In-state child abuse and neglect registry and database check portion for SC. The applicant and the child care provider will receive a provisional pending letter which will allow her to work in a child care facility, but the applicant must be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the state where she lived previously. Once we received the qualifying results, the applicant and provider will be notified, and the applicant will be allowed to work without restriction.**

i.   Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[x] Yes.

[ ] No. If no, describe:

5.7.13   Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a.   Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b.   Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14   Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a.   Does your State participate in the National Crime Prevention and Privacy Compact or

National Fingerprint File programs?

[x] Yes.

[ ] No.

b.   Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **South Carolina criminal history record information (CHRI) is made available upon fingerprint submissions. All other requests (name-based) for South Carolina criminal history record information must be made directly to the South Carolina Law Enforcement Division (SLED) via the Online SLED Catch Portal. SCDSS does not disseminate FBI Fingerprint CHRI outside of the Agency. Out-of-state Sex Offender Registry and Child Abuse and Neglect Registry background check requests are made directly to SCDSS. Requests are made by submitting a DSS Form 37201 online via the Provider Portal or by mail.**

c.   Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15   Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a.   Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **https://www.scchildcare.org/providers/interstate-background-check-requirements/**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b.   Interstate criminal background check:

i.   [x] Agency name

ii.   [x] Address

iii.   [x] Phone number

iv.   [x] Email

v.   [x] Website

vi.   [x] Instructions

vii.   [x] Forms

viii.   [ ] Fees

ix.   [ ] Is the State a National Fingerprint File (NFF) State?

x.   [ ] Is the State a National Crime Prevention and Privacy Compact State?

xi.   If not all boxes above are checked, describe: **The Lead Agency is currently paying the fee for background checks in SC.**

c.   Interstate sex offender registry (SOR) check:

i.   **[x]** Agency name

ii.   **[x]** Address

iii.   **[x]** Phone number

iv.   **[x]** Email

v.   **[x]** Website

vi.   **[x]** Instructions

vii.   **[x]** Forms

viii.   [ ] Fees

ix.   If not all boxes above are checked, describe: **The Lead Agency is currently paying the fee for background checks in SC.**

d.   Interstate child abuse and neglect (CAN) registry check:

i.   **[x]** Agency name

ii.   **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii.   **[x]** Address

iv.   **[x]** Phone number

v.   **[x]** Email

vi.   **[x]** Website

vii.   **[x]** Instructions

viii.   **[x]** Forms

ix.   [ ] Fees

x.   If not all boxes above are checked, describe: **The Lead Agency is currently paying the fee for background checks in SC.**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17   Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8   Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1   Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **An aunt or uncle, first generation only, sibling, grandparent or great grandparent, all of whom do not reside in the same household as the child are considered relatives. These related are exempt from all licensing requirements, health and safety standard and training requirements, monitoring and enforcement as well as background checks. However, checks of the sec offender registry and child abuse and neglect registry are checked.**

6   Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1   Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1   Strategies to improve recruitment, retention, compensation, and well-being

a.   Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

   i.   [ ] Providing program-level grants to support investments in staff compensation.

   ii.   [x] Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

   iii.   [x] Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

   iv.   [ ] Subsidizing family child care provider and center-based child care staff retirement benefits.

   v.   [ ] Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

   vi.   [ ] Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

   vii.   [x] Providing scholarships or tuition support for center-based child care staff and family child care providers.

   viii.   [ ] Other. Describe:

b.   Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **SC Endeavors, the state's professional development system, began a program called SC BOO$T, using American Rescue Plan supplemental discretionary funds, in January 2024. The program includes eligibility requirements including career ladder placement, employment verified within the registry, inputting wage/salary data into the registry, and maintaining employment within the same program for 6 months or more. Amounts are based on the career ladder levels 1-10 with one being $1,100 every 6 months up to $2000 for level 10, every 6 months. Applicants apply within the registry system and are awarded based on the eligibilty requirements met. In addition, two supplemental bonuses are included in addition to the base amounts. Infant/Toddler teachers receive an additional $500 for each 6 month payment and Directors/Co-Directors receive $300 every 6 month period. These funds are processed within the Department of Social Services finance system and checks are mailed to the individuals. SC Endeavors is currently analyzing data and determining ongoing costs to continue implementation of the SC BOO$T program after the September 30, 2024 funds have been liquidated. In addition, SC Endeavors doubled the credential smart money bonus amounts beginning in**

September 2023. The smart money bonus is awarded to individuals who complete the state's early childhood credentials, levels 1, 2, and 3, and meet the requirement of working in a regulated program. These individuals now receive $400 for level 1 credential, $600 for level 2 credentials, and $1,000 for level 3 credentials. These funds will continue as an ongoing initiative. The T.E.A.C.H. Early Childhood Scholarship program implemented a new bonus for graduates of the AAS degree and BA degree recipients. These graduates now have an opportunity to receive a $1,000 additional bonus for the AAS degree and a $2,000 bonus for the BA degree. These funds will continue for this program and provides the state with data regarding the retention of recipients within sponsored programs. To decrease out of pocket expenses for T.E.A.C.H. Scholarship recipients, SC Endeavors has increased the laptop grant amounts for individuals needing technology support to assist with coursework. Individuals now receive $650 to support laptop purchases as well as additional educational accessories. Within the 2025-2027 planning, SC Endeavors will analyze the current statewide credentials and course offerings at the 16 state technical colleges. We will explore an opportunity to add a Social/Emotional Credential to support the various initiatives related to understanding the developmental needs of young children as well as the mental health of children and adults. This potential initiative could include individual stipends and program bonuses. In addition, the SC Endeavors website will be adding a web page to workforce to initiatives and resources to support the workforce. The registry welcome email will also be adapted to add the webpage as a resource when individuals create a login for the registry.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **Palmetto Shared Services Alliance (PSSA) became a fully funded partner agency using CCDF funds in January 2024. This organization provides onsite and online supports to help child care programs run businesses efficiently, including cost savings and resources. PSSA has a broker service that allows child care programs to offer health insurance to their programs. Additional resources are provided through the online portal regarding ways to offer paid time off and retirement benefits. Ongoing business support trainings are provided for child care providers and programs throughout the state.**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Lead Agency funds an initiative Be Well Care Well (BWCW) to support the mental health and well-being of the child care workforce. An initial project was funded with a grant from the W.K. Kellogg Foundation for the development and 3-year pilot implementation of the Be Well Care Well program under the SC PITC. The Lead Agency supported the launch of BWCW by designating a portion of the Lowcountry DECE Community Outreach Coordinator's time to serve as a Well-Being Coach and subsequently funded a full-time Well-Being Coach. Based on the premise that child care professionals struggle to find time to take care of their own needs, the BWCW intervention focuses on building social supports, improving physical health by attending to caregivers' sense of self-efficacy and executive functioning, and facilitating access to financial supports, in order to build teacher resiliency and buffer the effects of difficult and stressful life experiences. With the completion of the W.K. Kellogg Foundation grant, CCDF funds were used to continue the initiative. Preschool Development Grant (PDG) funds then allowed for the addition of 2 new health educators to expand the initial pilot to a statewide reach. Following the end of the PDG funding, this initiative has continued with CCDF funding. While BWCW has had an evaluation**

component since the Kellogg investment, the Lead Agency will review this initiative during the 2025-2027 planning period for sustainability and impact after staff complete the program.

e.   Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **SC Endeavors is analyzing SC BOO$T data and performing cost projections to continue the wage enhancement program throughout the state within the next plan period. Many directors have commented on the recruitment and retention supports that SC BOO$T provides. Data from this program will be critical to determine the retention of individuals within programs. In the next plan period, T.E.A.C.H graduation bonuses will continue and allow SC Endeavors to analyze the retention of individuals who graduate with AA and BA degrees. The intention is for the graduate to stay within the same sponsoring program once they complete the degree for at least 1 year. SC Endeavors will also explore providing a bonus to programs who continue to sponsor T.E.A.C.H. Scholarship recipients.**

The Lead Agency is working with Palmetto Shared Services Alliance to develop a substitute pool for licensed and registered providers in SC that will allow them to increase staff consistency and job satisfaction. One strategy of the initiative is to develop a strong orientation process and comprehensive training module to help strengthen the retention of staff.

ABC Quality will continue to support the conference scholarship program. In partnership with four statewide early childhood professional organizations with national affiliation, the Lead Agency supports the opportunity for early childhood educators to attend professional development conferences to meet annual training requirements, to network with other early childhood professionals and uses this strategy to professionalize the field of early care and education in South Carolina. To date, 2,165 early childhood educators have received conference scholarships to meet their annual required professional development hours. This strategy continues to be popular with ABC Quality providers as a strategy to assure staff earn their required annual training hours as a cohort group. To further support early childhood educators, an increase in the availability of conference scholarships to early childhood educators employed at early childhood programs participating in the ABC Quality program will be made available, multiple conference sessions focused on the ABC Quality standards will be offered, and the Lead Agency will explore the feasibility of providing an opportunity for a cohort of early childhood educators to attend a national early childhood association conference.

6.1.2   Strategies to support provider business practices

a.   Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The LE-DECE Child Care Licensing Program in coordination with the SC Child Care Resource & Referral has implemented the SC SUCCess Grant for eligible, first-time child providers. This grant opportunity aims to provide training, coaching, and financial incentives to family or center-based programs. Accepted programs are required to complete customized technical assistance sessions, specific child development, health & safety and**

business-focused trainings including the Strengthening Business Modules and meet all regulatory requirements through a four-tier process. Upon completion of a tier, programs are awarded a grant amount based on the type and size of the program. The goal of the project is to help expand child care accessibility to families, train and prepare programs to care for children, and sustain their business while gaining and utilizing sound business and administrative practices. For programs that choose not to participate or are ineligible for the SC SUCCess Grants, the SC CCR&R offers customized training and technical assistance through a quality initiative called SC Business Start-Up Support. This is a free service available to any program or individual that is interested in opening an early care program including family, group, center, faith-based, or after-school. Programs will work with an SC CCR&R Quality Coach to develop a development plan that includes coaching and trainings focused on caring for children and business support that can include the Strengthening Business Modules. SC CCR&R collaborates with the SC Small Business Association, the SC Small Business Development Centers, and the SC Women's Business Center to further reach individuals investigating entering the child care field. Through incorporating an overview of available early child care resources including those offered by SC CCR&R through these associations' overview and trainings, potential child care business owners can access the free resources available through the SC CCR&R. In turn, the SC CCR&R refers programs unfamiliar with the associations to them for administrative supports, resources, and potential financial opportunities.

Palmetto Shared Services Alliance strengthens ECE provider's business management through a system of online and onsite supports designed to save time and money, thus allowing them to sustain high quality and thrive. This is done through 2700 resources, 40 vendors, a job board, over 200 training hours and a substitute pool.

The Lead Agency has implemented a revised ABC Quality program review document that includes a Structural Quality Portfolio which reflects business and program policies and procedures. To submit for scoring, all elements within the online portfolio must be reviewed and each of the indicators must be answered. An ABC Quality Assessor reviews the evidence and determines if it meets the indicator requirements. This Structural Quality portfolio showcases a program's strengths within the elements of: Program Administration and Structure Staff Education and Professional Development Child Well-being Family Communication, Engagement and Cultural Competence Technical assistance is available for programs to build their strength in these areas.

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

    i.   [x] Fiscal management.

    ii.   [x] Budgeting.

    iii.   [x] Recordkeeping.

    iv.   [x] Hiring, developing, and retaining qualified staff.

    v.   [x] Risk management.

    vi.   [x] Community relationships.

    vii.   [x] Marketing and public relations.

viii.   **[x]** Parent-provider communications.

ix.   **[x]** Use of technology in business administration.

x.   **[x]** Compliance with employment and labor laws.

xi.   **[x]** Other. Describe any other efforts to strengthen providers' administrative business: **Palmetto Shared Services Alliance (PSSA) provides resources or trainings on all of the listed categories plus: Business Plans, Professionalism, Time Management and Insurance/Liabilities.**

6.1.3   Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a.   Providers and staff with limited English proficiency: **The SC Endeavors registry system tracks the languages spoken for individuals working in the early childhood field. In addition, training providers are able to offer training in other languages and promote those offerings on the statewide training calendar. Many of the national online training organizations, such as ProSolutions, offers training in both English and Spanish. SC Child Care Resource & Referral provides services for individuals and programs that have dual language learning needs. These services include a quality coach to provide Technical Assistance as well as training sessions in Spanish. Within the 2025-2027 plan period, SC Endeavors will be adding translation services to the New World Now Registry software.**

    The South Carolina Early Learning Standards guide has been translated into Spanish. The Spanish version will be displayed on relevant websites including: https://scchildcare.org and https://abcquality.org as well as Lead Agency contractor websites to assure accessibility. The ProSolutions online training modules are offered in English and Spanish. Other language translations if needed are made available through a service provided by the Lead Agency.

b.   Providers and staff who have disabilities: **Through the LE-DECE partnership with the SC CCR&R to continue to expand the work with dual-language teachers and providers. The SC CCR&R has a dedicated Dual Language Quality Coach providing support to teachers and staff with limited English through one-on-one technical assistance sessions on various child development topic areas, classroom books and curriculum resources in multiple languages, and in-person/virtual early childhood trainings & materials offered in Spanish.**

    The South Carolina Inclusion Collaboration (SCIC) is charged with providing technical assistance for providers to identify barriers and specific strategies to support their participation. The SC Program for Infant and Toddler Care (SCPITC) has sign language capability. The Lead Agency provides training known as Culture City to all agency staff. Use of this training with child care providers will be explored. Regularly scheduled Town Hall sessions to respond to questions from providers will be held.

    We don't provide specific supports to caregivers who have disabilities. However, we could help to engage with providers to identify barriers and identify specific strategies to

support their participation. This might be a good partnership between SCIC and Able SC. This may become more crucial if the new qualified caregiver regulations change to include any high school completion as eligible to be a provider.

6.2   Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1   Updates and consultation

a.   Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **During the previous plan period, additional higher education calculations were added to the career ladder for Master's Degrees and additional early childhood coursework. The calculations increased the number of early childhood credits included within the system to account for individuals who may have a Master's degree outside of early childhood education but completed some coursework in early childhood. The next plan period will include a review and possible revision to the Montessori certification requirements for career ladder placement. The initial career ladder stakeholder group was informed for the additional Master's level changes and will be included in any potential changes to the Montessori certification and levels. In addition, in the next plan period the SC Early Childhood Workforce Competencies will be completed and presented to the Early Childhood State Advisory Council. A statewide campaign roll-out will be developed to utilize the new standards. Articulation continues to be a focus of SC Endeavors' initiatives to increase access to higher education. During the previous plan, two new agreements were secured: Lander University and North Greenville University. Individuals can articulate their degrees from the state technical college and begin as a junior in the early childhood program at Lander and North Greenville. These programs are offered online to increase accessibility statewide. The T.E.A.C.H. Scholarship program at SC Endeavors is able to provide a seamless transition throughout the scholarship with these students. The University of South Carolina is continuing articulation efforts to develop a 2+2 agreement as well for the state technical college system and students wanting to pursue a BA in Early Childhood. This work will continue throughout the next plan period and secure the necessary funding and college level support to implement this agreement. SC Endeavors continues to meet with the early childhood leadership from the 16 state technical colleges and the state technical college system regarding early childhood initiatives to advance the field. These individuals are included in the articulation discussions and a workgroup has been identified to continue the USC articulation plans. The SC Credentialing system was able to double the bonus amounts for**

individuals completing coursework in early childhood at the state technical colleges. The new bonus amounts for credential level 1 is $400, level 2 is $600, and level 3 is $1000. The SC BOO$T wage enhancement program was implemented in the previous plan period. This program is currently being analyzed to project costs as well as retention data to continue the program during the next plan period. Funding will be dependent on securing additional funds to remain an option for individuals. continuation of projects.

[ ]No.

b.   Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **During the previous plan period, and as part of the PDG Planning Grant, DECE leadership formed a workforce planning sub-group to discuss and implement the workforce strategies related to the planning grant. The grant items were then aligned with the ECAC Birth through Five Strategic Plan and the CCDF State Plan activities related to the ECE workforce. The document provided alignment of activities as well as measurable goals. This document was presented to the ECAC within the previous plan period. The next plan period will continue to review the implementation plan document and revise based on work completed and goals. In addition, T.E.A.C.H. continues bi-annual advisory meetings with early childhood stakeholders to inform and gain feedback of ongoing needs. The SC Early Childhood Institute further provides advisory capacity from the 16-state technical college early childhood system to inform and engage with students and initiatives across the state.**

[ ] No.

6.2.2   Description of the professional development framework

a.   Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i.   Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The SC Workforce Competencies was previously developed in 2012. In 2023-2024, SC Endeavors obtained early childhood experts to contract work for reviewing the competencies to update for a diversity lens as well as better alignment with the head start competencies and the SC Technical College coursework. A draft of the competencies review crosswalk was presented to the SC Technical College Early Childhood Department leaders at the 16 state technical colleges and feedback was collected to better inform the new competencies and revision. During the next plan period, SC Endeavors will complete the new workforce competencies and develop a plan for the roll-out to the larger early childhood field.**

ii.   Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The SC Endeavors registry utilizes a career ladder application to document the education levels within the early childhood workforce system. The registry and career ladder is open to any individual working in early childhood including trainers, technical assistance providers, QRIS assessors and coaches, as well as individual teachers in**

registered, licensing, family child care, group child care, faith-based programs, exempt programs, and family, friend, and neighbor care. The ladder provides 10 levels that begins with level 1, the statewide licensing requirement of High School Diploma, and adds additional academic education through a Doctorate in Early Childhood Education as a level 10. Each level builds on the additional academic coursework and accomplishments of the workforce as they obtain higher levels of education. The credentials are also embedded within the career ladder and aligns with the ABC Quality education component denoting individuals who are considered having education levels related to entry, skilled, or accomplished. In the previous plan period, a Preschool Development Grant initiative provided a $150 bonus to complete the application and receive a career ladder level. The SC BOO$T wage enhancement program includes a requirement for individuals to complete the career ladder process and bonuses are structured based on the levels obtained. Upon implementing the SC BOO$T program in January 2024, career ladder applications increased within the registry by 253% providing much needed data regarding the workforce.

iii.   Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **SC Endeavors sponsors the annual SC Early Childhood Leadership Institute which brings all 16-state technical college early childhood department leaders together to discuss early childhood workforce initiatives and needs. In addition, the lead agency's state director, Michael Leach, is a member of the State Early Childhood Advisory Council and regularly attends these meetings. ECAC membership includes representatives from the SC Department of Social Services, SC Department of Health & Human Services, SC Department of Education, SC Department of Health and Environmental Control, SC Department of Disabilities and Special Needs, Children's Trust of SC, SC Department of Mental Health, SC ETV, SC State Library, and the SC Commission on Higher Education. The lead agency has also proactively sponsored several town halls related to early childhood initiatives to gather direct feedback from direct care providers in the state.**

iv.   Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **SC Endeavors continues to work with the SC state technical colleges to maintain articulation agreements and form new agreements to advance degrees for the child care workforce. Current agreements include the University of South Carolina ⬛ Columbia, Columbia College, Southern Wesleyan University, University of South Carolina ⬛ Upstate, University of South Carolina ⬛ Aiken, Francis Marion University, Lander University, Coastal Carolina University, and Winthrop University. Two new agreements were added within this plan period including a non-certificate early childhood program with Lander University as well as North Greenville University. University of South Carolina ⬛ Columbia is working on a 2+2 agreement for a non-certification early childhood program as well. During the next plan period, SC Endeavors will continue to review agreements and work with the technical colleges to determine additional articulation agreement options for students.**

v.   Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **In 2018, the SC Department of Social Services Division of Early Care and Education (DECE) conducted a statewide workforce survey with the in collaboration with University of South Carolina researchers. Survey results can be found here: https://sc.edu/study/colleges_schools/education/research/units/cdrc/projects/ccrt/documents/ece_workforce_study.pdf. To maintain ongoing, comprehensive, and up-to-date data and reporting on demographics, retention/turnover, wages, benefits, education and training, DECE funds the Child Care Research Team (CCRT) at the University of South Carolina to produce an annual report on the state of the ECE workforce in South Carolina, using data from the SC Endeavors registry database. For the past few years, CCRT has analyzed data from this system to respond to survey questions regarding the ECE workforce in South Carolina from the Bipartisan Policy Center in partnership with the National Workforce Registry Alliance (NWRA). Direction and questions from these sources, new developments in research, as well as the needs of South Carolina's ECE workforce, drive data collection and analysis efforts. With the implementation of a wage supplement pilot program in 2024, researchers are analyzing registry participation, workforce characteristics, and retention/turnover to evaluate program effectiveness in the 2025-2027 period.**

vi.   Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **SC Endeavors maintains the T.E.A.C.H. Early Childhood Scholarship program to increase the education of the early childhood workforce. During the previous plan period, the lead agency began working with the National Center on Early Childhood Quality Assurance (NCECQA) to explore apprenticeship opportunities. A stakeholder group has been created and will continue to meet and continue to research and discuss the potential for adding this option for the ECE workforce. CCDF funding will continue to be used to support this initiative. The SC BOO$T wage enhancement program began in January 2024 and includes a bonus structure to increase wages and increase retention within programs. ABC Quality provided scholarships for providers to attend one of the statewide early childhood conferences. These scholarships provided registration and travel costs to allow for an increased professional develop opportunity and connection to statewide initiatives.**

b.   Does the Lead Agency use additional elements?

[x] Yes.

If yes, describe the element(s). Check all that apply.

i.   **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: **: SC Endeavors documents all training hours within the registry system through an approval process. A variety of college courses have been approved for professional development hours within the system. The registry includes many national training providers that are IACET accredited and provide CEU credit. These trainings are displayed on the statewide training**

calendar. The lead agency has implemented several free Prosolutions training courses that offer CEU hours, including the statewide Health & Safety Pre-Services Certificate courses. The statewide Champions for Children conference, hosted by the SC Inclusion Collaborative, provides CEU hours for attendees.

There are robust choices for online training which include Pro-Solution's library. The 15 hour Pre-Service Health and Safety Course required for new program's ABC Quality staff and new program staff satisfies the federal basic health and safety course requirements as well as child care licensing's 15-hour annual training hours followed by the second phase of 12 hours of training available in the second year of employment. All 27 hours are required for ABC Quality program staff and available to non-ABC programs when taken as a package. No credit is given for partial completion. Additional courses available to programs at no charge from Pro-Solutions include: stand-alone training on Blood borne pathogens, Introduction to the South Carolina Early Learning Standards, Overview of ABC Quality, An Introduction to Structural Elements, An Introduction of ABC Quality's Process Quality, course modules from ABC Quality and Communication with Families About Developmental Concerns, Developmental Screening Using the ASQ-3, Trauma Informed Care & The Pyramid Model, ADA Basics for Child Care Providers, ADA Basics for Families just to name a few from our partnership with SC Inclusion Collaborative. All coursework through Pro-Solutions earns CEU credit. This library of online training is updated and expanded annually as a resource for program staff.

Credit-bearing professional development courses available to Lead Agency leadership staff and contractor staff include a summer graduate course offered every other year by either SC PITC and/or SC Inclusion Collaborative to provide continued professional development for those persons providing technical assistance or training to child care program staff. Five cohorts of students pursuing a master's degree in early education over the past 15 years have been funded to build a core leadership group throughout the state with a common foundational background. An evaluation study of the program's impact is underway before continued funding will be considered.

ii.   [x] Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **Professional development providers are able to add their training organization within the registry system and add courses and events for child care providers to take courses and earn credit hours. Through the career ladder process, individuals are able to earn professional development training hours for courses that include early childhood content. Each 1.0 academic credit hour will receive 15 contact hours of training in the system. This allows individuals who are completing academic coursework in ECE to also meet the annual training hour requirements for child care licensing. The introductory course and level 1 credential, ECD 101, was developed in coordination with the 16 state technical colleges. This course is the foundation course for the additional credentials. Levels 2 and 3 credentials are also taught at the 16 technical colleges**

and allow individuals to advance their content knowledge, career ladder level, and includes a bonus for completing these additional courses. The Lead Agency will work with major training and professional development providers to assure consistency of messaging about the revised ABC Quality assessment tool. These providers include SC CCR&R, SC PITC, SCIC, Impact, Early Child Health Outdoors of the National Wildlife Federation, Quality Care By Design. Once the initial review period is completed and data gathered, there should be a clearer picture of the results, gaps, inconsistencies, etc.

iii.　[x] Other. Describe: **The Lead Agency provides scholarship opportunities to ABC Quality providers to attend statewide conferences for 4 early childhood associations annually. These associations include South Carolina Association for the Education of Young Children (SCAEYC), South Carolina Early Childhood Association (SCECA), South Carolina Association for Early Care and Education (SCAECE), and most recently, the South Carolina Montessori Alliance.   These conferences provide training credit through SC Endeavors for annual required licensing training hours.**

These conferences provide a wider range of professional development opportunities for program staff to choose from and encourage more programs to attend one of the four choices.

Additionally, Lead Agency contractors providing training at no charge to program staff include: Child Care Resource and Referral, SC Program for Infant and Toddler Care (SC PITC), and SC Inclusion Collaborative. CPR and First Aid training is also provided at no charge for all ABC Quality program staff by National Safety Council. These conferences provide training credit through SC Endeavors for annual required licensing training hours.

A new strategy under development includes: Micro-credentials under development by the University of South Carolina's CarolinaCrEd program funded by the Preschool Development Grant (PDG). CarolinaCrEd offers a comprehensive personalized professional learning experience in the state featuring mirco-credentials that apply to practice, achieve skill, and document mastery.

The micro-credentials recognize a specific skill of an educator that is related to his/her practice, based on evidence that demonstrates competency of that specific skill. Further the micro-credential provides competency in employment related specific skills early childhood educators needs. The micro-credential model is responsive to personal schedules, job-embedded learning, not ⬚one size fits all⬚ and not seat time-based. The micro-credential model recognizes the mastery of job-related skill through gathering evidence of skill, reflection, documentation, and articulation as well as competency development of skill which included development of new skill.

The exploration of this new strategy includes the development of micro-credential topics focused on the skills of early childhood educators (e.g. supervision, infant safe sleep, health/safety) and skills for technical assistance providers (e.g. active

listening, reflective practice). Technical assistance providers and early childhood educators will be recruited to participate in cohort groups to successfully complete a micro-credential. In addition, the Lead Agency will explore the feasibility of two micro-credential coordinator positions to support a system wide implementation of micro-credentials throughout the Division of Early Care and Education.

During the next plan period, SC Endeavors will work with the University of South Carolina and stakeholder group on the possibility of offering micro-credentials to increase professional development opportunities in the state. These micro-credentials will be tracked within the registry system.

[ ] No.

6.2.3   Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a.   Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **SC Endeavors is contracting the revision of the 2012 statewide early childhood competencies to include a diversity lens as well as alignment with the Head Start performance standards and the technical college coursework. During the next plan period, the revision will be completed to roll-out this new resource.**

b.   Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The career ladder application, within the SC Endeavors registry system, is open to all early childhood users of the system. Direct care staff as well as non-direct care staff such as trainers and TA providers are encouraged to participate and obtain a level. The SC BOO$T wage enhancement program requires career ladder placement as an eligibility component and based the bonus amounts on the level of education. Individuals with a level 1 are able to earn $1,100. The amounts build upon the previous level and increases as individuals increase career ladder levels. Supplemental bonuses were also added to the SC BOO$T for directors/owners and for staff working with infants/toddlers.**

c.   Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The PDG workforce sub-group stakeholders helped align the workforce initiatives with the ECAC Birth to Five Strategic plan. The alignment provided a detailed workforce implementation plan that is used as a method of goal setting and tracking initiatives. This plan will continue to be reviewed and assessed within the next plan period. PDG meetings and updates continue to provide information related to completing goals and timelines. In addition, with the implementation of SC BOO$T, the data from this program will be analyzed to determine effectiveness in workforce compensation as well as**

retention within programs. The goal within this next plan period is the develop a salary scale for the early childhood workforce. Prior to implementing SC BOO$T, a group of child care programs were identified to be a focus group for the wage enhancement program. This group met to discuss eligibility requirements as well as any potential questions or pitfalls of the implementation. This group also piloted the application process within the SC Endeavors system prior to the full launch. This group will continue to provide necessary feedback as we seek to examine the effectiveness of the program and discuss barriers/challenges with existing requirements.

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The T.E.A.C.H. Scholarship program within SC Endeavors has an advisory board that helps inform the work and strategies of the program. In addition, the state technical college leadership convenes annually to ensure the ongoing needs of the faculty and workforce is met. The technical colleges offer the credential courses as well as the transfer pathways to the 4 year universities. This relationship and support is critical to ensuring the workforce is informed of critical early childhood content, as well as the resource opportunities that exist for the early childhood workforce.**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The SC Endeavors Workforce Registry and Credentialing System maintains the most comprehensive ECE workforce data in the state of South Carolina. The Child Care Research Team analyzes wage data from this system and compares it with data from Bureau of Labor Statistics and any other available sources. Wage data are analyzed by program and position type, as well as program participation in the ABC Quality Program. These data will be analyzed by geography, race, gender, and self-reported data on the ages of children served in the annual workforce report prepared by the Child Care Research Team at the University of South Carolina during the 2025-2027 CCDF Plan period. In addition, CCRT has planned and started a formal evaluation of the SC Boost Wage Supplement Program, to include program reach (program types, counties, QRIS participation), workforce retention, compensation, and work schedules, and access to infant/toddler care.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers?

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a.   Licensed child care centers: **Directors must take 20 clock hours of training annually and teachers must take 15 clock hours of training annually.**

b.   License-exempt child care centers: **Directors must take 20 clock hours of training annually and teachers must take 15 clock hours of training annually.**

c.   Licensed family child care homes: **10 clock hours of training annually**

d.   License-exempt family child care homes: **10 clock hours of training annually**

e.   Regulated or registered in-home child care: **N/A**

f.   Non-regulated or registered in-home child care: **10 clock hours of training annually**

6.3.2   Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The Catawba Indian Nation is the only federally recognized tribe in South Carolina. Historically, the tribe has chosen to be a part of the DSS-DECE SC Scholarship Program, ABC Quality, SC Child Care Licensing, and SC Endeavors workforce registry and staff are eligible to participate in all training offered to child care programs in South Carolina. Most recently, ABC Quality has partnered specifically with the Head Start program on an outdoor learning initiative which is ongoing to date. The goal of the initiative is to naturalize the outdoor learning environment in ways that are reflective of the culture and practices of the Tribe.**

6.3.3   Professional development appropriate for the diversity of children, families, and child care

providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The LA funds the SCIC to provide professional development (i.e., training, coaching, and consultation) to child care providers to implement teaching practices that promote the inclusion of children with disabilities in their programs. SCIC offers in-person on-site support to providers as well as online training modules. SCIC has an Inclusion Specialist who focuses on inclusion of school-aged children in out-of-school-time programs. SCIC also has an inclusion Specialist focused on supporting inclusion with Family Child Care Home providers. In partnership with the SC Department of Education, through the SCIC contract, the LA funds access to Pyramid Model online training modules. The Pyramid Model is a framework of evidence-based strategies to promote social and emotional development, prevent challenging behavior, and respond appropriately to children who have significant challenging behavior. The following Pyramid Model eModules are available at no cost to anyone in South Carolina: (1) Pyramid Birth-5; (2) Trauma Informed Care and the Pyramid Model; (Pyramid Model-Reducing Implicit Bias. Beginnings SC provides training and technical assistance to child care programs who are caring for children who are deaf or hard**

of hearing. Additionally, the Child Care Ready for All (CRAwl) program provides training and nurse consultation to child care providers who are caring for children with disabilities.

SC Endeavors documents the required child care training hours for DSS licensing within the SC Endeavors registry. Trainers are approved in the registry system and then create courses that are reviewed to ensure they meet the required topic areas. These topic areas are curriculum, child growth & development, child guidance, nutrition, health & safety, special needs, professional development and program administration. Trainers also indicate within the registry system what target audience and age group they are teaching with the content including infant, early childhood, school-age, youth development, or business. The training courses reviewed by registry staff ensure alignment to the topic areas, appropriate content is included, and that the early learning standards are included for Certified trainers. All Certified training is included on the statewide training calendar and can be located through the search features to meet the individual needs of a teacher. Training events can also indicate whether the course is offered in a language other than English. SC Child Care Resource and Referral provides coaching and training opportunities for programs serving dual language learners. In addition, South Carolina Inclusion Collaborative offers coaching and training related to serving children with special needs.

6.3.4   Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The DECE funds the SCIC to training and technical assistance to child care programs to regarding conducting developmental screening or monitoring and making referrals to Part C or Part B619 if developmental concerns are present. SCIC assists providers in establishing a developmental screening system within their program using the ASQ-3. SCIS provides training on how to use the Ages and Stages Questionnaire-3 (ASQ-3), interpret the results, share the results with families, and make appropriate referrals based on results. SCIC provides all of the materials including ASQ-3 kits so that programs have what they need for the screening system.**

6.4   Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1   Early learning and developmental guidelines

a.   Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

    i.   **[x]** Research-based.

    ii.   **[x]** Developmentally appropriate.

    iii.   **[x]** Culturally and linguistically appropriate.

    iv.   **[x]** Aligned with kindergarten entry.

    v.   **[x]** Appropriate for all children from birth to kindergarten entry.

    vi.   **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

    vii.   If any components above are not checked, describe:

b.   Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

    i.   **[x]** Cognition, including language arts and mathematics.

    ii.   **[x]** Social development.

    iii.   **[x]** Emotional development.

    iv.   **[x]** Physical development.

    v.   **[x]** Approaches toward learning.

    vi.   **[ ]** Other optional domains. Describe any optional domains:

    vii.   If any components above are not checked, describe:

c.   When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The ELS were last updated/adopted August 2017. The ELS book has undergone 3 printings and has been used as a hub for aligning other parts of the system. The ELS book has been well-received as a resource for public 4k, First Steps 4k, Head Start and Child Care.   Other entities have sought copies of the book to be able to align their activities to this resource. We have surveyed leadership periodically about revision and everyone has been supportive of not changing as yet. During the next Plan period, a review will be conducted.**

d.   Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://www.scchildcare.org/media/55097/SC_ELS-second-edit.pdf   Print version. https://www.scchildcare.org/media/57847/South-Carolina-Early-Learning-Standards-2017_Accessible-Version.pdf   ADA Version**

6.4.2   Use of early learning and developmental guidelines

a.   Describe how the Lead Agency uses its early learning and developmental guidelines. **The SC Early Learning Standards is utilized within the certified training course requirements for certified trainers. This training type uses a rubric to ensure appropriate adult learning principles and content is included. SC Endeavors registry staff review each certified training course and score the sessions on the effectiveness of the content. One requirement is for certified trainers to include the early learning standards within the**

content of the training session. In addition, all of the state technical college early childhood departments utilize the early learning standards within their courses. The standards document is required reading material for the state's ECD 101 course and is then used throughout the course of study within the early childhood department.

SC ELS Stakeholders are families; teachers and caregivers; administrators; schools; policy makers and community leaders; professional development providers; technical assistance providers; and higher education faculty. It is a useful resource for planning and development of training topic areas. It presents a continuum to help early childhood educators look across age levels and learning domains to see how children's development emerges and progresses over time. Goals are applicable for children across the age span, and Developmental Indicators are written for specific age levels. See the Appendix of the ELS for an in-depth discussion of how to use the ELS.

b.   Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i.   [ ] Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii.   [ ] Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. [ ] Will be used as the primary or sole method for assessing program effectiveness.

iv.   [ ] Will be used to deny children eligibility to participate in CCDF.

v.   If any components above are not checked, describe:

7   Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1.   In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.

2.   An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.

3.   An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on

those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **South Carolina used Preschool Development Grant funding for the 2019 SC Needs Assessment with a two-pronged approach for its needs assessment to 1) Determine State Priorities through a robust, and multi-faceted feedback approach facilitated by researchers from Clemson, University, College of Charleston, Francis Marion University, South Carolina State University, and the University of South Carolina and 2) Address Key Domains and Questions identified by the US Department of Health and Human Services through engaging organizational leaders and stakeholders. The Early Childhood Advisory Council (ECAC) was updated multiple times and members of organizations represented on the ECAC were heavily involved to address key questions and domains.**

The Institutions of Higher Education (IHE) Collaborative used standardized, research-based strategies to collect and analyze data to identify statewide priorities and barriers to reach goals related to the priorities. Experts in equity and family studies critically reviewed the process, documents, and results to identify areas for improvement or clarification.

Three data collection strategies engaged more than 5,000 people to determine statewide priorities (needs): 1) 15 regional meetings were held statewide with 440 participants facilitated by the IHE Collaborative using a standardized process to reduce bias and increase participant voice, 2) online survey with 3,114 responses focused on priorities of parents/caregivers, and 3) approximately 130 focus groups engaging more than 1,495 people within each SC county focused on engaging families/caregivers of young children.

Key areas were vulnerable and underserved children and children in rural areas; quality of care and education, unduplicated number of children being served and awaiting served, gaps in data or research, priority data needs, State's current measurable indicators of progress, early childhood facilities, and transition supports.

In 2020-2024, the Needs Assessment was expanded to better understand the amount of need in the priority areas identified in 2019, and four to five high-need areas were established in early learning and development, health and wellbeing, and family support and community. These needs were established based on a survey of almost 3,000 parents/caregivers of young children administered in English and Spanish and 38 in-depth interviews with a variety of parents/caregivers including mothers, fathers, grandparents, and foster parents. These high-need areas were presented across the state at stakeholder meetings in which 158 people attended. At the stakeholder meetings, attendees noted or

developed strategies that would best meet these pressing needs. These strategies were presented by area on an online survey (administered in Winter 2024), and the strategies with the highest agreement will be communicated to the SC DSS, SC First Steps, Head Start, ECAC, and other groups leading efforts related to the SC Birth-Five Strategic Plan.

b.   Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **More parents/caregivers reported the need for some or a lot of help in early learning and development (56%-75%) than in health and wellbeing (20%-55%) and family support and community (22%-53%).**

Larger percentages of parents/caregivers needed some or a lot of help in the following early learning and development areas:
▪   **Knowing what to do for child to be ready for kindergarten**
▪   **Finding community programs or services that support early learning**
▪   **Finding resources or materials to help child learn at home**
▪   **Paying for high quality early care and education programs**

Larger percentages of parents/caregivers needed some or a lot of help in the following health and wellbeing areas:
▪   **Understanding how children develop**
▪   **Involving child in physical activities that are age appropriate**
▪   **Paying for healthcare for child**
▪   **Finding early intervention programs**
▪   **Paying for nutritious foods**

Larger percentages of parents/caregivers needed some or a lot of help in the following family support and community areas:
▪   **Knowing how to be a more effective parent**
▪   **Building strong relationships with child**
▪   **Learning how to be an advocate for child**
▪   **Furthering career education/job training to support family**

Parents/caregivers' level of education, age, number of children in the home, and number of caregivers in the home were associated with their need for help in all three areas with differences that were small to moderate. Parent/caregiver race/ethnicity, income, and primary language spoken at home were associated with parents/caregivers' need for help in all three areas with differences that were moderate to large. Among parents/caregivers who reported adverse experiences in the previous year (43% of those who surveyed/approximately 750 people), the top three categories of adverse experiences that parents/caregivers reported include: mental illness, housing instability, economic hardships.

Multiple quality improvement strategies were identified related to strategies to address the most pressing needs including increasing salaries and benefits for the early childhood workforce to enhance quality, increasing access to affordable, high-quality early care and education, and expanding and enhancing school readiness programs. In addition, more

focus on developmental screenings and services (within early education programs and in community) and system change were noted. Findings from the survey to identify priority strategies related to needs are as follows. The top three strategies that emerged from the survey related to early learning and development were: 1) increase salary and benefits of early education/child care workforce; 2) increase access to affordable, high-quality child care and education; and 3) develop and promote birth to age 3 early learning strategies for parents/caregivers and community groups to encourage early development. The top three strategies in health and wellbeing were: 1) enhance developmental screenings and services; 2) work toward system change in early learning and community-based settings; and 3) use schools as forum for health and wellbeing activities. The top three strategies in family support and community were: 1) expand and enhance readiness strategies and programs; 2) increase family support and education programs with opportunities for parents/caregivers; and 3) promote community partnerships/engagement.

The overarching goals with indicators (objectives) were:

☐ South Carolina's children are ready for kindergarten

☐ South Carolina's youngest children are safe and healthy, both physically and mentally

☐ 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

☐ 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.

Note: For more specifics of the 139 page report, please access the report at

Microsoft Word - Designed SC Needs Assessment Final Report 11-01-2019 - v3.docx (scchildcare.org).

7.2   Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1   Quality improvement activities

a.   Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **Lead agency will post its annual expenditure reports ACF-696 along with its annual Quality Progress**

b.   Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **SCIC provides training, coaching, can consultation to the child care workforce to support the use of evidence-based inclusive teaching practices in programs for children birth to five and school-aged children. High quality programs are program who include children with disabilities**

Current investments include activities conducted by the Lead Agency's professional development office (SC Endeavors) to promote the professional development of the child care workforce in SC; funding for financial scholarships for child care providers to attend conferences sponsored by SC's early care and education professional associations; and the following contracts that include training and professional development opportunities that benefit the child care workforce in SC: Third Sector New England contract for online training, USC Cohort/Leadership contract for professional development of cohorts of early care and education leaders to benefit the child care workforce in SC, USC SC Inclusion Collaborative contract that sponsors the Champions for Children conference for the child care workforce and other training, coaching, can consultation to the child care workforce to support the use of evidence-based inclusive teaching practices in programs for children birth to five and school-aged children, the New World Now contract that includes information system development/maintenance for the child care professional development registry, and financial assistance for the annual SC First Steps Early Childhood Summit. Future investments in these activities are expected to continue.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Approximately 5,000+ copies of the third printing of the South Carolina Early Learning Standards remain available. The third printing was completed in December 2019 just before COVID caused many programs to close for a period of time. Key partners remain very satisfied with the document and the decision was made to delay the cyclical review of the document for approximately 2 years due to the hiatus because of COVID. Partners have continued to train on the standards, other initiatives have aligned to the Standards, and distribution has been reinstated. The Spanish version is now complete and will be posted on key websites. It is expected that key stakeholders will convene during this Plan period to review this document. It has been a very popular publication available on the website in English and in an ADA format. Many teachers and caregivers prefer the hard copy to keep in their classroom; they are pleased with the format, it is easy to use with spiral binding, color coding, and heavy weight paper, and it covers ages birth to five in one document.**

Current investment in a USC contract that includes translation of the early learning guidelines into Spanish is expected to continue with future investment in making the early learning guidelines accessible to providers online.

iii.   Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **ABC Quality celebrated its 30th anniversary in the 2022 - 2024 Plan period as a quality rating and improvement system (QRIS). That system has been successful due to its close association with the state's child care scholarship program in which ABC Quality establishes best practices that child care providers voluntarily comply with their level of quality in the 5-tiered quality system which aligns with corresponding reimbursement level assigned by the SC Scholarship Program for serving eligible children. Participation in this system has grown significantly during and after COVID as a means of survival for many programs.**

While some other states have moved to Quality Improvement Systems, this QRIS is statewide and widely recognized. It provides for accountability and the potential for measurement of adherence to best practices by using clear definitions for indicators.

As a prime example, the Division of Early Care and Education (DECE) has partnered with the Department of Defense to bring Military Child Care in Your Neighborhood Plus (MCCYN-PLUS) to South Carolina. The Department of Defense has expanded their fee assistance program to include state quality rated providers to increase availability of child care options for military families. The Department of Defense conducted its own comprehensive crosswalk of the SC Child Care Licensing Regulations and ABC Quality standards to determine program types that met the federal requirements. The review determined that all licensed child care centers and licensed family child care homes/groups at a quality level of B+ and above qualify to participate in MCCYN-PLUS. Child Care Aware of America maintains a database of eligible programs from an ongoing feed of qualified ABC Quality participants supplied to them monthly by the state. Eligible ABC Quality programs will apply to participate and once approved can begin serving military families that qualify for this program. Programs that serve military families' children will receive subsidy funding directly from MCCYN-PLUS. This program affords active military families and active guard/reserve members expanded access to affordable quality child care services in SC. Similarly, South Carolina's First Steps to School Readiness uses the ABC Quality rating system to determine a higher payment for their 4K programs at Level B and higher.

During the 2022-2024 plan period, a major revision to the QRIS has been accomplished and is currently under implementation. The system was transitioned to one tool for all centers including license-exempt programs with the scores reflecting the quality levels. Improvements to the system include:
▪   Inter-rater reliability for assessors and an Anchor form of management to assure statewide consistency.

▢   Re-design of the tool to include elements, standards and indicators; clarifications and program manuals have been developed.
▢   Revised framework which includes mandated eligibility requirements, a points-based on-site classroom observations (Process Quality), and
     a points-based structural quality portfolio (Structural Quality).
Findings to date call for more training and technical assistance for participating programs, analysis of the scoring system, increase of assessors to manage increases in ABC Quality enrollment, and continued review of indicators for relevance and validity, which will be accomplished in future investments.

ABC Quality has revised the family child care home and group standards. These standards originally developed as a block system with varied requirements for each level. This made it difficult for programs to increase quality and presented barriers to improvement. Family child care programs chose whether they wanted to be a Level C or B/B+ and needed to meet the requirements for the chosen level. The revised family child care home and group standards are modeled after the center-based revisions and represent a strength-based system that awards points for meeting indicators. These revisions consist of eligibility criteria which are the requirements to participate, structural quality (portfolio submission) and process quality (onsite observation). The revisions represent one tool for all quality levels with the potential for family child care programs to earn the highest levels of quality A/A+. This was not an option in the block system. These revisions provide a clear process to support programs' ability for continuous quality improvements. Currently, the family child care home and group revised standards are undergoing the validity process. The Research, Evaluation, and Measurement Center (REM) at the University of South Carolina is facilitating the expert review process and summarizing the results of the revised family child care standards. The expert review process consists of both in-state and national experts in areas of content, inclusion, and equity. In addition, REM is administering surveys to and conducting focus groups of currently participating family child care programs to determine their understanding and ability to implement the revised family child care standards. Results from both studies will influence the final version of the family child care standards and determine what resources and supports are needed to promote program success. ABC Quality has issued over 300 materials grants funded by the Preschool Development Grant (PDG) to all of the currently participating family child care programs to support the transition to the new standards. ABC Quality plans a comprehensive training strategy, supports, and resources package that will support all stakeholders involved in the upcoming implementation of the revised family child care standards.

Additionally, ABC Quality is exploring the addition of a provisional entry level for all program types that would be available to new enrollments only. This provisional level would require the program to meet all the eligibility requirements and agree to a Quality Improvement Plan to prepare for their upcoming quality rating within a maximum time period of two years. This provisional level would end after two years, at which point the program must have received the full rating assessment that meets the minimum score for participation. The goal for adding this level is providing additional technical

assistance, training, and support prior to rating to increase quality scores/level and improving the program's long-term success with ABC Quality.

Other future investments ABC Quality is exploring are:

☐ Hiring a specialized group of Quality Specialists to manage all Quality Improvement Plans issued to programs upon entry into the QRIS or
when they score under the thresholds for maintaining their eligibility to participate.

☐ Providing supplemental grants that would be available to programs after receiving their Quality Rating based on various criteria, such as
serving infants/toddlers, serving children with identified disabilities, or meeting lower ratio and group sizes.

☐ Hiring training coordinators to develop orientations and ongoing trainings for child care programs.

☐ Increasing number of ABC Quality Assessors and Anchors to maintain caseloads at 50 per assessor and manageable workload for Anchors.

☐ Developing an ABC Quality Ambassador program that would provide mentorship to other programs.

☐ Developing an internal Quality Rating Portal that will be integrated with other internal data systems, including Child Care Scholarships,
grants portal, and the Child Care Licensing Database.

☐ Reinstating a Continuous Quality Improvement initiative previously known as ☐Building for our Future☐ for ABC Quality programs seeking to
improve their quality scores/level.

In addition to direct Lead Agency administration of the ABC Quality program, Child Care Licensing, SC Scholarship Program, and SC Endeavors, the Lead Agency contracts for a variety of services including support services to enhance the statewide system of quality child care services as follow:

☐ Contract with state Revenue and Fiscal Affairs to build, maintain, and update the secure web-based customized application for ABC Quality
assessment tools with online/offline capabilities and allow for synchronization of data collected. This system produces data reports related
to analytic cubes as agreed upon by RFA and Lead Agency.

☐ Contract with National Safety Council to provide first aid and CPR training for eligible staff supervising children and directors enrolled in
ABC Quality.

☐ Contract with Greenville Technical College to maintain office space and support services for DECE staff housed in Greenville.

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The South Carolina Program for Infant and Toddler Care (SC PITC) is a long-standing contractor for**

DECE to improve the quality of care for infants and toddlers through a year-long cohort model relationship-based technical assistance service offered to programs seeking to improve the quality of their services. Its long-standing core services in coaching, mentoring, and training are provided statewide by a network of skilled PITC Specialists with certification from the WestEd Program for Infant/Toddler Care (PITC). Additional services, resources, and trainings have been added to SCPITC's service delivery model to reinforce and expand uptake of high-quality practices in early care and education that provide the kind of sensitive, responsive, relationship-based care necessary to support infants' and toddlers' emotional and social well-being as the foundation of overall development and health. These core services have expanded to include teachers of children ages 3-5 years, as the approach and associated classroom practices are beneficial to all young children. Current services include technical assistance for child care licensing and ABC Quality, Breastfeeding Friendly Child Care Initiative, Sleep Safe SC Child Care Designation, specialized training events for technical assistance providers and trainers and Baby Jam, a specialized virtual training event geared toward infant/toddler providers begun with PDG funding and continued with CCDF funding. Most recently, SCPITC has partnered with ABC Quality on Quality Care By Design, described below.

The Lead Agency used PDG funds for a pilot initiative called Quality Care by Design (QCBD) to increase the quality of infant and toddler classroom environments in participating early childhood programs enrolled in both ABC Quality and South Carolina First Steps 4K in a mixed delivery model.

To ensure demographic equity, 56 early childhood programs participating in QCBD represented the 4 regions of South Carolina, the Pee Dee, Lowcountry, Midlands and Upstate. Early childhood classrooms received a design plan, on-site technical assistance, and funding to purchase early learning materials/equipment to increase the quality of the learning environment in classrooms for children younger than 4 years.

With leadership and assistance from a national early childhood design expert, SCPITC technical assistance specialists conducted monthly technical assistance and reviewed design case studies focused on the key elements of classroom design to prepare for the implementation of design plans. SCPITC's senior designer, provided technical assistance support, interior design expertise and closely worked with the national expert for QCBD future sustainability.

The University of South Carolina's Research, Evaluation and Measurement Center (REM) conducted research with directors and early childhood educators to track the impact of QCBD on the early childhood programs. Based on their findings, directors and teachers reported that the QCBD project led to improvements in the classroom design, teaching activities and children's learning and behavior. In addition, improvements in children's independent play, self-exploration, peer-to-peer interactions, and physical activity increased. The most profound discovery was early childhood educators indicated that they felt more committed to the field of early childhood education because of participating in QCBD.

The Lead Agency will continue to support the sustainability of the QCBD project by developing Engagement Centers throughout South Carolina that will serve as demonstration sites to engage their local community in the importance of high-quality infant and toddler care. CCDF funds will provide continuation of the QCBD initiative. To continue the support of early childhood programs serving infants and toddlers, recruitment of more cohort groups of early childhood programs participating in QCBD throughout South Carolina will continue.

Improving the supply of child care services for infants and toddlers is difficult currently when providers are struggling to stay in business and the cost of infant and toddler care is higher to meet ratios and group size. A possible future investment is contracted slots especially in geographical areas with limited options for parents. Another possibility under exploration is using the new grant portal to provide special supplemental increases to providers to serve the youngest children.

v.   Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. SC CCR&R's Family Services promotes high-quality, affordable child care options for families through customized referrals to child care programs including centers, family child care, Pre-kindergarten, faith-based, Head Start and after-school programs. A team of Referral Specialists including a bilingual specialist are available to provide customized information regarding licensing standards, types and hours of care, health and safety standards, group size, adult-child ratios, teacher qualifications, ABC Quality level, and other quality indicators to assist families in their search for programs to meet their individual needs. Families are provided information on free or subsidized child care programs including the SC voucher program, First Steps 4K, Head Start, and Early Head Start programs. Families can conduct their search via the SC CCR&R website (www.sc-ccrr.org) at any time to explore their child care options. Through the website, parents can search by various criteria including type of care, openings, and cost of care, compare programs side by side, and map programs based on preferred areas. Parents have access to a chat feature, English or Spanish language, or can submit a request to the Referral Specialists at any time. The SC CCR&R Referral Specialists work in coordination with SC Voucher to provide seamless referrals from the parent referral line to SC Scholarship staff to assess eligibility for the SC Scholarship program. Dual Language families and families experiencing Homelessness have dedicated SC CCR&R Referral Specialists to work specifically with those families on their needs in finding care and coordinating with SC Scholarship staff to determine eligibility. SC CCR&R Family Services provides information and referrals to other programs, initiatives, and resources that offer other child-related services to meet the needs of the family. SC CCR&R's Program Services provides statewide teams with Quality Coaches in four areas: Quality Improvement, Compliance, Family Child Care, and Business Support. These teams work with family child care providers,

child care centers, directors, and staff to provide professional development through targeted technical assistance and research-based training. SC CCR&R Technical Assistance services uses a structured, relationship model based upon a customized action plan to address specific goals and objectives for the program. These goals are developed to ensure that children receive high-quality care that is safe, healthy, nutritionally adequate, and developmentally appropriate.   A Dual Language Quality Coach works across the four teams to provide technical assistance to child care programs to help programs better support the needs of dual language families, provide resources and information on dual language learners, and provide coaching on implementing these practices in the classroom. A Spanish Conversation Director's Cohort and Dual Language Office Hours led by the DLL Quality Coach are available virtually for child care program directors and staff to join to learn more about incorporating cultural competencies, engaging families, conversational phrases, and other ways to support dual language families or staff. SC CCR&R provides research-based trainings to child care programs as part of their action plan for improvement and to meet state licensing standards in addition to technical assistance. These trainings are focused on early care and education topic areas and incorporate SC Early Learning Standards, ABC Quality Standards current early childhood research, application of adult learning principles and promote linkages between theory and practice. SC CCR&R Trainings are continually being developed in new areas to support providers including introducing more business support topics, health and safety and providing all trainings in Spanish. In addition to training developed internally, SC CCR&R staff have trained to be anchor trainers for Project Learning Tree and the Strengthening Business Modules, allowing for train-the-trainer opportunities and the ability to reach more programs with the content. The SC CCR&R offers two two-day conferences each year for child care programs throughout the state. The SC CCR&R Conference and the SC CCR&R Family Child Care Conference utilize a hybrid model with one day virtual and second day in-person. The SC CCR&R Family Child Care conference is the state's only conference for home-based programs. It provides a unique experience for family child care providers to receive professional development that is specific to their needs, provides a networking opportunity between family child care providers from various regions of the state, and connects the family child care providers to other organizations that may be useful for their program or the families they serve. The SC CCR&R manages the SC Family Child Care Early Learning Network that engages family child care providers in statewide and regional network meetings that help build professional relationships, provide trainings, materials, and leadership opportunities. The SC CCR&R convenes a quarterly statewide Partner Forum attended by other early childhood organizations including from SC Child Care Licensing, ABC Quality, SC Endeavors, Head Start, technical and community colleges, SC South Carolina Inclusion, SC Program for Infants & Toddlers, First Steps County Partnerships, etc. The Partner Forum provides a platform for updates, information sharing, guest speakers, and facilitated regional discussions to address statewide and regional needs and coordination of services to the early care and education community. The SC CCR&R Director's Forum is offered bi-monthly for child care program directors and follows a similar format. Through community outreach, conferences, events, and networking meetings provide an

opportunity for SC CCR&R to establish and strengthen relationships with organizations, school districts, employers and communities to promote early care and education initiatives and programs.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments. **Current investments include activities conducted by the Lead Agency's Child Care Licensing offices in operating SC's system of licensing, monitoring and inspection of child care facilities' compliance with health and safety requirements and related FBI/SLED fingerprint background checks conducted for the child care workforce in SC by the Lead Agency's Office of Inspector General; a contract with the SC affiliate of the National Safety Council to provide first aid and CPR training/certification for the SC child care workforce that serves children with CCDF-funded child care scholarships; a contract with Sybatech/CodePal that funds and maintains an information system for fire safety officers of the Lead Agency who monitor child care providers for compliance with fire safety requirements. Future investments in these activities are expected to continue.**

CCL and ABC Quality staff who inspect and monitor the child care providers have online access to all caregivers' training transcripts maintained by SC Endeavors. When child care providers and their staff have completed their 15 hours, Pre-Service Training if enrolled in ABC Quality, the 15 hours will count toward the annual child care licensing requirement of 15 hours, address all required subject areas, and meet ABC Quality training standards.

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Current investments include activities conducted by the Lead Agency's ABC Quality offices to operate SC's quality rating and improvement system (QRIS), contracts with New World Now and RFA that include information system development/maintenance for the QRIS, and USC for QRIS evaluation activities. Future investments in these activities are expected to continue.**

⬛ **Contract with University of South Carolina Research, Evaluation and Measurement Center to**
provide leadership and technical assistance on research investigating the revised ABCQ standards to include literature reviews, design of
studies, data collection and analysis, and writing technical reports.
⬛ **Contract with University of South Carolina (USC) College of Education to assess the impact of Master's cohort funded through CCDF and**
make recommendation on feasibility of continued investment.
⬛ **Contract with Third Sector New England to provide strategic guidance, capacity building, and consultation and support for ABC Quality, SC**

Endeavors, SC Child Care Licensing, Division of Early Care and Education, and online learning consultation.

☐ ABCQ internal quality control of reviews with rater reliability policies.

viii. Accreditation support.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Child Care Ready for All (CRAwl) provides nurse consultation and training to child care providers to care for children with chronic health conditions. This support is individualized to the needs of the program, child, and family. Pyramid PIECES offers program coaching to support programs to implement the Pyramid Model program wide. Programs work with program coaches to support the use of Pyramid Model practices in the classrooms. Pyramid PIECES also offers the Behavior Support Network (BSN). This support is available to any child care program who is caring for a child with significant challenging behavior. The BSN works with directors, teachers, and families to avoid the use of exclusionary practices (i.e., suspension and expulsion).**

☐ **Grant with SC Infant Mental Health Association (SCIMHA) to widen the scope of SC infant/toddler initiative to include mental health**
consultation, Help Me Grow state office, and professional learning on FAN and ABC support modules.
☐ **Contract with USC College of Education to offer technical assistance to child care programs through services by Be Well Care Well health**
educators to enhance the capacity of child-serving professionals to meet the social-emotional needs of young children in their care.
☐ **Contract with SC Department of Health and Environmental Control to lead multi-year Grow Outdoors SC initiative in partnership with the**
Lead
Agency to transform early childhood outdoor spaces into diverse, naturalized environments that spark play and learning to support ABC
Quality Program Standards.
☐ **Grant with National Wildlife Federation (NWF) to provide program and technical support for the redesign of early care and education**
programs' outdoor environments to support learning and physical activity outdoors.
Future areas of focus/interest include licensing of outdoor/nature-based preschools, recognition program, training criteria for SC Endeavors
related to nutrition and physical activity, and Farm to Early Care and Education (ECE).

x.   Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Current investments in contracts with Able SC to assess child care facilities for compliance with ADA requirements, AIM for supporting students with children with child care assistance as they complete their education, Family Connection for supporting children with other needs and abilities in child care, Third Sector New England for consultation to the Lead Agency's offices to promote child care quality improvements, USC for child Care Data Collection and Analyses to identify and promote development of strategies to address unmet child care needs throughout SC, USC for SC Inclusion Collaborative to support providers in addressing the needs of children with different abilities in child care, and United Way Association of SC in funding various local child care initiatives throughout SC. These investments are expected to continue in the future.**

8   Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1   Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1   Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a.   State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results

of the coordination: **The Lead Agency continues to coordinate with the Sate Advisory Council on Early Childhood Education and Care (SACECE) to plan, implement, and provide information and resources that support a wide-range of initiatives designed to enhance the efficiency of early care and education in the state. The State Director of the Lead Agency is a member of the of the council and regularly attends the meetings to provide agency updates and recommendations regarding council's initiatives. Other examples of coordination by the Lead Agency with the SACECE include the following:**

- The Lead Agency was the first member of the council to share information regarding child care scholarships to be included

- provision of CCDF funds to provide a 10% higher tuition rate to ABC Quality enrolled child care centers participating in the Child Early Reading and Development Education Program (CERDEP ⬜ SCFS 4K) initiative;

- execution of a state Memorandum of Understanding with SC Revenue and Fiscal Affairs Office (state's data warehouse agency) specifying data elements to be used for assessment, evaluation, and development process of dashboard indicators for Palmetto Drive to Five;

- execution of a state Memorandum of Understanding with the SC Department of Education to provide the Lead Agency with a unique student identification number for each student entered into the SUNS system;

- execution of a state Memorandum of Agreement with the SACECE to participate in the Early Learning Extension of the K-12 Statewide Longitudinal Data System;

- provision of ongoing availability of CCDF-funded Child Care Scholarships for siblings of SCFS-4K students enrolled in private child care programs; and

- inclusion of SC First Steps representation on the Lead Agency's BUILD leadership team.

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency applied for the Federal Aid for Disaster Recovery Planning Grant and was awarded a $2,250,000 in supplemental funding in Phase one to plan for implementation of disaster recovery activities and address the impact of Hurricane Ian on child care in South Carolina. The Lead Agency is working with the Catawba Indian Nation to plan and support their plan for implementation of disaster response and recovery efforts. We met with them in March 2024 and April 2024 to discuss and collaborate on our planned activities and expenses to determine how they want our assistance. We have initially offered the Catawba Indian Nation $600,000 to match their grant award which will give them a good start on their rebuilding efforts which they have accepted. We will continue to meet with them at least monthly during the life of the grant for updates as well as reviewing and collaborating on other additional planning activities and possible expenses to support their grant opportunity for phase two.**

> [ ] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The DECE has representation on the SC Interagency Coordinating Council (SC ICC). The purpose of the SC**

ICC is to advise and assist the lead agency to implement the Part C program in SC. The Part C program is called BabyNet and the lead agency is SC Department of Health and Human Services. DECE is partnering with SC Child Care Inclusion Collaborative (SCIC), BabyNet, and SC Department of Disabilities and Special Needs (DDSN) to develop joint professional development opportunities for early intervention providers and child care providers around providing services in natural environments. In addition, DECE has representation on the Advisory Council for the Education of Students with Disabilities (ACESD). This council is tasked with advising and assisting the State Education Agent in the implementation of IDEA. This council has a state-required preschool committee that is tasked with setting priorities and communicating those priorities with the early childhood team in the Office of Special Education Services within the SC Department of Education. This working committee develops a report for the SC General Assembly annually to outline the priorities developed by the preschool committee and to share progress toward addressing these priorities. Using Preschool Development Grant B-5 funds, South Carolina has developed a Special Education Itinerant Teacher (SEIT) Academy in collaboration with the Part B619 coordinator and the SC Partnerships for Inclusion (SCPI) initiative at the University of South Carolina. The goal of the SEIT Academy is to prepare district leadership teams to adopt a delivery method to provide itinerant special education services and supports in general early childhood settings for children 3-5 with IEPs. The SEIT Academy is a series of three month-long workshops focused on instruction, supporting social emotional development through the implementation of the Pyramid Model, and community collaboration and teaming. In 2024, the SEIT Academy became an initiative in the SC Partnerships of Inclusion contract funded by the Office of Special Education Services in the SC Department of Education. To further support school districts to provide special education services in the least restrictive environment (LRE), the DECE, SCIC, SCPI, Able SC, and the Part B619 coordinator have formed the Early Transitions initiative. In this initiative, the DECE will offer contracted chid care slots to child care programs who are partnering with the local school district to provide 3 year old children with IEPs access to a general education classroom, should the IEP team determine that is the child's LRE. SCIC provides professional development to participating child care programs. Able SC is contracted by the DECE to provide accessibility assessments for each program who participates.

d.   State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration Office (HSCO) is based in the DECE and located at the Lead Agency. These entities have a long-term working relationship partnering to support ECE initiatives. The HSCO director regularly participates in staff meetings and shares updates about Head Start (HS) programs and/or policies that may impact child care services. The DECE staff have conducted training sessions for HS directors regarding child care licensing regulations and ABC Quality standards. A combined goal of HSCO and ABC Quality is to enroll all HS programs statewide into the QRIS this project continues to be ongoing. In collaboration with HSCO, ABC Quality created an accelerated pathway for HS programs participating in the QRIS. This accelerated pathway exempts HS programs from completing a structural quality review in recognition of the rigorous requirements all HS programs follow as result of the Head Start Performance standards. The HSCO director is also a member of the Lead**

Agency BUILD leadership team. The Lead Agency has provided ongoing support for many years for extended care during the school year and summer programming.

e.   State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Lead Agency maintains a strong collaborative partnership with the State Agency, SC Department of Health and Environmental Control (SC DHEC), that is responsible for public health, including immunizations. Child Care Licensing (CCL) continues to have a key role in ensuring compliance with public health regulations as they apply to child care programs. This includes reviewing and providing input regarding public health issues and changes to the health regulations that apply to them. CCL works closely with SC DHEC to ensure the children's file contain current SC Immunization records as required by the CCL Regulations. Also, SCDHEC and CCL staff coordinate work when technical assistance TA (includes onsite visits) is needed to resolve child care provider questions related to immunizations or other regulatory concerns. Several staff participated in a training facilitated by NC State University to become more knowledgeable on naturalized outdoor play and learning environments in child care through the Grow SC Program through SC DHEC. The CCL has a long-term partnership with the Childhood Lead Poisoning Prevention Program (CLPP) at SC-DHEC. They provide training to CCL staff and childcare providers. The materials offered during the trainings are a valuable resource for the providers. CCL and SC-DHEC continue to coordinate mass mailings/information dissemination that provides crucial public health information for child care providers. They are responsible for maintaining listings of exclusions, and contagious and communicable diseases that are incorporated into CCL's regulations. This information is posted on SC-DHEC's website. DECE's website is link to SC-DHEC thereby allowing child care providers to download exclusion lists and has maintained contact and collaboration with their Medical Consultants for guidance and public health policy decisions that impact South Carolina child care providers who care for children in those settings.**

f.   State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Lead Agency is maintaining efforts to work with the Department of Employment and Workforce regarding coordinated strategies that lead to improved and increased information sharing about the state's early childhood education system and its impact on the workforce and economy statewide. Additionally, the DECE's Child Care Voucher staff continues to maintain coordination with staff in the Temporary Assistance for Needy Families (TANF) program (administered by the Lead Agency) to assure the availability of high quality child care for TANF recipients to support their efforts to comply with employment and/or training requirements. The DECE staff continue provide training for county TANF staff to ensure efficient and appropriate referrals to the Department of Employment and Workforce.**

g.   State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency continues to coordinate with the State Department of Education (SDE) on CCDF and PDF funded activities. The Lead Agency maintains a state Memorandum of Understanding with the SC Department of Education to provide the Lead Agency with a unique student identification number for each student entered into the SUNS system. In addition, the Lead Agency recently executed a PDG-funded contract with SDE-Office of Special Education Services provide/conduct training designed to increase knowledge, skills, and enhance practices of**

school district mental/health care professionals and law enforcement regarding young children's social and emotional learning.

h.   State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **Child Care Licensing (CCL) is based at the Lead Agency and managed by the CCDF Administrator within the Division of Early Care and Education. CCL staff conduct regular reviews of policies and procedures to assure consistency and to minimize/avoid provider deficiencies. To the extent possible, revisions and clarifications are made to strengthen coordination across program areas within DECE. CCL works to support the Division's goals by participating in webinars with ABC Quality staff to ensure childcare providers understand the collaboration between the programs to promote high quality child care. CCL Regulations are the foundation upon which the ABC Quality program begins. South Carolina law requires the Governor's Advisory Committee on the Regulations of Child Care Facilities to review the child care regulations every three years. As a part of the most recent review, the center regulations were updated in 2018, to improve the health and safety standards for child care centers. However, the Advisory Committee has completed a set of proposed regulations for Small Family Child Homes. These proposed Regulations were submitted to the General Assembly in December of 2023 and have been approved by the full Senate Committee and the full House Committee. In May 2019, the law for Background Checks was changed to reflect the requirements of the CCDGB Act in coordination with the General Assembly. The changes to the law requires the re-check of all new and existing providers fingerprints, abuse and neglect and Sex Offender status. The law also reflects a check of child care staff that may have lived in another state in the previous five years of the check, as well as, a check of those providers who are exempt from Licensing but receive CCDF funding. The Lead Agency is in the middle of a five-year re-check of all providers and staff's fingerprints. Emails were sent to providers in October/November 2023 reminding providers of the re-check with a list of their employee who will need refingerprinting. Additionally, CCL has arranged that emails will be sent to the providers statewide quarterly as a reminder for a refingerprinting check of their employees. CCL helps to promote and strengthen the goals of the CCDF plan by ensuring the health and safety of children through monitoring and inspection of licensed and registered child care programs. CCL continues to work with a national consultant to develop a training plan for reliability among CCL staff, supervisors, and specialists. CCL recognizes the need for consistency among the four regional licensing offices and determined that developing a training plan for reliability is a necessary step to collecting data on citations and information gathered when processing the results of CCL inspections. Becoming reliable in citing violations of CCL laws and regulations, the Division will ensure consistency among the four regional offices regarding the health and safety of children in child care facilities. South Carolina was selected to participate in the Best Practices in Child Care Regulation, phase two individualized technical assistance opportunity offered by the ECQA Center in partnership with ECQA's consultants at the National Association for Regulatory Administration (NARA). CCL along with the SC Resource and Referral Network has developed a model for startup grants for child care providers (small businesses) to help them become licensed by completing several benchmark goals (e.g., completing orientation, training, enrolling in the Child and Adult Care Food Program, and the ABC Quality program) for providers to meet which are tied to supports to assist them in maintaining a positive regulatory status.**

i.   State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and

other relevant nutrition programs. Describe the coordination and results of the coordination: **The CACFP is located at the Lead Agency in the DECE. CACFP staff continue to coordinate work activities with staff across the division to promote the availability of meals that adhere to CACFP meal pattern guidelines. They continue to engage in statewide and regional child care conferences, community-based and virtual events to increase awareness and participation in the CACFP. Previously, the USDA approved the use of the Child Care Scholarship application to certify CACFP eligible participants (allowing the scholarship eligibility letter to stand as proof of eligibility). This facilitated efficiency by the Lead Agency to certify SNAP and/or TANF eligibility without applicants completing additional paperwork. ABC Quality nutrition indicators are based on the CACFP meal pattern requirements. In addition, ABC Quality's Health Educators continue to coordinate with CACFP's nutritionists to better serve child care providers and minimize duplication of work.**

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

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Temporary Assistance for Needy Families (TANF) program is administered by the Lead Agency. Child Care Scholarship Program and TANF staff coordinate to ensure the availability of quality child care for participants to support their efforts to comply with their employment and/or training requirements. The DECE provides training for county and state office TANF staff to assure they are knowledgeable about eligibility requirements and the types of care parents may be seeking.**

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The SC Department of Health and Human Services continues to administer the Medicaid and Children's Health Insurance Program. Information regarding eligibility for Medicaid and the Children's Health Insurance Program are included with information sent to families receiving a child**

care subsidy. This packet also includes contact information regarding other agencies serving families with young children or those needing child care.

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination:

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Lead Agency has successfully established a robust statewide Child Care Resource & Referral (CCR&R) Program. The CCDF's State Administrator and CCR&R's director regularly coordinate to conduct presentations with various public, private, and business entities to discuss the availability of and need for support to expand child care accessibility and availability across the state. The State Administrator conducted a presentation on May 29th during the CCR&R's quarterly Partner Forum to share information and obtain feedback about the State Plan and CCDF-funded programs. The Lead Agency has executed grant agreements with several local non-profit agencies for the following initiatives:**
☐   conduct child care facility assessments to identify barriers to compliance with American with Disabilities Act Accessibility Standards,
☐   pilot the provision of a two-tiered screening initiative designed to improve awareness of Autism Spectrum Disorder. Technical assistance/consultation and training are key components included in these grants; and
☐   provision of trainings that focus on early and middle childhood development, child abuse and neglect, child safety and health, and building/sustaining resilient families.

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency continues to provide support to the United Way of South Carolina (UWASC) to support local UWASC partnership programs, many of which or local afterschool programs, special needs initiatives to improve access to quality child care for children with disabilities or developmental delays, and to assure the availability of materials/supplies for classroom developmental improvements as well as health and safety improvements for child care programs. The SC Afterschool Alliance coordinates with CACFP to inform programs about CACFP's At-Risk Afterschool Meals Program. Reimbursement is provided to eligible after school programs serving nutritious meals and snacks to children in low income areas.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Division of Early Care and Education through Child Care Licensing (CCL) has a long-standing relationship with the state's Emergency Management Division (EMD) and their local offices. In the past, the Division has participated in EMD lead meetings with child care providers and mock disaster trainings. The Division is housed in the state's human services agency and, therefore, has ongoing collaborative opportunities involving state emergency events. CCL receives information from EMD regarding plans when there are emergency-related events in the forecast as well as responses to an event. The Division developed its emergency plan alongside the Lead Agency's emergency plan to better coordinate services during disaster events. The Division provides information on its website that offers guidance and templates to child care providers to use as a model to develop emergency plans for their facilities. Included in the information is an emergency plan brochure, emergency plan guidelines, and an**

emergency plan template. The emergency plan templates are tailored to child care centers, group and family child care homes, license-exempt facilities, and family, friend, and neighbor providers. The federal requirements for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions and requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates. The Division's Child Care Disaster Plan includes guidance and requirements for continuing CCDF-funded child care services after a disaster, provisions for temporary child care, and temporary operating standards after a disaster. The Division will continue to use opportunities to foster this relationship.

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

    i.   **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The DECE continues to support the EHS-CC Partnerships. ABC Quality, CCL, and SC Voucher staff meet with EHS-CC-Partnership grantees to provide on-site training and technical assistance regarding state regulatory requirements, guidance to enroll in ABC Quality, and eligibility requirements to enroll in the SC Voucher program. Subsidy slots have been provided to the five EHS-CC Partnerships to support program participation.**

    ii.   **[x]** State/Territory institutions for higher education, including community colleges. Describe: **The Lead Agency continues to provide support to technical colleges early childhood departments for replenishment of course materials and other program supports including accreditation to assure statewide access for child care providers to academic opportunities and growth in the field of early care and education. Other support for the technical colleges includes the provision of the annual SC Early Childhood Leadership Institute for technical colleges' early childhood lead faculty and DECE staff. The institute serves as a significant opportunity for information sharing regarding coursework, other CCDF-funded programs, and coordination for the benefit of the child care workforce.**

    iii.   **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The Lead Agency continues to provide ongoing support for a regional initiative offered by a local non-profit organization. The program offers a range of services designed to support women with young children gain employment and engage in full time coursework at a local technical college or university to obtain an advanced degree. CCDF is being used to meet the child care needs of program participants and support efforts to achieve their educational and better employment goals.**

In addition, the Lead Agency provides ongoing support to a local non-profit organization for statewide provision of hearing screenings of young children with appropriate follow-up to determine hearing loss during the early years of growth and language development. Staff works closely with child care providers, child welfare workers, and other early care and education professionals to provide training and consultation/technical assistance to prevent and/or minimize hearing

loss among young children.

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **Children's Trust of South Carolina administers the Maternal Infant and Early Childhood Home Visiting grant. The DECE's outreach manager continues to serve on the Community Advisory Board for the Nurse-Family Partnership initiative based at Children's Trust.**

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The Department of Health and Human Services (DHHS) administers this program. The Lead Agency is maintaining information-sharing about resources and coordinating referrals for Medicaid funded services to families with young children. Additionally, the Lead Agency continues to coordinate with DHHS on services provided under the BabyNet (IDEA Part C) program. DHHS is a member of the Lead Agency's BUILD leadership team.**

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **Child welfare services are based in the Lead Agency. Child care for child welfare has been expanded to include child care after adoptions (ADOPTCC), child care for reunification after a child welfare case has been closed (REUNIFY), child care for children place with a kingship provider (KINGAP) as well as foster care child care. The agency is exploring the feasibility of providing care during the child welfare investigation phase.**

vii. **[x]** Child care provider groups or associations. Describe: **In partnership with four statewide early childhood professional organizations with national affiliation, (SC Montessori Alliance, South Carolina Association for the Education of Young Children, South Carolina Early Childhood Association, and South Carolina Early Care and Education Association), the LA supported the professional development of early childhood educators among early childhood settings (center-based, home-based, faith-based, school-based). The LA supported the opportunity for early childhood educators to attend professional development conferences to meet yearly training requirements, networking with other early childhood professionals and a strategy to professionalize the field of early care and education in South Carolina. To date, 2,165 early childhood educators have received conference scholarships to meet their professional development.**

viii. **[ ]** Parent groups or organizations. Describe:

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

8.2   Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1   Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

> **[x]** No. (If no, skip to question 8.2.2)
>
> **[ ]** Yes.
>
> i.   If yes, describe which funds you will combine. Combined funds may include, but are not limited to:
>
>> **[ ]** Title XX (Social Services Block Grant, SSBG)
>>
>> **[ ]** Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)
>>
>> **[ ]** State- or Territory-only child care funds
>>
>> **[ ]** TANF direct funds for child care not transferred into CCDF
>>
>> **[ ]** Title IV-B funds (Social Security Act)
>>
>> **[ ]** Title IV-E funds (Social Security Act)
>>
>> **[ ]** Other. Describe:
>
> ii.   If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2   Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a.   Does the Lead Agency use public funds to meet match requirements?

   [x] Yes. If yes, describe which funds are used: **State Funds**

   [ ] No.

b.   Does the Lead Agency use donated funds to meet match requirements?

   [ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

   i.   [ ] Donated directly to the state.

   ii.   [ ] Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

   [x] No.

c.   Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

   • The Lead Agency did not reduce its level of effort in full-day/full-year child care services.

   • The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.

   • The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).

   • If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

   Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

   If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

   [x] Yes.

   [ ] No. If no, describe:

8.3   Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1   Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

> [ ] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

> [ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

> [x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **SC CCR&R is a statewide program that supports high-quality early care and education through work with families, child care programs, and the community. SC CCR&R services are provided through the following programs: SC CCR&R Family Services -providing customized child care referrals through one-on-one consultation with the Family Referral team or through an on-line search through the search portion of www.sc-childcare.org. Information provided to families includes types of care, hours of care, cost, reduced or free child care options, and how to identify a high-quality child-care program. Data collected from searches and available child care programs will be utilized for supply and demand data as needed by the LA-DECE .   SC CCR&R Program Services- works with child**

care programs, directors, and staff by providing professional development opportunities including targeted technical assistance and research-based training to improve the quality of care provided to children and families. SC CCR&R Community Outreach Initiatives- work with the community, including stakeholders, partner agencies, school districts, and businesses to promote the importance of high-quality child- care and engage in initiatives that help promote accessibility to child care programs for all families. The SC CCR&R works to develop resources for and connections with state businesses to encourage the development of employer-supported child care options. By collaborating with agencies like the SC Department of Workforce & Employment, the state and local Chamber of Commerce offices, etc. the SC CCR&R will explore opportunities to support the child care field and the families in the workforce. The SC CCR&R operates under a CCDF-funded contract with the LA -DECE and the University of South Carolina (UofSC), College of Education. The administrative office is located at the Yvonne & Schuyler Moore Child Development Research Center on the campus of UofSC. Staff are located remotely based on the four-region structure of SCDSS Child Care Licensing to provide on-site and local coordination of services to child care programs, families, and the community. All services of the SC CCR&R can be accessed through a single toll-free number or www.sc-ccrr.org

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency has forged several public private partnerships across a unique array of audiences to include sports teams, the business community, and the medical community. The Lead Agency partners with the University of South Carolina's Athletics to promote children's health and wellness, the importance of a high- quality early childhood education, and to highlight the good work that child care providers do. Through our partnership we sponsor their Official Kids Club and receive year long promotion about the ABC Quality program. We are able to leverage free membership slots for the Kids Club to incentivize participation in ABCQ Club, by providing a limited amount of free memberships to children attending ABCQ programs. The ABC Quality logo is branded on all t-shirts provided to the kids clubs approximated 1500 members. We also receive 70 network radio spots throughout the Athletic year and social media posts advertising ABC Quality to their 577,000 followers, as well as a web presence on the Jr. Gamecock Club website. We also host an on-site exhibit space at the Jr. Gamecock Club's fall and spring events as well as their Spring Activation Game. Our partnership also includes a Child Care Provider Promotion, where providers who have been recognized as Child Care Heroes are honored with an on-court recognition during 3 women's basketball games and 3 men's basketball games. The Child Care Heroes have their story told over a PA announcement, they receive an autographed basketball, and their image and the ABC Quality logo are branded on the videoboard and LED screen during the presentation to be seen by their**

audience of 16,000 people ⬛ on average. The child care heroes are also honored with social media recognition on the official Gamecock Athletics page. In addition, we honor other Child Care Heroes, and the children they serve with a visit from Cocky, the University of South Carolina's mascot. The mascot travels to the child care program to recognize the child care hero and present them with an autographed basketball. The Division of Early Care and Education also has a direct partnership with the USC Women's Basketball team and Head Coach Dawn Staley where we host an Annual Health and Fitness Game. In 2024 we celebrated the 9th Annual Health & Fitness Game, which promotes physical activity, children's health and wellness, quality child care, and Head Start's Fatherhood Initiative. We provide 1000 tickets to Head Start fathers and their families to attend the game. We also recognize 8 Head Start superstar fathers who participate in a t-shirt toss with their children on the court. We host several exhibit spaces to include the lead agency's programs, as well as several other partner programs and agencies, where we pass out helpful information on the services our division offers. Children can receive face tattoos from the cheerleaders, and dance and take pictures with Cocky, the University of South Carolina mascot.

The lead agency also has a partnership with the Columbia Fireflies Baseball team to promote children's health and wellness, the importance of a high quality early childhood education, and to highlight the good work that child care providers do. Through this partnership, Child Care Heroes participating in the ABC Quality Program are also recognized at the Fireflies games, averaging an attendance of 3,575. They have their story told over a PA announcement, participate in the Ceremonial First Pitch, and their image and the ABC Quality logo are branded on the videoboard and LED screen during the presentation. These programs are also recognized on the Fireflies social media account of 50,000 followers, as well as a presence on their website.

Our partnership also includes a Head Start Parent Recognition component, in which an exceptional Head Start Parent is honored with an in-stadium recognition. They have their story told over a PA announcement, participate in the Ceremonial First Pitch, receive a $50 gift card, and receive video board recognition. The partnership includes a skill building component for children, in which selected children are able to participate as a Junior PA Announcer. The children get to announce the next Fireflies batter over the PA, and it is announced that this opportunity is presented by the lead agency, and the lead agency's logo is displayed on the videoboard. ABC Quality serves as the ⬛Play of the Game Sponsor⬛, in which the ABC Quality logo is displayed alongside a video clip of the play of the game and an announcement is made that ABC Quality is the sponsor. The Play of the Game is also distributed post-game throughout Fireflies social media, with the lead agency's branding. Our partnership also includes a game sponsorship where we provide 1000 tickets to ABC Quality and Head Start programs, as well as foster families and children. We host several exhibit spaces to highlight the lead agency's programs and pass out giveaways, and helpful resources and information on the services our division offers. This sponsorship game also allows for a ⬛Specialty Jersey Auction⬛, in which the proceeds from this auction are donated to an exceptional ABC Quality Facility.

The Lead Agency has partnered with the South Carolina Chamber of Commerce through acquiring a low-level membership. This membership allows us access to the business community and gives us a chance to network and educate them on the important role early childhood education plays in our overall ecosystem - regarding the economic impact on the workforce today and cultivating an educated workforce for the future. With our membership we are able to participate in their Education and Workforce Development Committee, as well as attend chamber events. The lead agency was able to attend the SC Chamber of Commerce Workforce Development Symposium in

September 2024. The DSS Division of Early Care and Education (DECE) partnered with the South Carolina Child Care Resource & Referral (SC CCR&R) to collaborate and take part as speakers in a forum hosted at the symposium discussing child care options and affordability, alongside the U.S. Chamber of Commerce Foundation's Center for Education and Workforce Policy and Programs Director. The lead agency also partnered with SC CCR&R with an exhibit space to provide the 340 employers and other business community participants with information about child care resources available to them in South Carolina. With our chamber partnership we have been able to cultivate meaningful relationships with the business community, fostering opportunities to collaborate on current and future projects. A current project we are working on is our ⬜Impact Storytelling Video⬜. The Impact Storytelling Video is a collaborative effort that features prominent voices from the US Chamber, South Carolina Chamber, the business community, parents and child care providers, in which they speak to the important role high quality early childhood education plays in our society and economy. The goal of this project is to further awareness about the landscape of child care systems to critical decision makers, and increase the supply and quality of child care services for children younger than age 13.

The Lead Agency has also forged partnerships with the medical community to spread awareness on the roll high quality early childhood education plays on a child's overall health and well-being. We host an exhibit space at both the Annual South Carolina American Academy of Pediatrics' Conference and the South Carolina Obstetrical and Gynecological Annual Conference. Attending these events has allowed us the opportunity to get our written materials in a variety of doctor's offices across the state, as well as opened the door for speaking opportunities with medical staff to further educate the medical community on the importance of high quality early childhood education.

The lead agency intends to continue partnerships with the University of South Carolina's Athletics, the USC Women's Basketball Team, the Columbia Fireflies, the SC Chamber of Commerce, as well as the medical community to get resources out to the public and further awareness about child care and early education service delivery systems. The lead agency would like to strategically expand on the ability to collaborate with the medical community, and provide them with resource/consumer awareness kits to provide their patients materials to aid them on their child care search. The lead agency will also work to partner with public libraries, community parks and other entities where parents and families congregate, to get resources out to that population and increase awareness about child care and early education service delivery systems. The Lead Agency will explore the feasibility to partner with the South Carolina Historically Black Colleges and Universities to promote the field of early care and education, distribute information regarding child care services and actively engage in partner initiatives to promote child care equity.

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

grant agreement DECE provides support to the United Way Association of SC for local community-based afterschool programs, programs that care for children with special needs, and child care availability. Locally funded programs are enhanced or expanded with the support of CCDF funds. Partnerships with SC First Steps and the state 4K+Siblings initiatives provide access to child care for children in evidence-based programs as well as children enrolled in the state 4K program plus their siblings.   This is a form of a shared services process; building on the well-established prompt payment structure at DECE. This helps to maximize resources and avoid duplication of services. The Lead Agency is also exploring the option of partnering with SC Thrive, a local benefits hub, to coordinate the child care application process between the two systems. DECE has recently started working with the Starlight Program, a program that offers a faith-infused, family-centered, therapeutic community with holistic, evidence-based, trauma informed services. DECE provides child care so the families can focus on recovery and healing. DECE also provides support for Palmetto Shared Services.

8.5   Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1   Statewide Disaster Plan updates

a.   When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Division of Early Care and Education's (Division) Emergency Preparedness Plan (Plan) is a fluid and working document. Changes and updates are made to the Plan as needed and the Plan is reviewed regularly or as needed depending on weather or other events that might affect the practice of the Division and the agency. The plan was updated in 2023 after a review by the Office of Child Care regarding the noncompliance found in our plan. The plan was updated to include guidelines for the continuation of child care subsidies, child care services, and coordination of post-disaster recovery of child care services. The plan was reviewed to ensure that it contained the requirements for all CCDF providers (both licensed and license-exempt) have in place procedures for evacuation, relocation, shelter-in-place, communication and re-unification with families, continuity of operations, accommodations of infants and toddlers, accommodation of children with disabilities and accommodations of children with chronic and medical conditions. The plan updated in April 2024 to includes procedures for staff and volunteer emergency preparedness training and procedures for staff and volunteer practice drills.**

b.   Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

   i.   The plan was developed in collaboration with the following required entities:

      [x] State human services agency.

      [x] State emergency management agency.

      [x] State licensing agency.

        [x] State health department or public health department.

        [x] Local and State child care resource and referral agencies.

        [x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii.   **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii.   **[x]** The plan includes guidelines for the continuation of child care services.

iv.   **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v.   The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

        [x] Procedures for evacuation.

        [x] Procedures for relocation.

        [x] Procedures for shelter-in-place.

        [x] Procedures for communication and reunification with families.

        [x] Procedures for continuity of operations.

        [x] Procedures for accommodations of infants and toddlers.

        [x] Procedures for accommodations of children with disabilities.

        [x] Procedures for accommodations of children with chronic medical conditions.

vi.   **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii.   **[x]** The plan contains procedures for staff and volunteer practice drills.

viii.   If any of the above are not checked, describe:

ix.   If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **https://www.scchildcare.org/media/5b3dlfzh/emergency-preparedness-manual-may-2024.pdf**

9   Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1   Parental complaint process

a.   Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **ABC Quality responds to complaints made on license-exempt programs participating in ABC Quality. A Quality Assessor makes a visit to the license-exempt program within three days of the complaint. A determination of further action is made immediately after conducting the on-site visit. The severity of the complaint is determined as to whether the complaint is founded, whether further action is needed, and whether the incident violates the program's eligibility to participate in ABC Quality. Most complaints warrant the program to provide corrective action. Programs with founded complaints are given 45 days to come into compliance of the deficiency through a 1st, 2nd, and final notice. Corrective action received is updated on a new Health and Safety Inspection posted to the website. If program is not incompliance after this timeframe, the program is subject to termination from ABC Quality. Depending on the severity of the complaint incident and findings as a result of the onsite inspection, ABC Quality may immediately staff the program for termination consideration. Findings of the complaint, any subsequent visits and corrections made pertaining to the incident are recorded on the Health and Safety Inspection Report. These reports are also posted on the license-exempt profile found on the website. ABC Quality maintains a record of all complaints for verification of programs ability to maintain History of Compliance to eligibility criteria and business procedures. Families can call ABC Quality at 1-800-763-2223 or contact us at https://www.scchildcare.org/families/filing-a-complaint/.**

b.   Describe how the parental complaint process ensures broad access to services for families that speak languages other than English:

c.   Describe how the parental complaint process ensures broad access to services for persons with disabilities:

d.   For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **For licensed/regulated CCDF or non-CCDF providers, complaints are entered in the Child Care Licensing (CCL) system called the Child Care Services System**

(CCSS) and a CCL specialist visits the provider to investigate the complaint. If a complaint is substantiated, the facility is cited based on the law and/or regulation violated. The citation must be corrected in a set number of days based on the severity of the violation. A CCL specialist conducts a follow-up visit to ensure compliance. If the incident is severe, other negative actions may be taken, such as revoking the license or registration, filing for an injunction to close the program, or referring the program to other agencies (law enforcement). For licensed/regulated non-CCDF or CCDF child care providers, if the fraud information is intertwined with regulatory information, the regulatory complaints are entered in the CCL system and a CCL specialist visits the provider to investigate the complaint. If the regulatory complaints are substantiated, the facility is cited based on the law and/or regulation violated. The citation must be corrected in a set number of days based on the severity of the violation. A CCL specialist conducts a follow-up visit to ensure compliance. If the incident is severe, other negative actions may be taken, such as revoking the license or registration, filing for an injunction to close the program or referring the program to other agencies (law enforcement). Consumers have several mechanisms to submit complaints.
1. Call the toll-free telephone hotline
2. Call the Lead Agency's child protective service hotline
3. Submit complaints through the DECE's website
4. Email Lead Agency.

[ ] No.

e.   For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **For licensed/regulated non-CCDF and CCDF child care providers, South Carolina maintains a CCL database called the Child Care Services System (CCSS). All regulatory complaints are entered into this database and maintained there as per the Lead Agency's file retention policy.**

ABC Quality maintains a record of complaints made on license-exempt programs participating in the QRIS. ABC Quality follows the Lead Agency policies for retention of records Substantiated complaints are reflected on the website for 3 years and updated in the Health and Safety Inspection form after the onsite visit is conducted and the results of finding determination. ABC Quality maintains the record of all substantiated complaints for as long as the provider is active for data purposes and to meet Lead Agency retention policies. For inactive providers, complaints are kept as per the Lead Agency retention policy, 5 years plus the current year.

f.   Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Substantiated complaints are made available on DECE's website by searching for the name of the child care facility or zip code in the search query box, then clicking on the facility's name to open their page containing the facility's contact information for dates of any substantiated complaint deficiencies. On this page, the inspection report for any regulatory complaints will be listed as well and the consumer can review that inspection for information as needed. Also, requests for additional information regarding a complaint can be made by calling the respective CCL regional**

office FFN Non-related provider will have a Health and Safety inspection report conducted and made available on the website for the family being served by that FFN Provider can review the inspection report.

ABC Quality posts substantiated parental complaints made on license-exempt programs participating in the QRIS on the consumer education website within each programs profile's by uploading a copy of the Health and Safety Inspection.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;

- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;

- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;

- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and

- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: https://www.scchildcare.org/ and https://abcquality.org/

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care

providers: **https://www.scchildcare.org/providers/licensing-requirements/**

ii.   Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
https://www.scchildcare.org/providers/licensing-requirements/

https://www.scchildcare.org/programs/abc-quality-rating-improvement-system/

iii.   Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
https://www.scchildcare.org/providers/in-state-background-check-requirements/

iv.   Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
https://www.scchildcare.org/providers/in-state-background-check-requirements/

9.2.3   Searchable list of providers

a.   The consumer education website must include a list of all licensed providers searchable by ZIP code.

i.   Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii.   Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://www.scchildcare.org/provider-search/**

iii.   In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[x] License-exempt center-based CCDF providers.

[x] License-exempt family child care CCDF providers.

[ ] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[ ] Other (e.g., summer camps, public pre-Kindergarten). Describe:

b.   Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results

	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	[x]	[x]	[ ]	[ ]	[ ]
Enrollment capacity	[x]	[ ]	[ ]	[ ]	[ ]
Hours, days, and months of operation	[x]	[ ]	[ ]	[ ]	[ ]
Provider education and training	[ ]	[ ]	[ ]	[ ]	[ ]
Languages spoken by the caregiver	[ ]	[ ]	[ ]	[ ]	[ ]
Quality information	[x]	[x]	[ ]	[ ]	[ ]
Monitoring reports	[x]	[x]	[x]	[ ]	[ ]
Willingness to accept CCDF certificates	[x]	[ ]	[ ]	[ ]	[ ]
Ages of children served	[ ]	[ ]	[ ]	[ ]	[ ]
Specialization or training for certain populations	[x]	[x]	[ ]	[ ]	[ ]
Care provided during nontraditional hours	[x]	[ ]	[ ]	[ ]	[ ]

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. [x] All licensed providers. Describe: **A search of all licensed providers can also be searched by their county, by their city and by the name of their program. You can also filter and search by facility and quality rating on our website.**

ii. [x] License-exempt CCDF center-based providers. Describe: **A search of all licensed providers can also be searched by their county, by their city and by the name of their program. You can also filter and search by facility and quality rating on our website.**

iii. [x] License-exempt CCDF family child care providers. Describe: **This can only be search by the parent of the children receiving care with the provider's specialized number.**

iv. [ ] License-exempt, non-CCDF providers. Describe:

v. [ ] Relative CCDF providers. Describe:

vi.   **[ ]** Other. Describe:

9.2.4   Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a.   What specific quality information does the Lead Agency provide on the website?

      i.   **[x]** Quality improvement system.

      ii.   **[ ]** National accreditation.

      iii.   **[ ]** Enhanced licensing system.

      iv.   **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

      v.   **[ ]** Meeting pre-Kindergarten quality requirements.

      vi.   **[x]** School-age standards.

      vii.   **[x]** Quality framework or quality improvement system.

      viii.   **[x]** Other. Describe: **Breast Feeding Friendly Designation, SC First Steps 4 K (CERDEP).**

b.   For what types of child care providers is quality information available?

      i.   **[x]** Licensed CCDF providers. Describe the quality information: **This provider type includes licensed center care, licensed family child care homes, licensed family child care groups and licensed family child care homes. The website includes information on the program's location, operating hours, operator/director contact information, quality level, capacity, SCDSS licensing information (i.e., licensing type and number, issue date, expiration date, licensing specialist and contact number), and inspection reports. Information is also available for center-based care on whether they are Head Start/Early Head Start, SC First Steps 4-K. Family child care homes have information about whether they have completed their required 10 hours of training.**

      ii.   **[ ]** Licensed non-CCDF providers. Describe the quality information:

      iii.   **[x]** License-exempt center-based CCDF providers. Describe the quality information: **The website includes information on the program's location, operating hours, operator/director contact information, quality level, license-exempt status, monitoring visits dates and levels, and inspection reports.**

      iv.   **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

      v.   **[ ]** License-exempt non-CCDF providers. Describe the quality information:

      vi.   **[ ]** Relative child care providers. Describe the quality information:

      vii.   **[ ]** Other. Describe:

9.2.5   Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

   i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

   ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

   iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

   iv. **[x]** The total number of children in care by provider category and licensing status.

   v. If any of the above elements are not included, describe:

b. Certify by providing:

   i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **The Child Care Licensing office at the South Carolina Department of Social Service in the Division of Early Care and Education is responsible for collecting reports of any serious injuries or deaths of children occurring in child care pursuant to the regulations 114-503D(1)(a)(2)(a). The provider shall report accidents or injuries to a child that require medical treatment and that occur at the provider to the parents/guardians immediately and shall provide written notification to the Lead Agency within 48 hours. The death of a child or staff person that occurs at the provider must be reported to the Lead Agency immediately. The Lead Agency posts information about deaths, injuries, and substantiated child abuse in child care settings on its website.**

   ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **a) Inflicts or allows to be inflicted upon the child physical or mental injury or engages in acts or omissions which present a substantial risk of physical or mental injury to the child, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which: (i) is administered by a parent of person in loco parentis; (ii) is perpetrated for the sole purpose of restraining or correcting the child; (iii) is reasonable in manner and moderate in degree; (iv) has not brought about permanent or lasting**

damage to the child; and (v) is not reckless or grossly negligent behavior by the parents. b) commits or allows to be committed against the child a sexual offense as defined by the laws of this State or engages in acts or omissions that present substantial risk that a sexual offense as defined in the laws of this State would be committed against the child; c) fails to supply the child with adequate food, clothing, shelter, or education as required under Article 1 of Chapter65 of Title 59, supervision appropriate to the child's age and development, or healthcare though financially able to do so or offered financial or other reasonable means to do so and the failure to do so has caused or presents a substantial risk of causing physical or mental injury. However, a child's absences from school may not be considered abuse or neglect unless the school has made efforts to bring about the child's attendance, and those efforts were unsuccessful because of the parents' refusal to cooperate. For the purpose of this chapter "adequate health care" includes any medical or nonmedical remedial health care permitted or authorized under state law; d) abandons the child; e) encourages, condones, or approves the commission of delinquent acts by the child and the commission of the acts are shown to be the result of the encouragement, condonation, or approval; or f) has committed abuse or neglect as described in subsections (a) through(e) such that a child who subsequently becomes part of the person's household is at substantial risk of one of those forms of abuse or neglect.

    iii. The definition of "serious injury" used by the Lead Agency for this requirement: **Accidents or injuries involving any child occurring at the facility requiring professional medical treatment.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **https://www.scchildcare.org/media/1lkig4pl/child-deaths-and-injuries_april29-2024.pdf**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **There is a link embedded in the SCCCR&R logo at the top of the homepage on www.scchildcare.org. By clicking on the logo, the website will take the user to the CCR&R website. There is also a link at https://www.scchildcare.org/programs/sponsored-programs/, and a link under Statewide Resources: https://www.scchildcare.org/resources/.**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a.   Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b.   Provide the direct URL/website link to this information:
https://www.scchildcare.org/contact-us/

9.2.8   Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a.   Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b.   Provide the direct URL/website link to the sliding fee scale.
https://www.scchildcare.org/media/n3qmcb5u/sc-child-care-scholarship-program-fee-scale-2023-2024.pdf

9.3   Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1   Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The Lead Agency shares information with parents, the general public and child care providers utilizing four media: 1) written materials; 2) in-person interactions; and 3) websites 4) social media. The written materials the Lead Agency distributes are crafted for various audiences and are available in English and Spanish. The written information helps parents understand how to identify and select high quality child care. Written information for providers explains the various programs available to them that can help them operate a more efficient, more profitable, and higher quality child care program. The information for the public is intended to increase awareness about the Lead Agency and the state's quality rating and improvement system for child**

care providers. In-person interactions are targeted mostly towards new or expecting parents; however, outreach staff also attend events to discuss the importance of stable, accessible and affordable high-quality child care programs with pediatricians, obstetricians, and municipal officials. In addition, partnering agencies, organizations and businesses request our presence to attend their events specifically to provide CCDF information to parents and/or early childhood educators. Distribute information on quality child care, availability of child care scholarships and other initiatives at four statewide early childhood professional organizations with national affiliation, (SC Montessori Alliance, South Carolina Association for the Education of Young Children, South Carolina Early Childhood Association, and South Carolina Early Care and Education Association) to conference attendees. Information regarding child care services availability and eligibility at the Greenville Technical College's Returning Citizens Program events that support parents who have been incarcerated. The mission is to remove barriers from parents who are transitioning from the criminal justice system to society. Child care is an integral part of job success. The Lead Agency's representatives attends the SC Works Employment and Workforce job fairs. This provides the opportunity to engage with job seekers and connect them in finding quality child care.   Participation at the annual community events such as Countdown to Kindergarten, Week of the Young Child, School Backpack and other signature community events, provides an opportunity to engage with families to educate on the services available from child care search to child care scholarships and financial assistance. The Lead Agency's websites provide information about all of the programs that support the provision of high quality child care to all children in SC. The website allows parents to directly apply for child care scholarships through the online portal, or email or call the child care subsidy control center for questions. The Lead Agency constantly updates its websites to provide updated, accurate, and complete information to consumers, providers, and the general public about priority areas and how to apply for those subsidy opportunities. The Lead Agency has an existing Facebook page, and recently launched an Instagram account, both which promote ABC Quality. The social channels are utilized to provide helpful information, on a variety of topics, to both parents and providers and increase awareness about the ABC Quality program. Our Instagram account allows us to share visually dynamic content, such as videos, images and infographics, throughout the platform's various features such as feeds, stories, reels, and IGTV. We use both social channels to provide parents, the general public, and child care providers with a variety of resources such as parenting and child care tips, and focus on topics including brain development, learning through play, how to find a high-quality provider, nutrition, what ABC Quality means/why it's important, and more. The Division also launched a highly successful consumer awareness campaign for parents, families, child care providers and the general public, to highlight three important buckets in regards to child care: accessibility, affordability and quality. The campaign is titled, ⬛Work Doesn't Work⬛, and speaks to the important role child care plays in our overall economy. The campaign serves as a reminder and think piece that parents cannot work unless they have access to affordable, accessible and quality child care. The campaign included an array of informative media, promoting financial resources available to assist with affording child care through the various scholarship categories. These media included the following: updates to both the scchildcare.org and abcquality.org websites; targeted advertisements utilizing social media; connected tv, billboards, banners and collateral materials, such as print brochures.

The Lead Agency participates in a variety of in person events through partnerships In addition, partnering agencies, organizations and businesses request our presence to attend their events specifically to provide CCDF information to parents and/or early childhood educators. Distribute information on quality child care, availability of child care scholarships and other initiatives at four

statewide early childhood professional organizations with national affiliation, (SC Montessori Alliance, South Carolina Association for the Education of Young Children, South Carolina Early Childhood Association, and South Carolina Early Care and Education Association) to conference attendees. Information regarding child care services availability and eligibility at the Greenville Technical College's Returning Citizens Program events that support parents who have been incarcerated. The mission is to remove barriers from parents who are transitioning from the criminal justice system to society. Child care is an integral part of job success. LA representatives attends the SC Works Employment and Workforce job fairs. Opportunity to engage with job seekers and connect them in finding quality child care. Participation at the annual community events such as Countdown to Kindergarten, Week of the Young Child, School Backpack and other signature community events, provides an opportunity to engage with families to educate on the services available from child care search to child care scholarships and financial assistance.

9.3.2   Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.

- Head Start and Early Head Start programs.

- Low Income Home Energy Assistance Program (LIHEAP)

- Supplemental Nutrition Assistance Program (SNAP).

- Women, Infants, and Children Program (WIC) program.

- Child and Adult Care Food Program (CACFP).

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

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

[x] Yes.

[ ] No. If no, describe:

9.3.3   Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider

2. Licensing or regulatory requirements met by the provider

3. Date the provider was last inspected

4. Any history of violations of these requirements

5. Any voluntary quality standards met by the provider

6. How CCDF subsidies are designed to promote equal access

7. How to submit a complaint through the hotline

8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[x] Yes.

[ ] No. If no, describe:

9.3.4   Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency provides information to parents, providers, and the general public on research and best practices concerning children's development via our website abcquality.org, as well as our ABC Quality Facebook page. The division engages consumers in these topics on the abcquality.org site by writing blog articles or having guest expert authors blog articles which are posted at https://abcquality.org/blog/. Blog topics are categorized into the following subsections: Child Care Quality, Early Learning, Parenting, Child Development, ABC Quality, Providers & Settings, Health & Safety, and After School. We highlight the importance the first five years a child's life has on their overall growth and development, through our existing Leap Years campaign. The blogs are posted to the abcquality.org site and provide pertinent information on the following topics: how to search for a quality child care provider, child care reopening and COVID safety, understanding ABC Quality ratings, the importance of the leap years, and the importance of the outdoors to a child. The Lead Agency also uses the Facebook page account to provide information to parents, providers, and the general public concerning things related to children and child care, on a variety of topics, to include: child and infant mental health, behavioral health, general health and wellness, nutrition, improving social skills, outdoor learning and much more. The Division has acquired an Instagram account to expand our avenues in reaching our target audience to further spread awareness of available resources and best practices to parents, child care providers, and the general public. The platform allows us to share visually dynamic content, such as videos, images and infographics, throughout the platform's various features such as feeds, stories, reels, and IGTV. We use these media to provide our audience with a variety of resources such as parenting and child care tips, and focus on topics including brain development, learning through play, how to find a high-quality provider, nutrition, what ABC Quality means/why it's important, and more. The Lead Agency also makes information on best practices and research available for child care providers on scchildcare.org in the form of a newsletter, copies of which can be viewed at https://scchildcare.org/library/newsletters.aspx. The newsletters are created by the Lead Agency and include input from DHEC, SC Infant Mental Health Association, SC Inclusion Collaborative, ABCQ, CACFP, CCL, SC Voucher, Head Start, SC Endeavors and SCCCR&R. The Division is also in the process of updating their Statewide Resources page on the abcquality.org site, which will highlight a variety of resources to include access to platforms that provide best practices concerning**

children's development, including physical health and development, and access to platforms that aid in successful parent and family engagement.

9.3.5   Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

> [x] Yes.

> [ ] No. If no, describe:

9.3.6   Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency provides information to parents, providers, and the general public on research and best practices concerning children's development via our website abcquality.org, as well as our ABC Quality Facebook page. The division engages consumers in these topics on the abcquality.org site by writing blog articles or having guest expert authors blog articles which are posted at https://abcquality.org/blog/. Blog topics are categorized into the following subsections: Child Care Quality, Early Learning, Parenting, Child Development, ABC Quality, Providers & Settings, Health & Safety, and After School. We highlight the importance the first five years a child's life has on their overall growth and development, through our existing Leap Years campaign. The blogs are posted to the abcquality.org site and provide pertinent information on the following topics: how to search for a quality child care provider, child care reopening and COVID safety, understanding ABC Quality ratings, the importance of the leap years, and the importance of the outdoors to a child. The Lead Agency also uses the Facebook page account to provide information to parents, providers, and the general public concerning things related to children and child care, on a variety of topics, to include: child and infant mental health, behavioral health, general health and wellness, nutrition, improving social skills, outdoor learning and much more. The Division has acquired an Instagram account to expand our avenues in reaching our target audience to further spread awareness of available resources and best practices to parents, child care providers, and the general public. The platform allows us to share visually dynamic content, such as videos, images and infographics, throughout the platform's various features such as feeds, stories, reels, and IGTV. We use these media to provide our audience with a variety of resources such as parenting and child care tips, and focus on topics including brain development, learning through play, how to find a high-quality provider, nutrition, what ABC Quality means/why it's important, and more. The Lead Agency also makes information on best practices and research available for child care providers on scchildcare.org in the form of a newsletter, copies of which can be viewed at https://scchildcare.org/library/newsletters.aspx. The newsletters are created by the Lead Agency and include input from DHEC, SC Infant Mental Health Association, SC Inclusion Collaborative, ABCQ, CACFP, CCL, SC Voucher, Head Start, SC Endeavors and SCCCR&R. The Division is also in the process of updating their Statewide Resources page on the abcquality.org site, which will highlight a variety of resources to include social-emotional and behavioral and mental health resources, as well as positive behavioral intervention resources and supports.**

9.3.7   Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **ABC Quality has implemented suspension and expulsion policies and procedures within the structural quality review for which providers can earn credit towards their overall quality level score. The Lead Agency has multiple initiatives in place to support child care programs in the prevention of suspension and expulsion. One of the Division of Early Care and Education (DECE) contractors, SC Inclusion Collaborative (SCIC), http://www.scinclusion.org/, provides a myriad of resources, technical assistance, trainings and materials for families and child care programs. Recently released are online trainings specifically targeted to child care programs in the understanding and prevention of suspension and expulsion in early childhood settings. In addition, Pyramid Model supports are available in SC through a program-wide Pyramid Model Implementation, Behavior Support Network, State Leadership Team, and Pyramid Model Community of Practices. Families can contact the collaboration if they have concerns pertaining to prevention of suspension and expulsion of children. The SC Infant Mental Health Association (SCIMHA), https://www.scimha.org/, a grantee partner of DECE also provides numerous supports to both child care programs and families in dealing with challenging behaviors of children and the prevention of suspension and expulsion. Partners for Early Attuned Relationships (PEAR Network) is a prevention-based program pairing childhood mental health consultants with adults who work with children (ages 0-5). Help Me Grow SC's healthy development resource hub for families of young children offers child development specialists to connect parents to the right resources, such as Ages and Stages Questionnaire and (ASQ) developmental screenings. Most recently Help Me Grow SC has implemented their centralized point of access for families and child care programs to contact when dealing with challenging behaviors. This referral resource provides an individualized navigation pathway for each family and/or connects them to the appropriate supports. In conjunction with these initiatives the Lead Agency has collaborated with other early care and education stakeholders on definitions for social emotional development, challenging behavior, expulsion, out-of-school suspension, and in-school suspension. The stakeholders represented in this collaboration are SC Department of Social Services-Division of Early Care and Education, SC Inclusion Collaborative, SC Department of Education, Office of Special Education Services, SC Department of Mental Health, SC First Steps, SC Infant Mental Health Association, SC DHHS-BabyNet, SC Program for Infant Toddler Care, SC Partnerships for Inclusion, SC Head Start/Early Head Start, Family Connection of SC, Team for Early Childhood Solutions, PEAR Network, Help Me Grow SC, and Pyramid PIECES. The Director of the SC Department of Social Services shared these definitions and stakeholder consensus with the Early Childhood Advisory Council (ECAC). This collaboration and adoption of definitions represented a consensus for use of terms and has paved the way in supporting a clearer understanding of the issue of suspension and expulsion in early care and education settings in our state. The Lead Agency is exploring ways to use existing and developing data systems to measure the number of suspension and expulsion occurrences in early care and education child care settings receiving child care scholarships in SC. This information will identify gaps and needs for resources and supports related to the prevention of suspension and expulsion while influencing decisions surrounding policies and procedures to promote change.**

b.   Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:

9.4   Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,

- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1   Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a.   Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b.   Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c.   Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The DECE provides information regarding developmental screening and monitoring resources as a part of its eligibility packet for child care scholarship program enrollment. The Help Me Grow (HMG) office and network initially funded by CCDF, is being expanded statewide through a SC Preschool Development Grant (PDG) initiative so that families across the state can easily access free developmental screening and link to existing community-based resources and services for children 0-5 at risk for developmental, behavioral, or learning problems Developmental data collected and**

maintained by HMG on children 0-5 will be more widely accessible to all child-serving agency partners to inform service needs at the community level. The grant includes a small grant program to support local agencies selected to become part of the HMG system

[ ] No. If no, describe:

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

[ ] Yes.

[ ] No. If no, describe:

10   Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1   Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The organizational structure of the Lead Agency is divided into divisions that oversee its various administrative and programmatic responsibilities. In addition to the Lead Agency's administrative leadership (State Director and Deputy Directors), divisions with responsibilities to implement and oversee internal controls that support program integrity and accountability include: Financial Services which oversees contracts and procurement activities; Internal Operations which oversees property and vehicle management, records retention, and postage; Technology Services which oversees information technology, networking, telephones, copiers; Information Security which oversees policies and strategies to secure agency information assets and protect against and respond to digital security threats; Human Resources which oversees all personnel-related issues; Staff Development and Training which oversees professional development for employees; Individual and Provider Rights which oversees civil rights issues, interpreter/translation services, and appeals processes; Quality Assurance and Continuous Quality Improvement which promotes service and performance improvements; Inspector General which is responsible for conducting criminal investigations into allegations of fraud, waste, or abuse of programs administered by the Lead Agency, conducting FBI criminal background investigations to**

determine if applicants can work with children in child care, foster or adopt a child and employees and contractors who have access to federal tax information, overseeing the state child abuse and neglect registry and database, as well as overseeing emergency management and disaster services; Internal Audits which conducts examinations of SCDSS fiscal operations, program management and program support activities and reports findings and recommendations to management and the State Director. Audits include 1) financial and compliance; 2) economy and efficiency; 3) program results; and 4) performance, along with independent audit reports submitted by providers of service in accordance with the Office of Management and Budget's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Each of these divisions have policies and procedures specific to their area of responsibility that govern the activities of the entire Lead Agency, including program areas such as the Division of Early Care and Education(DECE) that administers the CCDF program. These policies and procedures address the delegation and segregation of duties and include checks and balances among the various divisions to avoid the potential for fraud, as well as to identify fraud risks. Among these are structured, formal processes for the coordination of activities and communication among divisions specifically including fiscal, procurement, and program staff. A description of these processes is in the development and execution of contracts and payment of contract invoices, described in 10.1.2 that follows. DECE program managers refer to CCDF regulations, program instructions, and CCDF grant terms and conditions to guide planning and administration, including revision of policies and procedures based on changes in law and regulations. Program policies and procedures are posted on the Lead Agency's website under Manuals (SC Scholarship Program Policy Manual, Child Care Licensing System, Division of Early Care and Education Emergency Plan) and on scchildcare.org website under Library (ABC Quality documents including Indicators/Standards, Clarification Guides, Forms, Business Procedures). Assignment of authority and responsibilities related to program integrity and consistent with policies and procedures for effective stewardship of all program resources are documented in position descriptions that are discussed with employees at their hiring and annual evaluations.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.

2. Delegation of duties.

3. Coordination of activities.

4. Communication between fiscal and program staff.

5. Segregation of duties.

6. Establishment of checks and balances to identify potential fraud risks.

7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a.   Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Lead Agency has been using the State of South Carolina's accounting system, the South Carolina Enterprise Information System (SCEIS) for over a decade as the basis for its record keeping and financial management systems. SCEIS incorporates integrated processes with checks**

and balances for financial management, record keeping, and reporting by cost center, program cost accounts, and general ledger accounts. The State of South Carolina Procurement Code is followed for the procurement of all services or goods. The Lead Agency's Division of Procurement reviews and processes all requests to purchase services and goods through contracts, grants, purchase orders and requisitions to assure adherence with the State Procurement Code. The Lead Agency contracts with multiple public and private entities to assist with the achievement of service goals. These contractors are held accountable to the laws, regulations, and standards governing the Lead Agency's programs through executed contractual provisions. Program staff/contract managers develop proposed contracts and grants with clearly defined scopes of services, terms and conditions, after assessing risks that are submitted for executive leadership's review and approval with their signatures, then forwarded to the contractor/grantee for their signatures. Program staff reviews all invoices submitted for contracts/grants to assure consistency, allowability and reasonableness relative to the executed contract budgets. Errors that are detected through established protocols are resolved timely. Expenditure requisitions for other operating expenses are reviewed and approved in advance by cost center managers and division directors responsible for specific programs and its funding sources prior to submission to fiscal staff for payment processing.

b.   Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **In the State of South Carolina's accounting system, SCEIS (described above in response to 10.1.2.a) used by the Lead Agency are Program Cost Accounts (PCAs) that are established to track, trace and accumulate expenditures for a specific fund source, such as explicit types of CCDF activities. For example, allowable CCDF infant-toddler expenditures are coded and accumulated in PCA 1W12. Allowable CCDF quality expenditures that are carried out by the Lead Agency's Child Care Licensing office and ABC Quality (its Quality Rating and Improvement System) are coded to PCA 1W03. CCDF quality expenditures through executed contracts are coded to PCA 1W13. Also, the State of South Carolina's Comptroller General maintains a chart of General Ledger account codes that are used to specify the type of expenditure (various kinds of direct services, non-direct services such as systems and eligibility determination, personnel expenditures, contractual expenditures depending on the type of contractor, operating supplies and services). Expenditures are accumulated in cost centers for the offices initiating the requests for expenditures. DECE program staff have been guided to identify and use the appropriate cost centers, PCAs, and General Ledger codes for specific allowable CCDF activities that are described in the CCDF Final Rule/regulations. If unsure, DECE staff will consult with the DECE Finance program coordinator to determine the appropriate Cost Center, PCA, and General Ledger code to use. Each CCDF grant year when CCDF allocations are posted on the Office of Child Care's website, the Lead Agency's DECE financial program coordinator compiles a spreadsheet for that grant year, identifying the CCDF allocations by type (Discretionary, Matching, Mandatory), along with the required Maintenance of Effort and State Matching requirements, calculating the percentages required to be spent by category (infant-toddler set-aside, quality set-aside, Discretionary direct services, TANF/transitioning/at-risk direct services) and the 5% limitation on administrative expenditures. Use of these funds by Cost Center, PCA, and General Ledger is tracked through SCEIS reports on at least a quarterly basis over the course of the open grant year.**

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Lead Agency's Finance Office Grants Accounting and Reporting team monitors specific grant activity through the SCEIS accounting system. Grants are reconciled quarterly in coordination with program staff to assure accuracy. Draft fiscal reports are reviewed with program staff, adjusted if needed, reviewed by the Finance Grants Accounting and Reporting manager and/or Controller, then submitted as required to the appropriate state or federal office.**

d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **Funds are used and reported in ways that are consistent with laws, regulations, policies and procedures with a low prevalence of errors in eligibility determinations and payments to providers, contractors and vendors.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Lead Agency continuously assesses its practices to identify and prevent errors in eligibility determinations and payments to providers, contractors, and vendors. Eligibility case review staff review a percentage or all new or recertification cases to ensure eligibility for SC Vouchers was determined properly and that services authorized according to policy. If errors are found, the case is returned to the eligibility staff to make a correction. Bi-weekly reports are reviewed by the Quality Review Team in supervisory reviews. ABC Quality Assessors' inter-rater reliability process begins at hiring and is on-going. In monthly staff meetings, problems are identified, and resolutions sought. Child care providers' responsibilities are included in signed written agreements. Adherence to written policies, procedures and practices are monitored on an ongoing basis through supervisory reviews and peer consultation. Fiscal reports are reviewed for accuracy by both Finance office managers and DECE finance program coordinator. Contracts are routinely monitored by DECE program managers to assure performance according to the executed scope of services. Written reports from contractors about their progress with contracted activities are included in the scopes of services and reviewed by DECE contract managers. Invoices are reviewed by DECE contract managers to assure consistency with executed contract and budgets before approving for payment processing. The Lead agency considers its policies, procedures and practices after participation in OCC-sponsored webinars on Program Integrity/Accountability/Internal Controls and review of OCC guidance materials, and program instructions, including instructions for ACF-696 financial reports. Effectiveness is demonstrated by low prevalence of errors in eligibility determinations, payments to providers, contractors, and vendors. Since the Lead Agency is subject to the provisions of the Federal Single Audit Act, the agency is subject to annual audits by the external Office of the State Auditor. These audits include analyses of Lead Agency's system of internal controls and program compliance with federal laws and regulations including fiscal management practices. DECE reviews and responds to State Auditors' internal control questionnaire which addresses our policies, procedures and practices in every area of operation based on the annual OMB Compliance Supplement.**

c. How the results inform implementation. Describe: **The self-assessments and State audits described in 10.1.3 b. provides an opportunity to consider where adjustments in fiscal management practices may be needed for implementation.**

d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Eligibility case reviews are conducted on a percentage of all new and recertification cases to ensure that eligibility was determined properly and that the services authorized are in accordance with policy. If errors are found, case review staff return the case to the eligibility worker to make correction(s). Monthly data matches are conducted between information systems (Client History and Information Profile, Child and Adult Protective Services System, and SC Voucher system) Cases that have been closed in CHIP or CAPSS are terminated in the SC Voucher system with a 90-day notice. Supervisory reviews are conducted using bi-weekly reports for the Quality Review team to identify errors and corrective actions. Written risk assessments are prepared for each contract prior to its execution, considering factors such as: How long has the potential contractor been operating? What is there organizational capacity to carry out the activities we're seeking (expertise in the specific issue, personnel experience, financial stability, etc.)? Are there any adverse circumstances affecting the potential contractor? The risk assessment is conducted to determine the level and scope of the monitoring plan for each contract/grant which is attached to it. Depending on the extent of risk, on-site program reviews may be conducted by program staff. Program staff routinely monitors all deliverables to ensure that work is performed in accordance with the terms in the executed scope of services and that reports are received in a timely manner. Reporting requirements include project strategies, timelines, expected outcomes and method of evaluation. Program staff maintains regular contact with the contractor/grantee to provide technical assistance and to discuss barriers prohibiting completion of the tasks in the scope of work. Regular contact includes face-to-face meetings and telephone/electronic contacts as appropriate.**

b. The frequency of each risk assessment. Describe: **Bi-weekly supervisory reviews submitted to Quality review team in eligibility case reviews. Annual reviews for contracts prior to their execution.**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **If/when risks are identified, resolutions are sought, including revision of policies procedures, and/or practices to minimize the risk. If errors are found, the manager and staff responsible for the error are notified and the errors are corrected if applicable. The identified errors result in the Program Manager reviewing policies and procedures to ensure clarity. If clarifications on policy is needed, the Program Manager sends to all staff.**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Effectiveness is demonstrated by low prevalence of errors in eligibility determinations and in payments to providers, contractors, and vendors Future errors should immediately decrease upon identifying the error and making policy clarifications to staff.**

e.   Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a.   Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

    i.   Describe the training provided to staff members around CCDF program requirements and program integrity: **Eligibility workers and Control Center staff are provided one-on-one training by the Quality Team Program Coordinator on SC Scholarship mandatory program policies and procedures. They are also trained based on policies governing the findings from audit reviews and supervisory reviews.**

       ABC Quality provides an orientation for new employees, which includes a review of all program manuals. The program manuals outline the requirements to participate, which includes the CCDF requirements as well as the definition of fraud, the investigation process, and consequences for committing fraud. Additionally, all staff complete the Health and Safety Pre-Service training, so that they receive the same key content information as childcare programs. Assessors continue training by shadowing experienced assessors and conducting parallel assessments, while under the guidance of a lead anchor. The anchor is responsible for training new hires on conducting the full assessment framework including eligibility, on-site observation assessment (Process Quality), and the Structural Quality Portfolio review. The assessors must achieve full reliability on the assessment before conducting solo reviews. ABC Quality provides updates and changes to program requirements or procedures at regular staff meetings.

    ii.   Describe how staff training is evaluated for effectiveness: **Results of the training provided by the Quality Review Team is used to determine if the incidences of redundant errors are reduced during eligibility determination.**

       ABC Quality completes continuous reliability on the full assessment framework to ensure that assessors maintain accuracy and consistency in their reviews statewide. Assessors have access to their anchor and program management to discuss any concerns that arise that may involve staffing at a higher level to make a determination. ABC Quality believes in a team approach, especially when ensuring decisions are made in an equitable way.

       ABC Quality is working with the Research, Evaluation, and Measurement Center (REM) at the University of South Carolina to conduct a survey of the Quality Assessors and Anchors review which indicators they find the most difficult to assess. Once this data is analyzed, ABC Quality plans to review the highly difficult indicators to provide additional clarification or examples to support scoring as well as support staff in those areas where they may need more training.

iii.   Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Upon complete of the cyclical Improper Payments review updated trainings are designed to address the predominant errors from the error rate results. Eligibility supervisors and staff are made aware of the area requiring more in depth training on policies that require attention to address the problems.**

The reliability process for ABC Quality Assessors provides scoring thresholds to maintain sufficient accuracy for completing the quality assessment. If an assessor does not achieve the minimum score to meet reliability, they receive ongoing shadowing support and training from an anchor prior to attempting to achieve reliability again. Additionally, all completed quality assessments are read and reviewed by an Anchor and Program Management prior to being finalized and sent to the program. This process provides a cross-check for accuracy. If an assessor is having difficulty completing accurate and time sensitive reports, they receive one on one support in caseload management and strategies from their anchor and/or program management.

ABC Quality is adding new processes to ensure accurate scoring of reports through a collection of scripting notes, photo evidence, and documentation. ABC Quality Program Management will verify that the gathered documentation matches the responses for the quality indicators.

b.   Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i.   Describe the training for providers around CCDF program requirements and program integrity: **ABC Quality provides an online orientation training for programs through ProSolutions, which includes an overview of program manuals. The program manuals outline the requirements to participate, which includes the CCDF requirements as well as the definition of fraud, the investigation process, and consequences for committing fraud.**

Directors of programs who are serving children receiving CCDF funds must sign and acknowledge a provider agreement, which outlines the requirements to participate. Programs enrolled with ABC Quality are reviewed annually by ABC Quality assessors for compliance with policy. Any corrective action needed is communicated to the program by their assessor.

Additionally, all staff who are employed within a program participating with ABC Quality are required to complete the Health and Safety Pre-Service training, which provides an overview of the health and safety requirements that meet CCDF program requirements.

ABC Quality began conducting webinars to provide continuous training opportunities to programs regarding the assessment framework. ABC Quality has

developed a Town-Hall series to provide updates to programs on various topics.

ABC Quality has partnered with several of the regional early childhood associations to provide ongoing training opportunities for programs at their annual conference.

As policies or procedures change, programs enrolled with ABC Quality to serve children with CCDF-funded subsidies are sent notifications by letter, email, newsletter, and the website. Also, ABC assessors serve as communicators of policy changes through their annual on-site reviews of programs, phone calls, and email messages to providers.

ii. Describe how provider training is evaluated for effectiveness: **Individuals who take the Pro-Solutions orientations and/or Health and Safety Pre-service are able to provide an evaluation of these courses, which enables ABC Quality to make adjustments as needed to meet the provider's needs.**

After the ABC Quality webinars participants are given an opportunity to provide an evaluation to ensure the topic meets their needs. The ABC Quality Town-Hall series also serves as a platform for programs to get their questions answered. Participants are asked to provide their questions regarding the topic area prior to the meeting. At the end of the meeting participants are asked to complete an evaluation, to continue to provide better service and effectiveness in our training methods.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **ABC Quality is working with the Research, Evaluation, and Measurement Center (REM) at the University of South Carolina to review the data from completed quality assessments to determine where programs need the most assistance and support. Once this data is analyzed, ABC Quality plans to develop additional trainings and supports that target the high need areas. This type of analysis will be ongoing, to inform our assessment tools, revisions, and to establish the training needs of programs.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are initially shared with the Chief Financial Officer, Finance Division Controller and Manager of Grants Accounting and Reporting in audit exit interviews. Afterward, the Finance Division**

staff share audit results that are specific to individual program areas, typically in meetings with the program areas staff who are knowledgeable of the audit issues to determine if adjustments to internal controls, policies, procedures, or practices are needed and if so, to develop strategies to address them.

    c.   Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

    a.   **[x]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **Statewide Single Audit for State Fiscal Year 2023 (7/1/2022-6/30/2023) identified no internal control weaknesses for the CCDF program.**

    b.   **[ ]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

    a.   **[ ]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

        i.   **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

        ii.   **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

        iii.   **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice::

    b.   **[ ]** Run system reports that flag errors (include types).

        i.   **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

        ii.   **[ ]** Unintentional program violations. Describe the activities, the results of these

activities, and how they inform better practice:

  iii. [ ] Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

c. **[x]** Review enrollment documents and attendance or billing records.

  i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **To ensure the policies and procedures are maintained to avoid program violations the Lead Agency Finance staff process all billing records (SVLs) submitted by providers. ABC Quality staff review enrollment documents prior to a provider enrolling to ensure the provider is enrolled at the appropriate rates and level. This will help ensure Lead Agency Audit Division staff review attendance when conducting provider audits. During the enrollment process, ABC Quality and SC Voucher Control Center staff follow the guidelines, policies and procedures outlined in the SC Voucher Policy Manual to ensure provider enrollments meet the appropriate requirements. See SC Scholarship Policy Manual Section 5.8.2. If the provider does not meet the qualifications and are denied the reasons for denial are outlined in the SC Scholarship policy Manual Section 5.7.4.**

  ii. [ ] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

  iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **During the period October 2022 to September 2023, the Lead Agency Finance staff processed 1.346 online SVL'S totaling $1,836,468 and 80-100 paper SVL's. During the same period there were 1,134 Adjustments for $146,692.00 (Payable Adjustments 549 for $22,205 and Receivable Adjustments 585 for $168,897. There were 47 Tax Intercepts processed for $49,977.96. Lead Agency Finance produces a weekly statistical report on payments processed.**

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

  i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **During case reviews, if it is determined that an individual has provided incorrect information or misrepresents the facts to obtain child care services, the case is referred to The SC Scholarship Program Manager for denial or termination of child care services.**

  ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **As a result of the case reviews if the violations are determined unintentional the case is referred to The SC Child Care Scholarship Program Manager for further action. Recoupment of funds or repayment plans from the child care provider are options.**

  iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The reviews are to be used to identify training needs for staff and to make recommendations regarding methods to improve the child care program, such as changes to policies and procedures. Special training sessions are developed to target the causes of errors, such as incorrect income calculations. During the period October 2022 to May 2023, 2,964 cases were**

reviews resulting in 229 Administrative Errors and 35 Improper Payments.

e. **[x]** Audit provider records.

    i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Engagement letter sent to provider to announce upcoming audit. Auditor calls provider to discuss the information needed for audit. Provider sends in information Auditor reviews submitted documents. Supervisor reviews results determined by auditor. Final report sent to provider if no findings. Draft report is sent to the provider to report any findings. Provider is given 15 days to respond to the draft report or send additional documentation of attendance (If adjustments are made, a Revised Draft Report is sent to the provider and they are given another 15 days to respond.). Final report is sent to provider. Provider has 30 days from the date of the final report to send a request to the Office of Administrative Hearings to request an appeal of our findings If we are not notified of an appeal, after 30 days we send a Recoupment Request to Finance for recovery of funds. Finance contacts provider to set up payment plan.**

    ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency Audit process and procedures are the same for all program violations.**

    iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Lead Agency Audit Division conducted 281 audits during the period 10/1/2022-9/30/2023 and forwarded $169,732.00 in recoupments to Lead Agency Finance based on 116 findings.**

f. **[x]** Train staff on policy and/or audits.

    i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **ABC Quality provides an orientation for new employees, which includes a review of all program manuals. The program manuals outline the requirements to participate, which includes the CCDF requirements as well as the definition of fraud, the investigation process, and consequences for committing fraud. ABC Quality provides updates and changes to program requirements or procedures at regular staff meetings. ABC Quality staff is trained on reporting potential fraud cases to the appropriate entities who will investigate the claim.**

    ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **ABC Quality utilizes the same staff training strategies for all types of program violations.**

    iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

g. **[x]** Other. Describe the activity(ies):

    i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Division of Early Care and Education refers to the Office of Inspector General (OIG) within SCDSS to investigate issues related to fraud. DECE staff upon identifying the potential for**

fraud or misrepresentation refers documentation to the OIG for extensive research and investigation to determine findings. As a result of this process with OIG, policies and procedures are reviewed to ensure that no changes are needed based on findings.

ii.   **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **All program violations are processed the same in accordance with Lead Agency policies and procedures.**

iii.   **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **During the period October 2022 to September 2023 OIG received and investigated 17 complaints of which 12 were Provider related and 5 were client related. The Office of Inspector General OIG utilizes a Case Management and Tracking System to maintain records of open complaints and investigations. Annual updates are requested from OIG to determine the number of cases prosecuted. As a result of this activity, we review policies and procedures to ensure they are effective.**

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a.   Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **South Carolina Department of Social Services and Office of Inspector General when applicable.**

b.   Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i.   **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii.   **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii.   **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **If the provider who has unintentionally violated program policy is allowed to continue to serve scholarship children, recoupments will be recovered from future payment requests submitted by the provider. The Lead Agency has processes in place to recover misspent funds from providers that are the results of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the Child Care Scholarship Program database. Once the adjustments are entered, the future payments for the provider will be either**

increased, if a payable adjustment was entered and additional monies are due, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the SVL invoice for the provider and will affect all future payments until the amount of the adjustment has been paid or received.

iv.   [ ] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v.   [ ] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi.   [ ] Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii.   [ ] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii.   [ ] Other. Describe the activities and the results of these activities:

c.   Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i.   [ ] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii.   [ ] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii.   [x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When it is determined that a provider has unintentionally violated the program policies, a recoupment of monies paid to the provider is processed. The provider is allowed to set up a repayment plan through the Lead Agency Finance Division. A repayment letter is sent to the provider describing the monies owed. The provider is given an option to pay the amount in full by a specific date, or the option of requesting a payment plan and making regular payments. A report will be created to give a total amount of funds recovered through repayment plans.**

iv.   [x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If the provider who has unintentionally violated program policy is allowed to continue to serve scholarship children, recoupments will be recovered from future payment requests submitted**

by the provider. The Lead Agency has processes in place to recover misspent funds from providers that are the results of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the Child Care Scholarship Program database. Once the adjustments are entered, the future payments for the provider will be either increased, if a payable adjustment was entered and additional monies are due, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the SVL invoice for the provider and will affect all future payments until the amount of the adjustment has been paid or received.

v.   [x] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **The Accounts Receivable Division of the Lead Agency handles the process of submitting State tax intercept requests which are processed through the SC Department of Revenue. Tax intercepts are not processed for clients.**

vi.   [ ] Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii.   [ ] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii.   [ ] Other. Describe the activities and the results of these activities:

d.   Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

[x] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i.   [ ] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii.   [ ] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii.   [ ] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv.   [ ] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v.   [ ] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi.   [ ]Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii.　　[ ] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii.　　[x] Other. Describe the activities and the results of these activities: **Due to an agency error, if the client should have paid a lower client fee, the error would be corrected in the automated system and the correct fee amount would be assessed going forward. Should an agency error occur for a provider and the payment amount was incorrect the Lead Agency would process an adjustment to correct the error and refund the provider the amount due. The system currently does not track agency errors. The change is documented and corrected in the system.**

e.　　What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i.　　[x] Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has a Quality Review Process that conducts monthly random reviews to check the accuracy of determinations of child care eligibility. The results of these reviews are then discussed with the eligibility supervisors to assist with one-on-one sessions with child care eligibility workers to ensure correct interpretation of policy and procedures. If it is determined that there is potential fraud case it is directed to the Child Care Scholarship Program Manager for review and referral to the Office of Inspector General. If it is determined that there was an unintentional program violation the Quality Review Team holds periodic training sessions with eligibility staff. In either case, there is a thorough review of the case records and documents by the Quality Review staff and if warranted, this could lead to termination of services. When appropriate, policy clarifications are issued as needed and updates to the Child Care Scholarship Program Policy Manual are made by the Program Manager. The applicant/client is given an opportunity to request a fair hearing in compliance with the Civil Rights Act of 1964. They may appeal any decision that results in the denial or termination of services, provided that decision is not based solely on lack of available funds or on the natural ending of services at the end of an eligibility period. A fair hearing must be requested in writing and must be made within 30 days from the date of the negative action. The request may be made by the applicant/client or a person acting on their behalf, such as legal representative, relative, or friend. Staff must not impede, limit, or interfere in any way with the client's right to request a fair hearing. During the appeal process the client is responsible for paying for their own child care arrangements. After the fair hearing is conducted, if the denial or termination of services for deliberate misrepresentation is upheld, the client will be disqualified from receiving child care services for life. Report will be developed to track.**

ii.　　[x]Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the

results of these activities based on the most recent analysis: **The ABC Quality Program Manuals state that a program may appeal adverse actions such as termination or de-enrollment of an age group pursuant to the SCDSS's regulations [Reg. 126150, et seq.]. A certified letter will be sent to the provider notifying them of any adverse action with the instructions of how to request an appeal. To appeal the decision, a request must be made in writing within 30 days from receipt of the letter notifying the provider of the negative action. Once a representative has been appointed by the provider, then all communications regarding the hearing and appeal are required to be made with that representative. If the request for appeal is not submitted to SCDSS within the 30-day period, the right to challenge termination will be lost and the decision will become final. Once the Division of Appeals and Hearings receives a written appeal request from the program, they will notify the provider in writing of the date and time for the hearing. The decision is made after reviewing the testimony and evidence. If the decision rendered is not agreeable to the provider, the provider may appeal further to the Administrative Law Court which is outside of DSS for judicial review of their case. Any costs associated with this are the responsibility of the provider. During the appeal process, the program is not eligible for the following opportunities: grants, promotions or recognitions of the program and any special projects offered by SCDSS.**

ABC Quality is planning to revise the current enrollment/reenrollment exceptions, which prevent a program from participating. Currently, the policy states that programs who have committed fraud are ineligible to enroll. The Lead Agency requested a reevaluation of the current policy to ensure that the enrollment process is equitable. ABC Quality plans to develop a scoring rubric to review potential enrollments and the incidents that have occurred within the program that would possibly deny their participation. This rubric will include reviewing the incident based on intentionality, severity, negligence, and the actions that the program took to maintain compliance

iii.   [x] Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The Office of Inspector General is staffed with certified law enforcement personnel skilled in specialized administrative and criminal investigative techniques with the responsibility for the detection and prevention of fraud, waste, and abuse in South Carolina Department of Social Services' (SCDSS) programs and operations. Specifically, allegations of ABC Program Fraud investigated by the OIG and upon the establishment of probable cause, are referred to the appropriate prosecutorial authority for adjudication. Report will be developed to track.**

iv.   [x] Other. Describe the activities and the results of these activities based on the most recent analysis: **The Child Care Scholarship Program has controls in place to address improper payments to providers. The system adjustment process recoups overpayments to a provider from the next Child Care Scholarship payment. In addition, the adjustment process creates payable adjustments for a provider if the Child Care Scholarship Program underpays them for child care services.**

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:

  - *Responsible Entity:* Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.

  - *Expected Completion Date:* List the expected completion date for the action step.

- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		