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Child Care and Development Fund (CCDF) Plan

for

State/Territory South Carolina

FFY 2019–2021

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, 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.

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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination With Relevant Systems
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Families
5. Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site 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. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define CCDF Leadership and Coordination With Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

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 appended hereto (658D; 658E(c)(1)).

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: South Carolina Department of Social Services

Street Address: P.O. Box 1520

City: Columbia

State: South Carolina

ZIP Code: 29202-1520

Web Address for Lead Agency: www.dss.sc.gov

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: V. Susan

Lead Agency Official Last Name: Alford

Title: State Director

Phone Number: 803-898-1390

Email Address: Susan.alford@dss.sc.gov

1.1.2 Who is the 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. ACF 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, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Michele

CCDF Administrator Last Name: Bowers

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

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: Same as Lead Agency

City:

State:

ZIP Code:

Phone Number:

Email Address:

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: n/a

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Address of the CCDF Co-Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

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 it retains overall responsibility for the administration of the program (658D(b)). 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 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 (98.16(i)(3)). Check one.

- All program rules and policies are set or established at the state or territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. 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). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- Other. Describe: .

2. Sliding-fee scale is set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- Other. Describe: .

3. Payment rates are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- Other. Describe: .

4. Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices): The Lead Agency (LA)-Division of Early Care and Education (DECE) administers the state's quality rating and improvement system (ABC Quality). ABC Quality is a broad five-tier quality structure. It includes standards based on research and practice focused on health and safety, staff education and qualifications, supportive staff-child interactions, and meaningful learning activities. The five levels are A+, A, B+, B, and C. The structure and content of the assessment system is undergoing major modifications to update the content to current best practices, to provide a continuum of quality through the use of one assessment tool for all levels, and to redesign the tool to encourage continuous quality improvement through the use of a points-based system. With more than 1,000 programs participating in ABC Quality, this revision will be implemented in phases beginning with center-based programs. A statewide pilot of the process quality standards for birth to three (observation standards) and the structural quality standards (desk review) for centers began April 2018. The new

standards have been built from the existing Level B standards with major upgrades and expansion to include Level C as well as Levels A and A+.

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply.

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

b) Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

c) Who issues payments?

- CCDF Lead Agency
- TANF agency.
- Other state or territory agency.
- Local government agencies, such as county welfare or social services departments.
- Child care resource and referral agencies.
- Community-based organizations.
- Other.

1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance.

The LA regularly collaborates and coordinates with the other agencies to ensure the resources they provide to families are accurate and current. The LA's website search function for parents to locate high quality child care links to the agency's database. The website is updated daily from the agency's data systems.. The state's quality child care provider information system is maintained by the state's Revenue and Fiscal Affairs Office (SC RFA).

- 1.2.4 Lead Agencies must assure 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 must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

SC DSS acknowledges that any software developed by SC with the use of CCDF funds must be shared with other state public agencies, if requested. SC DSS will comply with those guidelines upon request.

- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally-identifiable information.

The LA has an Agency Chief Information Security Officer (CISO). In addition, the SC Department of Administration has established a Division of Information Security. Based upon guidelines established at the state level for SC agencies, the SC DSS CISO, working in conjunction with the agency's audit team, established an Information Security Policy for Privacy. This policy requires DSS to conduct a privacy impact assessment on information systems that handle personal identifiable information (PII). These assessments identify what information is to be collected, why it is collected, the intended use, with whom the information may be shared, and how it will be secured. The privacy assessment for the child care systems has been previously documented in consultation between the information technology staff, program staff, and security staff, and the documentation is updated during designated review cycles.

The SC Department of Administration also provides a learning management system for hosting and delivery of statewide and agency-level online training information. SC has created and requires state employees to complete the "Information Privacy Basics for State Employees" course. The training defines privacy and the information types covered under privacy rules, the principles guiding the securing, maintenance, and use of covered data, and the best practices for handling information defined as confidential or included as a personally-identifiable element. This training is required of program staff and technology staff supporting the SC child care systems to convey the requirements of state and federal privacy policies.

Additionally, the LA Personnel Manual provides specific guidance to employees on the SC DSS Agency Policy on Confidentiality. This policy provides specific guidance on employee behavior to protect confidential information from unauthorized access, use, modification, disclosure, release or destruction.

The LA's Policy on Confidentiality states: "Employees must exercise extreme caution in handling information that is confidential. This requirement applies regardless of whether the information is in written, oral, electronic, or other form."

State and federal statutes and regulations make certain information confidential. The exact restrictions will vary from one program to another. The statutes and regulations have been

implemented through DSS policy and procedures. See, for example, food stamp, Family Independence, and human services manual materials. It is the responsibility of all employees who access or use client information to understand and adhere to confidentiality requirements that apply to the records they create, use or have access to.

Protected health information is a category of confidential client information controlled by federal law, the Health Insurance Portability and Accountability Act (HIPAA). The DSS HIPAA manual contains agency policy and procedure and references to federal requirements related to HIPAA.

To ensure that confidential information is protected from unauthorized access, use, modification, disclosure, release, or destruction, employees must:

- (1) Access, use, or modify such information only if authorized because it is necessary for performing official job duties;
- (2) Never share passwords with anyone or store passwords in a location accessible to unauthorized persons;
- (3) Never access or use confidential information out of curiosity, or for personal interest or advantage;
- (4) Never show, discuss, disclose, or release such information to or with anyone who does not have the legal authority or the “need to know” based on their job duties, legal authority or official role;
- (5) Store such information in a place that is physically secure from access by unauthorized persons;
- (6) Never remove such information from the work area without authorization;
- (7) Dispose of such information when appropriate by using an approved method of destruction, including shredding or witnessed destruction. Never dispose of such information in trashcans; and
- (8) Use, modify, disclose, release, and destroy confidential information only as permitted by state and federal statutes and regulations and by DSS policies and procedures.

Unauthorized access, use, modification, disclosure, release, or destruction of confidential information is strictly prohibited by DSS policy and, in certain programs, by state and federal laws. The penalties include disciplinary action and/or criminal or civil action. When DSS policy or procedure, state law or federal law provides more protection for information than does a code of professional conduct or ethics, the law or DSS policy and procedure prevails. A determination that information is confidential is solely within the discretion of DSS.”

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general purpose local government—(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

- a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. Through the Division of Early Care and Education's (DECE) consumer awareness campaign, staff participated in the Municipal Association of South Carolina's annual conference and the Community Development Association of SC conference. Staff used this opportunity to present an exhibit which facilitated opportunities to meet and talk with elected officials about ABC Quality and the need for access to high quality child care, and to distribute informational brochures about child care services in the state.
- b) Describe how the Lead Agency consulted with the State Advisory Council. The SC Early Childhood Advisory Council is managed by the SC First Steps to School Readiness, a public-private partnership developed through legislation. The DECE staff met with the director and other staff from SC First Steps to School Readiness on May 1, 2018 to consult with them on the state plan. During the meeting, information was provided about the DECE's newly implemented initiatives and ongoing work to support services/programs designed to improve the quality of child care. Currently the council doesn't have any active initiatives in place.
- c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. The Catawba Nation is the only federally recognized tribe in South Carolina. The Child Care Administrator and representatives from the Lead Agency met with the Catawba tribal child care administrator on April 12, 2018. The tribal child care administrator from the Catawba Indian Nation serves as the information liaison between the Lead Agency and the Catawba Nation. New leadership of the tribal child care programming has led to renewed discussion of concerns specific to the Catawba tribe and possibilities for future collaboration as well as a review of current services provided to the tribe by the Lead Agency. The tribal center program participates in ABC Quality as well as SC Voucher and has used the Lead Agency's opportunities for CPR/First Aid training. The tribal center program plans to participate in the newly offered Train the Trainer course for CPR/First Aid and Health and Safety Pre-service Certification training through ProSolutions available through the Lead Agency. Much interest was expressed about cultural competency training and the needs of parents living both on and off the reservation. The tribal center has used ABC Quality grant funds to bring training from an out-of-state tribal leader as well as to make other improvements to the tribal center.
- d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan. The State Administrator traveled to all four regions of the state to present the draft State Plan to early childhood stakeholders at the Technical Assistance Coordination Team (TACT) meetings. The meetings are managed by the SC Child Care Resource & Referral

Network (CCR&RN). TACT meetings are open forum meetings that facilitate opportunities for technical assistance providers across the state to share information, strategies, news, and to discuss particular issues that impact child care providers' capability to maintain compliance with regulatory requirements and offer high quality child care. The meetings were held on April 11, 18, 25, and May 9, 2018.

Through a contractual agreement with the University of South Carolina-College of Education for the CCR&RN services, a key component is the Child Care Data Team (CCDT). The DECE staff consulted closely with members of the team about available data and recommended responses for questions regarding evaluative indicators.

On May 17, 2018, the State Administrator presented the draft plan at the Early Childhood Leadership Institute. Persons in attendance were early childhood coordinators located at technical colleges from across the state. The technical college system plays a lead role in facilitating opportunities for persons in the child care workforce to obtain professional development credentials and an associate degree in early childhood education. The coordinators offer valuable information and recommendations about coursework and professional development pathways for the workforce that lead to state credentials and/or college degrees.

On May 15, 2018 the State Administrator met with First Steps County Partnership Executive Directors by phone. The purpose of the call was to make them aware of the State Plan requirements and the process for completion.

On May 21, 2018 the State Administrator met with Head Start Executive Directors and the Head Start Collaboration Office Director by phone. An overview of the components of the State Plan and the process for completion was discussed.

The State Administrator met with the Build Leadership Team on April 27, 2018 to provide an overview of the State Plan. Information was provided on key requirements and the overall process for completion. The team includes a cross-section of public and private agencies that support/have an interest in early care and education (SC First Steps to School Readiness, SC Department of Education, SC Department of Mental Health, SC Department of Health and Human Services (Medicaid Agency), and SC Thrive.

1.3.2 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 (658D(b)(1)(C); 98.16(f)). *Reminder:* Lead Agencies are required to 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. At a minimum, this description must include:

- a) Date(s) of notice of a public hearing. May 14, 2018 *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice. Notification of the public hearing was posted on the Lead Agency's website and (www.dss.sc.gov), the Division of Early Care and Education's website (www.scchildcare.org). Notice was also sent out through a newsletter and on social media platforms.

- c) Date(s) of the public hearing(s). June 4, 2018 *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed. There was one hearing site: The LA, South Carolina Department of Social Services, 1535 Confederate Avenue, Columbia, South Carolina 29202-1520, Room 310. Columbia is the state capitol and is geographically located in the center of the state, allowing access for statewide attendees. The State Administrator presented the draft State Plan in all four regions of the state at TACT meetings, which bring together technical assistance providers, QRIS staff, child care licensing staff, First Steps County Partnership staff, Head Start staff, and other community stakeholders for updates on a regular basis.
- e) How the content of the Plan was made available to the public in advance of the public hearing(s). The draft plan was posted on 5/25/2018, prior to the public hearing, on DECE's website at www.scchildcare.org. The plan's website was shared by the CCR&RN, the SC Program for Infant & Toddler Care (SCPITC), and the SC Inclusion Collaborative (SCIC).
- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All comments were reviewed for consideration by the Lead Agency when finalizing the plan.
- 1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).
- a) Provide the website link to where the plan, any plan amendments, and/or waivers are available. <http://scchildcare.org/library/ccdf-and-ssbg-state-plans-and-reports.aspx>
- b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
- Working with advisory committees. Describe: The State Administrator met with the Governor's Advisory Committee on the Regulations of Child Care Facilities on April 24, 2018. An overview of the State Plan process and components was discussed. Subsequent to federal approval, the LA will make the plan and amendments available to this committee.
 - Working with child care resource and referral agencies. Describe: The State Administrator traveled to all four regions of the state to present the draft State Plan to early childhood stakeholders at Technical Assistance Coordination Team (TACT) meetings. The CCR&RN coordinates and hosts the TACT meetings.
 - Providing translation in other languages. Describe: _____
 - Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: The Statewide CCR&RN provides a link on its Facebook page and via monthly newsletters.
 - Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: _____.
 - Other. Describe: _____

1.4 Coordination With Partners To Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs 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 (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes entities required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

(REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process: Through the Division of Early Care and Education's (DECE) consumer awareness campaign, staff participate in the Municipal Association of South Carolina annual conference and the SC Community Development Association conference. Staff use this opportunity to present exhibits which facilitate opportunities to meet and talk with elected officials about ABC Quality and the need for access to high quality child care, and to distribute informational brochures about child care services in the state. DECE's outreach manager also collaborates with the City of Charleston in an effort to provide more services to people experiencing homelessness in the cities of Mount Pleasant, Charleston, Summerville, and North Charleston.

(REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals and process:

The SC Advisory Council is staffed by the SC First Steps to School Readiness (SCFS) office. SCFS is under new leadership and plans are being made for the Advisory Council to become more active.

Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?

No

Yes

(REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted: The Catawba Indian Nation is the only federally recognized tribe in South Carolina. The child care administrator from the Catawba Indian Nation serves as the information liaison between the DECE and the Catawba Nation. New leadership of the tribal child care programming has led to renewed discussion on better coordination between the tribe and the Lead Agency. As an enrolled center in the ABC Quality System, the center actively participates in the SC Voucher System and uses incentives provided by ABC Quality such as the recent quality grant initiative, online training for the health and safety preservice certification, CPR/First Aid certification, and T.E.A.C.H. scholarships. The tribal center was invited to and is planning to participate in the newly offered Train the Trainer course for CPR/First Aid and Health and Safety. The new tribal child care leadership is enthusiastically seeking training on cultural competency and has sought and received help from tribes in Mississippi and Oklahoma. Opportunities to share new concepts and learning at state professional development conferences so that staff statewide can become more aware of the cultural diversity within the state have been discussed. There is an expressed need to address matters for parents living both on and off the reservation, such as teen parents not knowing how to care for a baby, drug and alcohol abuse, domestic violence, lack of sufficient native foster care homes, food-deprived children, and trust issues with 'outsiders.' Similarities between tribal families and Hispanic families were noted. Plans for a summer feeding program have been discussed. Lead agency staff will reach out to other states to learn more about advances made elsewhere that could benefit the Catawba tribe and will continue to discuss and make plans in areas of concern. Short-term goals include ensuring conference scholarships for staff to attend state level professional development conferences and to apply to present at such conferences and ensuring that the tribal organization takes full advantage of opportunities through ABC Quality and SC Voucher.

N/A—There are no Indian tribes and/or tribal organizations in the State.

(REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe the coordination goals and process: : The LA's staff serve on several coordinating councils regarding children with special needs: governor-appointed member of the Inter-Agency Coordinating council for Part C – Babynet; voluntary member of the preschool advisory board for Part B 619; and voluntary member of school-based mental health advisory board. Members of these councils coordinate efforts regarding early care and education for young children with disabilities, work together to develop relevant policy ad program changes, and problem solve service related issues in a coordinated manner.

In addition, the LA funds the SCIC to focus on the needs of young children with disabilities or developmental delays in early care and education settings. This entity coordinates the provision of specific topical information in this area with Part B 619 and Part C providers and advises the agency on needed policy or procedural changes.

- ☒ (REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: The LA and the Head Start Collaboration Office (HSCO) have a well-established history of working jointly on initiatives designed to support professional development opportunities for the early care and education workforce and to improve the overall quality provided for young children. The HSCO is located at the LA within the DECE. The director regularly attends DECE staff meetings and provides updates regarding Head Start policies and initiatives that may impact child care. Examples of partnership/coordination efforts include: LA providing before- and afterschool slots for Head Start and Early Head Start programs to extend the day for service; worked in partnership with the LA and a statewide team to establish articulation agreements between two- and four-year institutions of higher learning to improve the workforce quality; HSCO supports and assists the LA to offer training opportunities for the child care workforce; HSCO supported and assisted the LA to ensure the statewide availability of the Early Learning Standards (ELS) through cost-sharing for publication to enhance and align the quality of services and serves as a lead partner in the adoption of the ELS. The LA facilitated the availability of hearing screenings for children of east coast Migrant Head Start families to link specialized services to children in child care settings. In addition, efforts are being made to increase Head Start participation in ABC Quality and develop a process for reciprocity.

- ☒ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: Child Care Licensing (CCL), which is an office within the DECE, enforces the regulation requiring children's files to contain a current SC immunization record. The LA works together with the public health agency stakeholder, Department of Health and Environmental Control (DHEC), when technical assistance is needed for child care providers that have questions related to the immunization records. The LA coordinates and makes visits together with DHEC when required to have child care programs clear up DHEC regulatory concerns as well as licensing regulatory concerns. CCL is a stakeholder for public health issues that directly affect schools and child care programs including reviewing and discussing changes to their health regulation revisions.

CCL collaborates with DHEC in information dissemination by mass mailing information DHEC has determined to be crucial information for child care providers. These notices are also posted on the LA's website as needed. The health agency is responsible for developing a list of exclusions of contagious and communicable diseases which has been incorporated into the CCL regulations. The LA has a link to the DHEC website so providers can download and

print the exclusions list. This also helps parents to be knowledgeable of contagious diseases that could affect their child's ability to attend their child care. CCL also collaborates with DHEC by working to update the state's shaken baby video to add specified information regarding Safe Sleep, SUIDS, and SIDS. The DECE has an active partnership with DHEC's Division of Nutrition, Physical Activity, and Obesity (NPAO) to design and implement system change toward healthy eating and increased physical activity in child care programs statewide through standards embedded in ABC Quality. SC is a national leader in incorporating those standards in the state's QRIS. That initiative has led to a statewide Breastfeeding Friendly designation for child care programs and an outdoor learning initiative that promotes physical activity through redesign of the outdoor learning environment. The ABC Grow Healthy initiative for child care centers has completed 5 years of standards implementation with a report using data from reviews of ABC Quality centers to address the impact of the initiative for the Centers for Disease Control, a primary funder of the joint initiative. The next phase will target implementation of similar nutrition and physical activity standards for family and group child care homes in ABC Quality. DHEC leadership is included on the DECE's BUILD Leadership Team. The DECE also has representation on DHEC's Child Well Being Coalition group.

- ☒ (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process: The TANF program is administered by the LA. SC Voucher staff coordinates with TANF staff 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 child care training for the county TANF staff to ensure efficient and appropriate referrals. The DECE is exploring an opportunity with the Department of Employment and Workforce and a community-based organization on the expansion of child care availability.
- ☒ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process: The Lead Agency has historically partnered with the State Department of Education (SDE) on joint initiatives, most notably the state's ELSs. The newly adopted SC ELSs have been formally adopted by the State Board of the Department of Education, which is its first formal adoption of a common set of early learning standards to be used by all early care and education programs serving children birth to 5K entry. With the adoption of these standards by the LA, the SDE, and Head Start, South Carolina now has a seamless system of learning standards for all children birth through grade 12. The SDE is represented on the DECE's BUILD Leadership Team. The DECE staff serves on several coordinating councils regarding children with special needs: governor-appointed member of the Inter-Agency Coordinating council for Part C – Babynet; voluntary member of the preschool advisory board for Part B 619; and voluntary member of school based mental health advisory board. Members of these councils coordinate efforts regarding early care and education for young children with disabilities, work together to develop relevant policy and program changes, and problem solve service related issues in a coordinated manner.

In addition, the LA funds the SCIC to focus on the needs of young children with special needs in early care and education settings. This entity coordinates the provision of specific topical information in this area with Part B 619 and Part C providers and advises the agency on needed policy or procedural changes.

The DECE will strategize options with the SDE for augmenting the preK program duration with child care services that extend the day/year to meet the needs of working families. The intent will be to expand the availability of child care for children in preK to wrap around preK services to match the duration of their parent(s)' work schedules.

- ☒ (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process: CCL is based at the LA and managed by the CCDF State Administrator within the Division of Early Care and Education. CCL, ABC Quality, and CACFP staff conduct regular reviews of policies and procedures to assure consistency and to minimize/avoid provider deficiencies. Also, to the extent possible, revisions and clarifications are made to strengthen coordination across program areas within DECE. CCL staff serves on DECE's Action Team. The Action Team meetings serve as a forum for discussions related to non-compliance, needed internal and external coordination of services, and other issues that can help to promote the provision of high quality child care. As appropriate, SC CCR&R, Head Start, and SC Voucher staff may participate in these meetings. CCL works to support DECE's goals by participating in webinars alongside ABC Quality to ensure child care providers understand the collaboration between the programs to promote high quality child care. CCL is the foundation upon which the Quality Program begins.

South Carolina law requires the Governor's Advisory Committee on the Regulation of Child Care Facilities to review the child care regulations every three years. As a part of the most recent review, the committee and Lead Agency promulgated and submitted updated regulations in 2018 to the SC General Assembly for approval. If enacted, the proposed changes would improve the health and safety standards for child care centers. By ensuring the health, safety and well-being of children, CCL helps to promote and strengthen the goals of the CCDF plan.

CCL is working with an outside 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 gathering when processing the results from CCL inspections. By becoming reliable in citing violations of the CCL laws and regulations, the DECE will ensure consistency among the 4 Regional Offices regarding the health and safety of children in child care facilities.

South Carolina has been selected to participate in the Best Practices in Child Care Regulation, phase 2 individualized technical assistance opportunity offered by the ECQA Center in partnership with ECQA's consultants at the National Association for Regulatory Administration (NARA). In 2017, CCL participated in Best Practices with ECQA Center and

collaborated with other programs within the Lead Agency (ABC Quality, the professional development program, SC Voucher, and CACFP). In phase 2, which will begin in June 2018, CCL hopes to further improve its organizational management and regulatory management by examining overall leadership, strategic planning, financial and human resources, professional development, communication, and statutory, rule, and policy responsibilities within DECE and the LA.

Child Care Licensing is also working with a consultant to develop an interpretative guide for the policy manual for child care providers to assist providers in understanding the regulations. This project strengthens the goals of the CCDF plan by empowering providers to meet the health and safety requirements that apply to their facilities.

- ☒ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: The Child and Adult Care Food Program (CACFP) is housed at the LA within the DECE and regularly attends staff meetings. As such, many of the LA's goals involving improving the quality of meals/snack provided to children in care directly include CACFP. CACFP collaborates with ABC Quality, CCL, and Head Start when establishing program aids that will help child care providers meet CACFP and other nutrition standards for meals/snacks. CACFP provided training on the new meal pattern to ABC Quality, CCL, and CCR&R staff to ensure all individuals visiting child care programs have a basic understanding of the new requirements. CACFP participates in child care conferences, resource fairs and other activities sponsored or facilitated by the DECE, partner agencies, or other groups to increase the awareness of CACFP among nonparticipating child care facilities. CACFP implemented an online application and claims system which will facilitate enrolling more child care facilities in CACFP. CACFP will continue to provide training and technical assistance to child care providers on nutrition and other topics which will help providers effectively and efficiently improve the quality of their meals.
- ☒ (REQUIRED) 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 goals and process: DECE has been partnering with the SC Dept. of Education's McKinney-Vento State Coordinator, the South Carolina Coalition for the Homeless, and the four regional Coalitions for the Homeless to develop referral processes for subsidy vouchers to increase access to high quality child care. In South Carolina, the SC Dept of Education administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act), which is the primary piece of federal legislation dealing with the education of children and youth experiencing homelessness. 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 grants to selected school districts that provide additional coordinated services. While some local school district liaisons are able to 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. These four Coalitions operate the majority of the family shelters as 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).

- ☒ (REQUIRED) State/territory agency responsible for employment services and workforce development. Describe the coordination goals and process: Previously answered.
- ☒ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process: The TANF program is administered by the Lead Agency. SC Voucher staff coordinates with TANF staff to ensure the availability of quality child care for participants to support their efforts to comply with their employment and/or training requirements.
- ☒ (REQUIRED) Agency responsible for Medicaid and the state Children’s Health Insurance Program. Describe the coordination goals and process: The DECE works with the SC Department of Health and Human Services (DHHS) to ensure that information regarding resources and referrals for Medicaid-funded services are coordinated through the Interagency Coordinating Council. In addition, DHHS is a member of the state leadership team for BUILD, which examines improvements to systems level coordination and the state planning team regarding the reduction/elimination of early childhood expulsion. The DECE staff work collaboratively with staff at the DHHS on the development and pilot implementation of infant-early childhood mental health competencies and endorsements.
- ☒ (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: The DECE works with the SC Department of Mental Health (DMH) to ensure that information regarding resources and referrals for mental health services are coordinated through the Interagency Coordinating Council. In addition, DMH is a member of the state leadership team for BUILD, which examines improvements to systems level coordination and the state planning team regarding the reduction/elimination of early childhood expulsion. The DECE staff work collaboratively with staff at the DMH on the development and pilot implementation of infant-early childhood mental health competencies and endorsements.
- ☒ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: The DECE coordinates with the CCR&RN in support of several initiatives designed to improve and sustain child care providers’ compliance with regulatory requirements, strengthen and increase participation in the state’s QRIS, and promote awareness of indicators of high quality child care. The DECE also coordinates with the CCR&RN to provide varied training opportunities that align with regulatory and ABC Quality requirements. In addition, the DECE maintains a strong partnership with two- and four-year higher education institutions for the provision of early childhood coursework for child care providers and individuals working with them in order to maintain and increase the availability of a well-trained and skilled workforce.

- ☒ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: The SC Afterschool Alliance (SCAA) and the DECE are working collaboratively to develop an action plan. Examples of issues to be explored include establishing a stakeholder group for out of school time, creating an updated statewide definition and parameters of “out of school time/school age care”, and strengthening professional development opportunities for school age providers.
- ☒ (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process: The DECE through the CCL program has a long-standing relationship with the state’s Emergency Management Division and local Emergency Management Division offices. In the past, the LA has participated in EMD lead meetings with child care providers and in mock disaster training. DECE is housed in the state’s human services agency and, therefore, has ongoing collaborative opportunities involving state emergency events. CCL receives information from EMD planning and response when there are emergency-related events in the forecast as well and information regarding the responses to an event. DECE developed its emergency plan alongside the state’s human services (DSS) emergency plan to better coordinate services during disaster events. The LA provides information on its website that offers guidance and templates to child care providers for the development of their own emergency plans to be used in their facilities and includes an emergency plan brochure, emergency plan guidelines, and an emergency plan template. In addition to the State’s Child Care Disaster Plan that meets the requirements for continuing CCDF assistance and child care services after a disaster, including provisions for temporary child care and temporary operating standards for child care after a disaster, the DECE developed emergency plan templates tailored to child care centers, group and family child care homes, license-exempt providers, and family, friend and neighbor providers. The federal requirements listed above 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 as well as the requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

- ☒ State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The DECE continues to support the EHS-CC Partnerships. ABC Quality and CCL meet with EHS-CC Partnership grantees and provide on-site training and other technical assistance to providing information about program enrollment in ABC Quality, which allows children to have subsidy access. Additionally, ABC Quality, SC Voucher, and CCL provide training and engage in eligibility discussions (Q&A) on program enrollment in ABC Quality, state licensing requirements, and voucher eligibility during orientation sessions for EHS-CC

Partnership grantees provided by DECE. Subsidy slots have been provided to the 5 EHS-CC Partnerships to assist with program participation.

- ☒ State/territory institutions for higher education, including community colleges. Describe: Through contractual agreements, DECE has established and maintained long-term working partnerships with four- and two-year institutions of higher learning to support professional development opportunities that lead to advanced college degrees. These agreements facilitate coordination and alignment with CCDF priorities and are designed to enhance the knowledge and skills in early childhood education of the child care workforce and of those who provide guidance and technical assistance to providers. DECE provides ongoing support for the annual Early Childhood Leadership Institute for early childhood coordinators employed by technical colleges. The Institute serves as a training opportunity (offering training from national and state trainers) and is a forum for exchanging information and sharing ideas about how coordination between DECE and the technical college system may be enhanced. Recognizing the need to expand the state’s pool of professionally trained individuals working in and/or with early childhood programs, DECE provides support for the provision of college coursework that leads to a Master’s in Education (M.Ed). DECE worked in coordination with the Head Start Collaboration Office and the technical college system to achieve NAEYC accreditation for the Early Childhood Education (ECE) programs. South Carolina had the first college to achieve this distinction and currently 14 of the state’s 16 technical colleges’ ECE programs are nationally accredited.
- ☒ Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: The DECE continues to work in partnership with the United Way Association of SC (UWASC) to coordinate and provide support for local, community-based initiatives to expand the availability and accessibility of child care to meet the needs of young children and their families. Activities include afterschool programs and support for children with special needs, and infant/toddler care.
- ☒ State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: Children’s Trust of South Carolina administers the Maternal Infant and Early Childhood Home Visiting Program. Four evidence-based models are supported by Children’s Trust: Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Family Check-Up. The outreach manager for the DECE serves on the Community Advisory Board for Nurse-Family Partnership.
- ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe: N/A
- ☒ State/territory agency responsible for child welfare. Describe: The State Director for the LA (the child welfare agency) included CCL in the Safe Sleep Workgroup that she convened to develop consistent messaging related to safe sleep in all areas of the agency. The LA developed a Charter for the Safe Sleep Workgroup which included capturing data around unsafe sleep practices in SC, understanding staff’s knowledge of safe sleep education as a part of the child protective services, best practices around safe sleep education, and improvements to policies and practices around safe sleep education. The Workgroup will

convene for 6 months with a goal of developing appropriate messaging for the agency. The Workgroup reviewed data from the SC Child Fatality Review Committee and looked at Safe Sleep statutes in the U.S. The Workgroup also reviewed CCL regulations and discussed proposed 2018-2019 legislation. Through a contract with USC College of Education, a summer course is held bi-annually to introduce students to infant and toddler development and developmentally appropriate expectations. USC has reached out to child welfare leaders to recommend staff for scholarships to this summer course which will be offered summer of 2018 and again in summer of 2020. Child care vouchers are provided to families with open foster care cases in order for family members to work, attend school, participate in training, and those who have a verified disability.

- ☒ State/territory liaison for military child care programs. Describe: CCL collaborates with Child Care Aware in providing information regarding military reimbursement for child care providers. Because Child Care Aware operates a Military Fee Assistance Program dedicated to providing subsidy to military families utilizing off-base child care, the Lead Agency found an opportunity to collaborate by providing detailed CCL inspection reports as requested. CCL began collaborating in 2016 to assist military parents in locating appropriate child care programs off base. The DECE collaborates with military installations around the state as necessary to support its ongoing efforts to regulate off-base family providers for military families. Meetings and discussions have taken place to further clarify the LA's role regarding child care on military installations as well as family child care home providers who live near the installations. In the new Air Force Instruction (AFI) for County, State and Country licensing, some providers must meet county, state or country requirements. If the county, state, or country in which the family child care home is located requires individuals that provide care in their home to be licensed, certified, or registered, then the Air Force family child care providers must have the appropriate documentation from CCL. The LA met with the Charleston AFB Installation for further discussions in January 2017 and reviewed the AFI self-assessment checklist that providers must complete each month to verify their home is in compliance and received information regarding the background checks the provider must have. The Lead Agency offers guidance on policies around the Air Force Child and Youth Programs to help them meet their requirements for child care on-base facilities.
- ☒ Provider groups or associations. Describe: ABC Quality has long-standing working relationships with the three largest statewide professional early childhood associations that provide scholarships for ABC Quality providers in good standing to attend a conference of their choice. These associations include South Carolina Early Childhood Association (SCECA), South Carolina Association for the Education of Young Children (SCAEYC), and the South Carolina Association for Early Care and Education (SCAECE). These scholarship opportunities provide exposure to state, regional, and national presenters and networking opportunities in a professional setting for caregivers and directors. The conferences are also an opportunity for ABC Quality to promote best practices and to recruit providers to ABC Quality.

- Parent groups or organizations. Describe: The DECE collaborates with the state’s federally designated Parent, Training and Information Center, Family Connection, through serving on the Interagency Coordinating Council and the Lead Early Childhood Personnel Center state team. The DECE is working with Family Connection in investigating how to utilize their existing system for the provision of information to families regarding child care services.
- Other. Describe: _____

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds: States and territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory 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 or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

- No.
- Yes. If yes, describe at a minimum:
 - a) How you define “combine” To join forces for a common purpose—in this case for the purpose of addressing child care needs of children served by specific other programs that are consistent with CCDF goals.
 - b) Which funds you will combine CCDF funding will be used to provide child care within defined parameters in support of other programs’ services to children such as: Head Start, Early Head Start, TANF, child welfare programs administered by the LA (child protective services and foster care), state and private pre-k programs funded by the SC Education

Improvement Act (EIA) and the Child Early Reading Development and Education Program (CERDEP), SC Department of Education’s McKinney-Vento homeless education program, SC and regional Coalitions for the Homeless, county First Steps to School Readiness Partnership offices’ specifically-defined child care services funded by state appropriations, local United Way programs that provide specifically-defined child care services funded by private funds; the DHEC program “South Carolina’s Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health” funded by the Centers for Disease Control and Prevention in support of ABC Grow Healthy activities of the LA; institutions of higher education funded by multiple state, federal and private sources; multiple early childhood professional associations (SCAEYC, SCECA, SCAECE); and SC Department of Education’s Office of Special Education Services, the preschool committee of the SC Advisory Council on the Education of Students with Disabilities, Family Connections of SC (for families of children with special abilities and needs) funded by federal, state and private funds.

- c) Your purpose and expected outcomes for combining funds, 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 Grant funds used to enhance quality of services for ABC Quality. Extending the day and year of services for full-day, full-year programming for working families; enhancing and aligning the quality of services; linking comprehensive services to children in child care or expanding the supply of child care for vulnerable populations.
- d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? CCDF will explore services provided through other programs that are funded by other sources with CCDF-funded subsidies, grants, contracts and agreements for specifically-defined child care activities that are consistent with CCDF provisions of the final rule. Combined at the state level for distribution at the program level
- e) How are the funds tracked and method of oversight CCDF funds paid through grants, contracts and agreements for specifically-defined activities are and will be overseen/tracked/approved for reimbursement by contract managers and program staff of the Lead Agency Division of Early Care and Education (DECE); CCDF-funded subsidies will be managed by the SC Voucher Control Center and overseen by program managers and staff. Expenditures will be tracked through the state and Lead Agency accounting system, SCEIS.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must

certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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 do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the child care program (98.55(f)).

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

- N/A—The territory is not required to meet CCDF matching and MOE requirements
- Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - If checked, identify the source of funds: State appropriations
 - If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 7,517,437
- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

If checked, are those funds:

 - donated directly to the State?
 - donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: Multiple local United Way organizations throughout SC through United Way Association of South Carolina, 400 Arbor Lake Drive, Suite B-500, Columbia, SC 29223, contact: Kelly Callahan Cruise, President and CEO; and Medical University of South Carolina, Department of Pediatrics, P.O. Box 250561, Charleston, SC 29425, contact: Kerrie Schnake

If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$ Amount pending determination

- State expenditures for preK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent): 30%
 - If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services: The Lead Agency will strategize options with the SC Department of Education for augmenting the preK program

duration with child care services that extend the day/year to meet the needs of working families. The intent will be to expand the availability of child care for children in preK to wrap around preK services to match the duration of their parent(s)' work schedules.

- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$ 3,001,077

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents: In coordination with the SC Department of Education, the Lead Agency will explore offering child care subsidies to CCDF-eligible children in preK to expand the availability of child care that wraps around the preK day to match the duration of their parent(s)' work schedules.

- State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

No

Yes

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents: In coordination with the SC Department of Education, the Lead Agency will explore offering child care subsidies to CCDF-eligible children in preK to expand the availability of child care that wraps around the preK day to match the duration of their parent(s)' work schedules.

Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent): 20%

- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care: The Lead Agency will strategize options with the SC Department of Education for augmenting the preK program duration with child care services that extend the day/year to meet the needs of working families. The intent will be to expand the availability of child care for children in preK to wrap around preK services to match the duration of their parent(s)' work schedules.
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$ 817,054

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private 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) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships 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, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)). The LA continues to maintain a state-level grant agreement with the United Way Association of SC to provide support for local, community-based afterschool programs, programs that care for children with special needs, and child care availability.

The DECE maintains agreements with some local First Steps County Partnerships to expand the availability of child care across the state. The intake process is managed by the local partnerships and eligibility is determined by the SC Voucher Program. Eligibility criteria are in keeping with CCDF requirements (parents must be working, in school, or training) for these child care slots. This is a form of a shared services process, building on the well-established prompt payment structure at DECE.

DECE has partnered for 6+ years with DHEC to improve the nutrition and physical activity standards in the state QRIS. A variety of nutrition and physical activity standards have been embedded in the ABC Quality standards to improve the wellbeing of young children served. DHEC has provided a small grant to ABC Quality to advance this initiative. A report summarizing the findings over the first 5 years will be released in June 2018. An offshoot of this initiative has been the Breastfeeding Friendly designation now available statewide under the auspices of SC Program for Infant and Toddler Care (SCPITC), a fully-funded initiative of DECE. Additionally, another offshoot has been the Outdoor Learning Environment Initiative, which promotes naturalization of the outdoor learning environment to encourage physical activity and learning. DECE was awarded a Team Nutrition grant which led to the inclusion of three health educators in ABC Quality, thereby providing another resource to programs implementing healthier menus and increased physical activity.

Following designation as an Office of Child Care Impact Project, SCPITC, a contractor of the Lead Agency, developed an Infant Early Childhood Mental Health Initiative, which was funded initially by DECE with CCDF funding and then joined by W.K. Kellogg Foundation funding.

The DECE continues to explore the benefits of supporting a budding shared services alliance in SC. Areas of initial interest include addressing the issue of substitutes in child care programs, fringe benefits, pedagogical leadership, and food cooperatives. The DECE is collaborating with Palmetto Shared Services Alliance to develop supports for provider business practices, such as human resource management and the development of policies regarding compensation and benefits as well as other administrative policies addressed in the revised ABC Quality center standards. The shared services model would enable providers to share reduced costs and improved access to resources by leveraging the collective power of the membership of the Alliance and the support of DECE.

The DECE staff work on an interagency committee to assist SC as a Pyramid Model state. This is focused on using existing delivery models, such as CCR&RN, SCIC, public education, Part B 619 service providers, Part C service providers, community mental health centers and the child care community to train a Master Cadre of experts who will provide supports for the workforce in using a tiered system of behavioral supports and interventions. During the plan period, this team will utilize the Master Cadre, develop model implementation sites and explore methods to embed professional development for the workforce into regular training opportunities.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, 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) (658E(c)(3)(B)(iii); 98.52).

- 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 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 State;
- 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 state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

No. The state/territory does not fund a CCR&R system and has no plans to establish one.

Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R system? The CCR&RN is a statewide system comprised of the following services:

1. Child Care Referral – Providing assistance to parents/caregivers when selecting child care is one of the essential components of CCR&RN’s services. CCR&RN works to provide information that addresses a wide range of factors that families must consider to make an informed decision about child care. To adequately assist parents/caregivers with their selection of a child care program, information is provided about the types of child care available, key features of care offered (infant/toddler care, care for children with special needs, and specialized curricula), hours of operation, state and federal child care regulations, and the types of financial assistance available. Families are also provided with information regarding other critical indicators such as health and safety indicators, group size, staff-child ratios, caregiver education, ABC Quality levels, and recommendations about what to look for in the facility so they can make the best decision possible for the care of their children. Information is provided about Head Start and Pre-Kindergarten programs. Based on the family’s needs and in an effort to facilitate the parents’ understanding, SC-CCRRN’s quality coaches utilize various forms of communication (oral, written hard and electronic) to convey information in an understandable and thorough manner. Information from the most recent reporting period indicates child care referrals constituted 45% of phone calls received and 2,185 visitors accessed the “Search for Child Care” page on the SC-CCRRN website.

2. Services to Support Child Care Providers – With the provision of technical assistance and training, CCR&RN Quality Coaches work to improve and expand child care providers’ knowledge and skills that are critical to providing high quality child care. Technical assistance is made available to all regulated child care programs. Utilizing a technical assistance model, collaborative relationships are established with child care providers that facilitate the development of customized and mutually agreed upon quality enhancement plans. The plan is based on the provider’s needs and interests and outlines goals that typically include achieving and maintaining compliance with child care licensing requirements, achieving and maintaining compliance with ABC Quality requirements, adopting business management strategies, and improving the overall functioning of the program. The intensity and duration of technical assistance is based upon the extent of the objectives to be achieved, the provider’s commitment, and the quality coach’s ability to establish a trusting and respectful relationship with the child care providers. Limited

technical assistance is provided by way of electronic communication in certain circumstances. Quality coaches continue to serve as the lead conveners for the Technical Assistance Coordination Team (TACT) meetings. TACT meetings are held in each CCL region on a quarterly basis. The team is comprised of (but not limited to) CCL and ABC Quality staff, other technical assistance providers (SCIC, SCPITC) First Steps county directors and TA staff, DHEC, technical college EC coordinators, and SC Center for Child Care Career Development (CCCCD) staff. These meetings serve as a forum for discussions regarding child care providers' needs, strengths and resource availability and facilitate coordination of technical assistance, training, and program development to minimize or avoid duplication of services. TACT meetings also serve as an opportunity to inform stakeholders of DECE policy and program updates and changes.

Quality coaches are state-certified trainers in early childhood education (ECE). They are well-trained in an array of ECE evidenced-based best practices, curricula, and adult learning principles that are essential to providing ongoing high-quality training opportunities for the child care workforce. As such, quality coaches are prepared to offer training opportunities for child care providers working with young children (infants, toddlers, preschoolers, and school-age) in all types of settings. The trainings are structured to demonstrate links between research, theory, and practice to improve the quality of child care provided by the caregivers. In partnership with CCL, quality coaches conduct regional director trainings to support best practices in health and safety, which help to resolve corrective action plans related to this issue. Quality coaches provide information about policy development related to health and safety and overall program operations. The professional development opportunities offered by quality coaches at statewide and regional conferences empower providers to meet child care licensing and ABC Quality training requirements.

3. Services to the Communities – Quality coaches engage in a variety of community activities, including active engagement in local events to foster relationships with community-based organizations. They work in partnership with an array of public and private organizations to promote ECE and CCR&RN services across the state. Partnerships have been successfully established with community-based organizations that provide opportunities to offer ECE resources, engage in consumer education activities about quality child care, participate in community fairs geared toward families with young children, and aid in planning local events.

b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated. The CCR&RN operates under a CCDF-funded contractual agreement between the LA and the University of South Carolina – College of Education. It is located in the Yvonne & Schuyler Moore Child Development Center. The network is based on a regional structure to coincide with the four CCL regions. The CCR&RN works in support of and coordinates with the LA regarding statewide and regional initiatives designed to enhance the state's ECE system. The CCR&RN staff assist parents to make informed decisions when selecting child care, provide guidance and support to child care providers to improve health/safety conditions and the quality of care

offered in their program, and collaborate with community-based organizations across the state to promote high quality child care. The network includes the Child Care Data Team, which works to collect and analyze data that helps to facilitate the LA policy and program operations decisions. Team members are currently working closely with the LA to conduct a Child Care Workforce Study.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must 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 that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body: The DECE through the CCL Department has a long-standing relationship with the state's Emergency Management Division as well local Emergency Management Division offices. In the past, the Lead Agency has participated in SC EMD lead meetings with child care providers and in mock disaster training. The Division of Early Care and Education is housed in the state's human services agency and so has on-going collaborative opportunities involving state emergency events. CCL receives information from state EMD planning and response when there are emergency related events in the forecast and information regarding the responses to an event. DECE developed its emergency plan alongside the state's human services (DSS) emergency plan to better coordinate services during disaster events. DSS is the state's ESF 6, which is mass care, and the Lead Agency supports and has the support of the following agencies: American Red Cross; The Salvation Army; SC Department of Health and Environmental Control; SC Department of Health and Human Services; SC Lieutenant Governor's Office on Aging, SC Department of Mental Health; SC Department of Alcohol and Other Drug Abuse; SC Vocational Rehabilitation Department; SC Department of Disabilities and Special Needs; SC Department of Motor Vehicles; S.C. Assistive Technology Program; and Southern Baptist Disaster Relief. The LA also collaborates regularly with the CCR&RN to spread the message of an impending disaster, and they are intertwined throughout the emergency plan as an integral team member. Information on the website offers guidance and templates to child care providers for the development of emergency plans to be used in their facilities. This information includes an emergency plan brochure, emergency plan guidelines, and an emergency plan template.

In addition to the state's Child Care Disaster Plan that meets the requirements for continuing CCDF assistance and child care services after a disaster, including provisions for temporary child care and temporary operating standards for child care after a disaster, the Lead Agency developed emergency plan templates tailored to child care centers, group and family child care homes, license-exempt providers, and family, friend and neighbor providers. The federal requirements listed above 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 as well as the requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates.

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster: Based on information regarding statewide disaster reports, the DECE director or designee determines that emergency child care is needed and the budget officer verifies that funding is available for emergency child care. Once Emergency Child Care is activated, the LA will provide affected areas with staff who will be available to take calls and/or conduct onsite interviews at shelters or application centers for those needing assistance and enroll them in emergency child care in accordance with the DSS Disaster Plan.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services: The disaster toll-free line will be activated to allow providers to report damages, report closure due to the disaster event, or request expanded capacity or relocation if needed. The CCL Central Office will provide information regarding which facilities can expand their capacity to allow another facility space to care for their children. Those centers must have a history of compliance with health and safety regulations to be considered. Field staff and partners will work with providers to document the location and the status of children and adults who are relocated. DECE will continue to periodically assess providers until they have resumed normal operations. If a facility closes due to damages and if the facility wishes to continue to operate by relocating, it must request to do so in writing and provide the CCL Director with the name and address where they wish to relocate. The CCL Director, with input from the regional supervisors and the CCL fire marshal, will approve or deny the establishment of each proposed temporary child care site using the special CCL procedures for “Child Care Programs in Emergency Situations.” Once approved, the program will receive a letter of “Temporary License” which must be posted for parents to see. This letter will also grant programs the ability to continue to receive subsidy payments.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions: CCL regulations (114-505 H (3)) require the facility to have current written plan for evacuating in case of fire, natural disaster, or other threatening situation that may pose a health or safety hazard. The facility shall also include procedures for staff training in this emergency plan. There are emergency preparedness templates on the website that providers can print and complete. Additionally, when CCL conducts a program’s renewal process, CCL reviews the Emergency Preparedness Plan to ensure the regulation is met and a proper plan is implemented. If a disaster were declared and the agency were activated, any requests by facilities to relocate must be reviewed and approved by the CCL Director along with input from the regional supervisor and the CCL fire marshal. The emergency plan describes how toilets must be available, provisions for hand washing if no running water is available, and how cribs, a diaper changing station, and diapering supplies must be provided if infants are cared for before approval can be given.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii): Pre-service training is required of all programs receiving CCDF funding. Emergency Preparedness training is included in the preservice training course. Regulated providers must practice fire drills as a part of regulation (114-505 H (1)) Private and public child care centers shall comply with the regulations and codes of the State Fire Marshal.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available: <http://www.scchildcare.org/library/emergency-preparedness-resources.aspx>.

2 Promote Family Engagement Through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language: The LA funds a bilingual CCR&RN quality coach through a contract with the University of South Carolina. This individual provides assistance to families with limited English proficiency to acquire child care assistance and locate appropriate child care arrangements. This individual also works with family-serving organizations and groups to provide information regarding quality child care and financial assistance. The Lead Agency contracts with an organization that provides interpretation and translation services in over 100 languages upon request.

2.1.2 Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability: The LA funds the SCIC which assists families in locating quality care for a child who may have a disability. Additionally, the SCIC specifically supports families who have experienced problems in accessing or maintaining child care services. SCIC facilitates communications between the provider and the family to develop a service plan that works for all. The SCIC, in partnership with Family Connection of SC, developed an online training module for families of children with disabilities who are looking for child care. The module contains information about the child care system in South Carolina and provisions of the ADA that relate to child care. This module is available at no cost to families. The Early Learning Standards are ADA compliant and are available on the Lead Agency website.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). 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 (98.16; 98.32).

2.2.1 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: Parents, guardians, and/or public citizens can file complaints anonymously, by calling the local CCL office, or by calling ABC Quality at 1-800-763-2223. Consumers can find information to file a complaint through the website, <http://www.scchildcare.org/parents/file-complaints.aspx>. Information is taken from the complainant, documented, and then referred to the appropriate person for follow-up action. Complaints can also be made anonymously through emails, calls, letters, and fax to ABC Quality or CCL.

2.2.2 Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

Consumers have several mechanisms to submit complaints: call the toll-free telephone hotline; call the agency's child protective service hotline; submit complaints through the website; and email. When complaints are made against facilities that are legally exempt from regulation but receive child care subsidy funding, ABC Quality will make every effort to resolve the complaint by reviewing it with the provider and developing a solution. If there are allegations of serious health and safety risks, ABC Quality will visit to investigate and will contact CCL for technical assistance, if needed. If the complaint is substantiated, depending on the severity level of the incident, ABC Quality will either refer the provider to SC-CCRRN for technical assistance, place them on a quality improvement plan or terminate them from ABC Quality.

For licensed/regulating CCDF providers, complaints are entered in the CCL system 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).

2.2.3 Describe the Lead Agency's process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring: For licensed/regulating non-CCDF providers, complaints are entered in the CCL system 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).

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: South Carolina maintains a CCL database. Complaints are maintained in this database as per the agency's file retention policy.

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: Substantiated complaints are made available on the Lead Agency's website by searching for the name of the facility in the search query box, then clicking on the facility's name to open a page containing the facility's contact information and a general description and date of any substantiated deficiencies. People can request additional information regarding a complaint by calling the respective licensing regional office and speaking with a licensing specialist. See: <http://www.sccildcare.org/parents/file-complaints.aspx> for additional information.

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible: DECE's websites, schild.care.org and abcquality.org, provide multiple ways consumers can search for providers, including searches by zip code, county, city, facility/provider name, facility operator, and facility/provider type. The website defines many terms including exempt care, facility/provider types, quality, severity levels of violations, and the different program areas within DECE. The results of inspections are provided on each individual provider's web page, and any violations are categorized based on risk to children. The website's navigation is set up by topics: Help for Parents, Help for Providers, Departments, Helpful Resources, and Library. All of these navigation functions are located on the homepage.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): The website has a Spanish translation function, and any information on the website can be translated into other languages upon request to the translation service for SCDSS.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: The LA, upon request, will provide appropriate aids and services to accommodate eligible persons with disabilities needing child care services. Staff participates in annual Civil Rights training regarding applicable state and federal regulations staff must comply with to ensure that persons with disabilities have equal access to needed services.

2.3.4 Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: <http://www.scchildcare.org/providers/become-licensed.aspx>; <http://www.scchildcare.org/providers/become-licensed/licensing-exemptions.aspx>
- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: <http://www.scchildcare.org/providers/become-licensed.aspx>
- c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6: <http://www.scchildcare.org/providers/become-licensed/licensing-requirements/safe-live-scan-digital-fingerprinting.aspx>

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers should be searchable by ZIP Code.

- a) Provide the website link to the searchable list of child care providers: www.abcquality.org; www.scchildcare.org
- b) Which providers are included in the searchable list of child care providers:
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt center-based CCDF providers
 - License-exempt family child care (FCC) CCDF providers
 - License-exempt non-CCDF providers
 - Relative CCDF child care providers
 - Other. Describe:
- c) Describe what information is available in the search results. Specify if the information is different for different types of providers: Consumers who search by zip code will see a list of licensed and registered child care programs including centers, Head Start programs, 4K programs, regulated family child care homes, and license-exempt CCDF-eligible centers near them. The list is displayed such that the highest quality-rated child care programs are at the top of the list. When a consumer clicks on a child care provider, they go to the provider's page on the website and can find information regarding a quality rating (if applicable), health and safety inspections and violations, and contact information for the provider. FFN providers are not on the website due to privacy concerns for the providers.

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- Other. Describe:

b) For what types of providers are quality ratings or other indicators of quality available?

- Licensed CCDF providers. Describe the quality information: Providers are assigned a quality rating at one of five levels, which is displayed on the website.
- Licensed non-CCDF providers. Describe the quality information:
- License-exempt center-based CCDF providers. Describe the quality information: Providers are assigned a quality rating at one of five levels, which is displayed on the website.
- License-exempt FCC CCDF providers. Describe the quality information:
- License-exempt non-CCDF providers. Describe the quality information:
- Relative child care providers. Describe the quality information:
- Other. Describe:

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include 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. The reports must be in plain language 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 reports when available.

Certify by describing:

a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary. The results of inspections are provided on each individual provider's web page in plain language, and these violations are categorized based on risk to children. The name of

the licensing specialist is listed with a telephone number in the event the consumer would like to get additional information. Results from ABC Quality reviews are summarized into the assigned rating, which are posted on the provider's listing on the website.

- b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries. The results of inspections are provided on each individual provider's web page which includes any violations. Violations are categorized low, medium or high based on risk to children. The Lead Agency is reevaluating the inspection report forms and how they are reflected on the website to provide the most complete and accurate information to consumers while respecting confidentiality of children.
- c) The process for correcting inaccuracies in reports. The providers must notify their CCL specialist or regional supervisor to report inaccuracies or request reconsiderations. The CCL staff will research the request and revise information when necessary.
- d) The process for providers to appeal the findings in the reports, including the time requirements. Within two weeks of receipt of the deficiency notice, the operator of the facility may file a written request with CCL for administrative reconsideration of the notice of any portion of the notice. CCL shall grant or deny the written request and shall notify the operator of the facility of the grant or denial.
- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe. Currently, the information is posted after the visit is conducted, typically within a week. If deficiencies were cited, a letter to the operator is generated for the Regional Licensing Supervisor's review, which ensures that the reports are accurate and are posted timely. CCL is reviewing the definition of "timely" as it is upgrading the CCL Database. CCL may change the definition of what is considered timely as it views automation and database capability along with reviewing roles.
- f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)). 3 years
- g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years). Removing citations from the website is an automated process. The website is programmed to only pull citations with no resolve date or those with a resolve date within three years of the current date. If the citation does not have a resolve date it will remain on the website until it is either given a resolve date outside of the 3 years or it will state that the citation is resolved and remain on the website until the 3 year limit has been met. In special circumstances a citation can also be removed from the website if it is designated as "Void" or "Unfounded" in the licensing system.
- h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.
 - License-exempt non-CCDF providers
 - Relative child care providers
 - Other. Describe: _____

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

- a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

The CCL office 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 LA immediately.

The LA posts information about deaths, injuries, and substantiated child abuse in child care settings on its website at <http://www.scchildcare.org/library/charts-and-graphs.aspx>.

- b) 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 or 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 a 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 Chapter 65 of Title 59, supervision appropriate to the child’s age and development, or health care 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.

c) 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.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. <http://www.scchildcare.org/library/charts-and-graphs.aspx>

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: The LA provides referrals to CCR&RN by including a page titled "Who can help me with child care?" on its website: <http://www.scchildcare.org/parents/who-can-help.aspx>

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information: The consumer education website includes a link on how consumers can contact the Lead Agency in various ways: <http://www.abcquality.org/contact/> and <http://www.scchildcare.org/contact-us.aspx>

2.3.11 Provide the website link to the Lead Agency's consumer education website. www.scchildcare.org and www.abcquality.org

2.4 National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at Childcare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

2.4.1 Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers. Complaints are made to CCL in many ways, including anonymously through emails, calls, letters and fax to ABC Quality or CCL. Once a complaint is received, Lead Agency staff proceed as follows:

1. The LA staff person receiving the complaint must determine whether the complaint is against either a licensed/regulated provider or a license-exempt provider eligible to receive CCDF funds.

2. The staff person routes complaints against regulated child care to the proper CCL regional office. Complaints against license-exempt CCDF eligible providers are routed to ABC Quality.

3. The complaint is entered in the CCL databased and a licensing specialist visits the provider to investigate the complaint.

4. If the CCL specialist substantiates the complaint, 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 and a licensing specialist completes a follow-up visit to ensure compliance. If the incident is severe, other negative actions can be taken such as revocation of license or registration, injunction to close, or referrals to other agencies (law enforcement), if warranted.

- 2.4.2 Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline. CCL is the designee responsible for receiving and responding to complaints submitted through the national website and hotline along with the ABC Quality Program (QRIS).

2.5 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.5.1 through 2.5.4, certify by describing:

2.5.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. The LA shares information with parents, the general public and child care providers utilizing three media: 1) written materials; 2) in-person interactions; and 3) websites. The written materials the LA 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 LA 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.

The LA'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 email or call the child care subsidy control center to apply for child care assistance. The LA 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 LA will explore the feasibility of expansion of the application process to include other programs for which the family may be eligible, such as pre-K or Head Start.

2.5.2 The partnerships formed to make information about the availability of child care services available to families. The LA has formed partnerships with homeless coalitions, the SC Child Care Resource & Referral Network, TANF, Child Welfare, SC First Steps to School Readiness, Head Start, Wellcare (serves soon-to-be mothers receiving Medicaid), and the SC Coalition Against Domestic Violence & Sexual Assault

2.5.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description, include at a minimum what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

- ☒ Temporary Assistance for Needy Families program: The Lead Agency provides information on TANF on its website on on two pages: <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>.
- ☒ Head Start and Early Head Start programs: The Lead Agency provides information on Head Start and Early Head Start on its website on two pages: <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>.

- ☒ Low Income Home Energy Assistance Program (LIHEAP): The LA provides information on LIHEAP on its website on a page titled “Financial Assistance Programs for Eligible Families” <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>
- ☒ Supplemental Nutrition Assistance Programs (SNAP) Program: The LA provides information on SNAP on its website on two pages: <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>.
- ☒ Women, Infants, and Children Program (WIC) program: The LA provides information on WIC on its website on a page titled “Financial Assistance Programs for Eligible Families” <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>
- ☒ Child and Adult Care Food Program (CACFP): CACFP is housed at the LA. As such, information is provided to the public on the LA’s website, www.scchildcare.org. CACFP is in the process of collaborating with the Lead Agency to develop its own program materials and its own website url to assist consumers in accessing the information more easily.
- ☒ Medicaid and Children’s Health Insurance Program (CHIP): The LA provides information on Medicaid and CHIP on its website on a page titled “Financial Assistance Programs for Eligible Families” <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>
- ☒ Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA) : The LA provides information on programs carried out under Section 619 and Part C of IDEA on its website on two pages: <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>. Specifically, the links to BabyNet, Child Find, SCIC, and the Department of Disabilities and Special Needs are the relevant programs.

2.5.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children’s development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information. The LA makes available to parents, providers and the general public information on research and best practices concerning children’s development on its websites: www.scchild_care.org and www.abcquality.org. The LA engages consumers in these topics by writing blog articles or having guest experts author blog articles which are posted at <http://www.abcquality.org/blog/>. These are shared on social media platforms administered by the LA and by CCR&RN. The articles are intended to keep families engaged in their children’s learning in and outside of a child care setting and also to provide information on social and emotional development, nutrition, activity, and general early childhood development. Partners include the SCIC, the Department of Disabilities and Special Needs, the Department of Education, CACFP, the SCPITC, SC Beginnings, CCR&RN, ABC Quality, CCL and SC Voucher.

The LA also makes information on best practices and research available for child care providers on scchild_care.org in the form of a newsletter, copies of which can be viewed here: <http://www.scchildcare.org/library/newsletters.aspx>. The Newsletters are created by the LA and include input from the Department of Health and Environmental Control, ABC Quality, SC’s child care workforce professional development program, CACFP, CCL, the state’s subsidy program, and CCR&RN.

2.5.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information. The LA posts the policy on social-emotional development and behavioral health on the website. The policy explains the role of the state and what supports may be offered to the community at large. The policy has specific sections for providers. The policy addresses supporting the social, emotional and behavioral health of young children in conjunction with the reduction and/or elimination of preschool expulsion. In the revision of the new ABC Quality standards, new standards focusing on policies and procedures established by the child care program that the program has adopted regarding social-emotional and behavioral well-being of children have been included. New standards address children's mental health pertaining to discipline and suspension and expulsion policies. Programs will create a portfolio of structural quality standards to include policies that support social emotional development and behavioral health (III.C.9) and the adoption of suspension and expulsion policies (III.C.8 (ABC Quality Program Manual, page 23). ABC Quality will determine how to best present this information to families and the general public. The information will be provided to the program as a result of the review.

As a part of the CCL regulations, the agency's policies regarding the social-emotional and behavioral issues and early childhood of mental health of young children is supported by several regulations. Regulation's 114-506B(1-8) is the discipline and behavior management section of the CCL regulations. This sections speaks to how children shall and shall not be handled or addressed while they are in regulated child care which helps to support the social-emotional well-being of the child. In the discipline and behavior management section, there are 8 specific standards that must be adhered to. They are:

- (1) The facility's discipline policy shall outline methods of guidance appropriate to the ages of the children. Positive, non-violent, non-abusive methods for managing behavior shall be implemented.
- (2) All teacher/caregivers shall sign a facility agreement to implement the discipline and behavior management policy, with a statement that specifies no corporal punishment shall be used except when authorized in writing by the parent(s)/guardian(s); corporal punishment shall not exceed guidelines established in Section 20-7-490(c)(1)(a) through (e) of the Code of Laws of South Carolina, 1976 amended.
- (3) Emotional abuse is also prohibited, including but not limited to: profane, harsh, demeaning or humiliating language in the presence of children. Threatening, humiliating, ignoring, corrupting, terrorizing, or rejecting a child is prohibited.
- (4) Withholding, forcing, or threatening to withhold or force food, sleep or toileting is prohibited.
- (5) Unsupervised isolation of a child shall not be allowed. The child shall be within sight of staff if isolation from the group is used.
- (6) The use of children to discipline other children is prohibited.
- (7) Children shall not be restrained through drugs or mechanical restraints.
- (8) Each child care center has the option to prohibit corporal punishment.

2.5.6 Describe the Lead Agency's 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 (98.16(ee)), including how those policies are shared with families, providers, and the general public. The LA has adopted policies focused on the elimination of preschool expulsion. Through the promotion of social, emotional and behavioral health the agency supports providers serving families with young children. The LA leads an interagency workgroup focused on implementing the policy using the toolkit provided by the federal TA center. This policy is shared on the agency's website.

The DECE and its partners recognize the importance of children's social-emotional and behavioral health. DECE believes high quality early childhood environments and positive experiences nurture social-emotional and behavioral health. Exclusionary practices, such as expulsion and suspension, are negative experiences that hinder children's development and learning. Therefore, it is DECE's policy to work toward eliminating expulsion and suspension practices across early learning systems in South Carolina.

DECE will support providers, parents, and the work of our partners, by:

- Raising awareness about expulsion, suspension, and other exclusionary disciplinary practices in early childhood settings.
- Developing a goal-driven process for improvement that is informed by a coordinated data system across early childhood sectors.
- Investing in the workforce development system by helping providers to establish preventative disciplinary policies that limit or eliminate the use of expulsion and suspension and that promote the use of evidence-based practices.
- Reviewing and updating policies regarding program quality that are specifically targeted to both increase overall quality of early learning services and reduce or eliminate expulsions, suspensions, and other exclusionary discipline practices.

This policy addresses 4 key areas: education about exclusionary discipline practices; identification of the use of these practices in early childhood settings in our state; creation of goals for the reduction in the use of these practices; and support for the workforce through education and training about positive discipline techniques and behavior management systems.

In addition to the state policy, DECE has established key goals for providers that are in the QRIS. The ABC Quality standards have focused on positive guidance techniques since their initial development in 1992. Quality assessors observe classroom staff in each enrolled program, measuring the use of these strategies. With the development of the state policy on social-emotional development and behavioral health, beginning October 1, 2016 all CCDF providers must have policies that address all of the following:

- Ensure that all children's social-emotional and behavioral health are fostered in an appropriate high-quality early learning program, working toward eliminating expulsion and suspension practices across early learning settings.
- Communicate appropriate policies that are implemented consistently and without bias or discrimination across the diversity of young children represented in early learning settings.

- Use evidence-based practices to create positive climates and focus on prevention; develop clear appropriate, and consistent expectations and consequences to address challenging behavior; and ensure fairness, equity, and continuous improvement.
- Communicate preventative guidance and discipline practices.
- Communicate expulsion, and suspension policies.
- Access technical assistance for the workforce related to preventing expulsion and suspension.

2.6 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the 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 Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA), in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include 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 (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.6.1 Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

Collecting Information:

The LA has an appointed seat on the Interagency Coordinating Council where information and resources from the Part C entity (Babynet) are provided. Other agencies providing developmental screenings and therapeutic services attend the meetings and provide updates, including the Part B 619 coordinator.

LA staff coordinate with the Part B 619 and Part C entities to ensure that information and resources regarding developmental screening is current.

LA staff serve on several committees focused on inclusion, access to developmental screening and expansion of services to support social-emotional and behavioral health.

Disseminating Information:

LA funds the SCIC which serves as the training and TA entity for provider education regarding the referral process for and the conducting of developmental screenings. SCIC provides training on developmental screening for providers and access to ASQ-3 kits.

The state's QRIS has a scoring rubric with defined standards related to conducting developmental screening and promotes the regular use of developmental screening for all children in programs. Additionally, the standards address the provision of community resource information to families, specifically related to the referral process and to providers who conduct developmental screening.

- b) The procedures for providing information on and referring families and child care providers to the 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 Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

All subsidy providers must be enrolled in the state’s QRIS which has standards regarding providing information on and making referrals for developmental screening. Screenings available through Medicaid, Babynet (Part C) and Childfind (Part B 619) are included in the information and resources shared with providers. The LA provides information regarding developmental screening and monitoring resources as a part of its eligibility packet for subsidy enrollment.

- c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. The LA provides information regarding developmental screening and monitoring resources as a part of its eligibility packet for subsidy enrollment.

- d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. Providers enrolled in the state’s QRIS (which makes them eligible to accept CCDF) use the resources of the SCIC to make referrals to the Part B and/or C 619 entities for children they serve who may have a delay or disability. Additionally, if trained in the ASQ-3, providers can conduct developmental screening as part of the child care programs using the resources and training from SCIC or they can utilize the existing screening process available through Part B and C providers.

Families receiving CCDF subsidies receive developmental screenings from their child care provider. If the child care provider does not conduct screenings within the program, families are given information regarding community resources available for developmental screening and support services. The agency promotes the provision of developmental and screening and monitoring by all early care and education providers.

- e) How child care providers receive this information through training and professional development. The SCIC provides training and coaching to child care providers on completing developmental screening (i.e., ASQ-3) for the children in their care. The LA supports providers in the use of the SC ASQ Online System developed by the University of South Carolina. In addition, the LA supports providers’ use of the hard copy version of the ASQ-3. Training and coaching include how to use the ASQ, how to interpret results, how to encourage parent participation in the screening process, and how to make referrals when appropriate. Providers are trained to screen each child (1 month-5 ½ years) in their care two times per year. In order to make this available broadly throughout the state, the SCIC provides site-based training and coaching as well as online learning modules regarding the appropriate use of the ASQ-3. SCIC recently launched online training modules regarding ADA and associated requirements. Developmental screening components are included in the online series. Referrals are made to SCIC by child care licensing, ABC Quality, and SC CCRRN. SCIC also provides trainings state wide, has staff available at all major conferences, and hosts its own conference. ABC Quality sponsors early childhood professionals to attend annual SC Champions for Young Children Symposium sponsored by SCIC which offers professional development in terms of inclusive practices in early care and education. SCIC also provides trainings state wide and has staff available at all major conferences and hosts its own conference.

- f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

Excerpt from SC policy on Preschool Expulsion:

“Invest in the workforce development system by assisting providers in establishing preventative disciplinary policies that limit or eliminate the use of expulsion and suspension and promote the use of evidence-based practices.

Reviewing and updating policies regarding program quality that are specifically targeted to both increase overall quality of early learning services and reduce or eliminate expulsions”

ABC Quality Standard III.D Child Screening and Referrals (<http://www.scchildcare.org/media/57202/ABC-Quality-Program-Manual-PILOT-YEAR-41819.pdf>)

2.7 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.7.1 Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement. All communications to parents contain a link to [scchildcare.org](http://www.scchildcare.org), which contains all providers' health, safety, regulatory, and quality information. Once parents are eligible for subsidy, the Lead Agency sends the parent a copy of the parent handbook, which contains the consumer statement information. The parent handbook will be available in electronic format at <http://www.scchildcare.org/library/sc-voucher-documents-resources.aspx>
- b) What is included in the statement, including when the consumer statement is provided to families. The LA website provides resources to assist parents in choosing a quality child care arrangement by making available specific information about child care providers, including: a listing of providers throughout South Carolina; a summary of provider-specific health and safety records; licensing and regulatory requirement met by the provider; the last date of inspection; any health and safety violations the provider has had in the past three years; and the quality rating achieved by the provider, if applicable. Providers are presented by provider level in descending level of quality with the highest quality listed at the top, followed by those not participating in the QRIS. If a consumer is not able to find information about a specific provider, they are directed to contact the SC Voucher Control Center at (800)476-0199. If they need more assistance finding a quality child care provider, they are directed to call SC CCRRN at (888)335-1002. To make a complaint about a child care provider, they are directed to

scchildcare.org and are instructed to contact their regional licensing office. SC Voucher and its supporting programs are designed to promote equal access in accordance with federal regulations. To ensure parents receive equal access to high quality child care providers a statewide market rate survey is conducted and the results analyzed every 3 years.

- c) Provide a link to a sample consumer statement or a description if a link is not available. The consumer statement will be located on the website in the parent handbook, which is found here: <http://www.scchildcare.org/library/sc-voucher-documents-resources.aspx>

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined, 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 for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

- a) The CCDF program serves children from 0 (weeks/months/years) to 13 years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

- No
- Yes, and the upper age is 18 (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity: LA definition of children with physical or mental disabilities: 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 South Carolina Department of Disabilities and Special Needs, Babynet (IDEA, part C), Children’s Rehabilitative Services, South Carolina School for the Deaf and Blind, and IEPs developed by the local school districts.

c) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision (658P(3); 658E(c)(3)(B))?

- No
- Yes, and the upper age is 18 (may not equal or exceed age 19).

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

“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.

“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.

3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define “working or attending a job training and educational program” for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

“Working”: An applicant is considered employed if s/he is working at an occupation where s/he is 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).

“Job training”: 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 componets though 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.

“Education”: 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) Associates 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). Clients participating in the TANF program may have educational classes that meet less than 15 hours per week. Child care is provided to allow them to participate.

“Attending job training or education” (e.g. number of hours, travel time): 5 hours per week but may add additional hours if verified.

- b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?
- No. If no, describe the additional work requirements: _____
- Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity: Based on funding source, eligible families are allowed to be in a training or educational component that is not in conjunction with a work activity.
- c) Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?
- No.
- Yes. If yes, describe the policy or procedure. At initial eligibility determination, job search or seeking employment is an eligible activity not to exceed 3 months.
- d) Does the Lead Agency provide child care to children in protective services?
- No.
- Yes. If yes:
- i. Please provide the Lead Agency’s definition of “protective services”: Children who are in open active child protective service cases or who are a part of the foster care system
Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency’s definition of protective services for CCDF purposes. 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 protective services definition above.
 - ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
 No
 Yes
 - iii. 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 (658E(c)(5))?
 No
 Yes
 - iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?
 No
 Yes

3.1.3 Eligibility criteria based on family income

- a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination? The source and amount of current gross income earned by all adult family members in the home through the receipt of wages, tips, salaries and/or commissions, piece rate payments, cash bonuses earned, and armed services pay, including uniform and living allowances.
- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).
- c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit]) (98.16(i)(3)). N/A

	(a)	(b)	(c)	(d)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum “Entry” Income Level if Lower Than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	<u>2919</u>	<u>2481</u>	<u>1606</u>	<u>55%</u>
2	<u>3817</u>	<u>3245</u>	<u>2100</u>	<u>55%</u>
3	<u>4715</u>	<u>4008</u>	<u>2594</u>	<u>55%</u>
4	<u>5614</u>	<u>4772</u>	<u>3088</u>	<u>55%</u>
5	<u>6512</u>	<u>5535</u>	<u>3585</u>	<u>55%</u>

Reminder: 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 (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: : <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

- d) SMI source and year 2017 LIHEAP
- e) What was the date that these eligibility limits in column (c) became effective? October 1, 2017
- f) Provide the citation or link, if available, for the income eligibility limits. <http://www.scchildcare.org/media/50007/17-18CHILD-CARE-INCOME-STANDARDS-2-.pdf>

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

- a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). Applicants self-certify on the child care application that their assets do not exceed \$1,000,000.
- 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?
 - No.
 - Yes. If yes, please identify the policy or procedure: _____

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)). Priority is given to children with special needs and families experiencing homelessness.

3.1.6 Lead Agencies are required to take into consideration children’s development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent’s work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency’s policies and procedures that take into consideration children’s development and learning and that promote continuity of care when authorizing child care services. The LA works closely with Head Start and agencies referring children with special needs and 4k to promote continuity of care when authorizing child care services.

3.1.7 Graduated phase-out of assistance.

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state’s initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing 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
- 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 low-income family

(B) Provides justification that the second eligibility threshold is:

- (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers 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 shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

- a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
 - N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
 - The Lead Agency sets the second eligibility threshold at 85 percent of SMI.
 - Describe the policies and procedures. Entrance is based on 55% of SMI and exit is based on 85% SMI.
 - Provide the citation for this policy or procedure. <http://www.scchildcare.org/media/50007/17-18CHILD-CARE-INCOME-STANDARDS-2-.pdf>
 - The Lead Agency sets the second eligibility threshold 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.
 - Provide the second eligibility level for a family of three. [REDACTED]
 - Describe how the second eligibility threshold:
 - i. Takes into account the typical household budget of a low-income family: [REDACTED]
 - ii. 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: [REDACTED]
 - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption: [REDACTED]
 - iv. Provide the citation for this policy or procedure: [REDACTED]
- b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?
 - No

Yes

- i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out. **At redetermination, the copay is adjusted if the income has increased**
- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (*Note:* Additional reporting requirements are also discussed in section 3.3.3 of the plan.)

No.

Yes. Describe:

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)).

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments. **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, do not affect eligibility or family copayments. Seasonal income or irregular income must be averaged over a period of time.**

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

- Applicant identity. Describe: **Client statement unless questionable.**
- Applicant's relationship to the child. Describe: **Client self-certifies on child care application; verified if questionable.**
- Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: **Client self-certifies on child care application; verified if questionable.**
- Work. Describe: **Copies of check stubs, wage statements from employers, SSA benefits, unemployment compensation, IRS tax statements if self-employed, etc.**
- Job training or educational program. Describe: **Copies of paid school registration and class schedule, CHIP system is also used to verify information for SNAP and TANF clients.**
- Family income. Describe: **Copies of check stubs, wage statements from employers, SSA benefits, unemployment compensation, IRS tax statements if self-employed, etc.**
- Household composition. Describe: **Client self-certifies on child care application; verified if questionable.**

- Applicant residence. Describe: Client self-certifies on child care application; verified if questionable.
- Other. Describe: Out of pocket medical expenses for children with special disabilities or special healthcare needs.

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- Time limit for making eligibility determinations. Describe length of time Staff are instructed to process eligibility within 1-3 business days from receipt of the child care application and verifications.
- Track and monitor the eligibility determination process
- Other. Describe Caseload quotas and work loads are monitored by eligibility supervisors and manager.
- None

3.1.11 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- 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:
 - “Appropriate child care”: Appropriate child care must be determined by parental choice to ensure that the developmental nurturing needs of the 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 statutory and regulatory requirements; however, parents are required to complete a Family, Friend and Neighbor (FFN) child care certification form ensuring certain health and safety requirements are being met and appropriate central registry and sex offender registry checks are conducted on the FFN provider and other household members.
 - “Reasonable distance”: Distance is defined by the LA as the fair and reasonable travel distance to a child care facility that will not interrupt family independence (FI)

participation. Parents must be given parental choice to select the child care facility that best meets the needs of their child. The subsidy worker, in collaboration with the TANF casemanager, will determine reasonable distance.

- “Unsuitability of informal child care”: Informal child care arrangements must meet the needs and parental choice rights of the TANF participant. Informal child care arrangements must comply with policy and procedures developed by the SC Voucher program. Additionally, an FFN Child Care Certification Form, which addresses certain health and safety issues must be completed by the parent on any informal child care provider. Central registry and sex offender registry checks are done on the FFN provider and family members in the home.
 - “Affordable child care arrangements”: Affordable child care arrangements are determined by market rate survey conducted by the LA.
- c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
- In writing
 - Verbally
 - Other. Describe: _____
- d) Provide the citation for the TANF policy or procedure: Section 15.2 of the Family Independence Manual.

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note: 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) (98.2).

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

- a) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized: 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, an IEP 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.
- b) How does the Lead Agency define of “families with very low incomes” and include a description of how services are prioritized: Families with income that falls below 55% of the SMI. TANF recipients are prioritized based on lower income levels.

- c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF: Funding is set aside for families experiencing homelessness. Referrals are made by McKinney-Vento coordinators in the local school districts along with the 4 regional homeless coalitions throughout the state.
- d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)): SC uses priority rules to meet the need of TANF families, those transitioning off of TANF due to income, and families at risk of becoming dependent on TANF via child care categories (families with children with special needs, families involved in Head Start, First Steps, Criminal Domestic Violence, Family Literacy and homeless families.

3.2.2 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

- a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. The ABC Quality assessment protocols, child care licensing protocols, and SC Voucher protocols are updated to provide for a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are homeless or in foster care. Internal Lead Agency reports will be reviewed for verification of client status.
- b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families. 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 LA on those families that appear to meet eligibility requirements for subsidies.

The South Carolina Coalition for the Homeless functions as a coordinating and service entity, designed to assist the local coalitions. However beginning in 2016, the board for the South Carolina Coalition for the Homeless will be expanded to include state agency representatives such as the Department of Social Services. The expanded board will further solidify agency partnerships.

The LA recognizes the need for trainings with the Department of Education and the Homeless Coalitions on procedures to access subsidies and other services through the Lead Agency. The LA is coordinating referral processes with the four regional Coalitions for the Homeless. These four coalitions operate the 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 SC Voucher child care 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 & youth as individuals who lack a fixed, regular, and adequate nighttime residence. 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.

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.3 Lead Agencies must establish a grace period that allows homeless children 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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

- a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:
- Children experiencing homelessness (as defined by CCDF). The LA has been partnering with the SC Dept. of Education's McKinney-Vento State Coordinator, the SC Coalition for the Homeless, and the four regional coalitions for the homeless to assist in identifying homeless families in need of child care assistance and to develop referral processes for subsidy vouchers to increase access to high quality child care. Beginning January 1, 2016, a specified amount of voucher slots and a policy prioritizing homeless children was implemented. Provide the citation for this policy and procedure. SC Voucher Program Policy manual, section 2.19
 - Children who are in foster care. The ABC Quality assessment protocols, CCL protocols, and SC Voucher protocols are updated to provide for a grace period to comply with immunization and other health and safety requirements to expedite enrollment for

children who are homeless or in foster care. Internal DSS reports will be reviewed for verification of client status. Provide the citation for this policy and procedure. While these current protocols are not in policy yet, they are based on the controlling regulations. The SC Voucher program intends to add the protocol language to its program manual in section 4.2.

- b) 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 (98.41(a)(1)(i)(C)(4)). The ABC Quality assessment protocols, child care licensing protocols, and SC Voucher protocols are updated to provide for a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are homeless or in foster care. Internal DSS reports will be reviewed for verification of client status.
- c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?
- No.
- Yes. Describe: _____

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, 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; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

- a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity. Child care eligibility is determined by a priority of funding and availability. Parents who are eligible for child care will remain eligible regardless of temporary

changes, such as changes in employment, absence from employment due to medical leave to include maternity leave, changes in seasonal work schedule, school or training, school breaks (spring/summer break or break between consecutive semesters).

- b) How does the Lead Agency define “temporary change?” Parents who are eligible for child care will remain eligible regardless of temporary changes, such as changes in employment, absence from employment due to medical leave to include maternity leave, changes in seasonal work schedule, school or training, school breaks (spring/summer break or break between consecutive semesters).
- c) Provide the citation for this policy and/or procedure. Section 2.3.1 in the SC Child Care Voucher Program Policy manual

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
 - No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program.
 - Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
 - iii. Provide a summary describing the Lead Agency’s policies and procedures 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, work on his/her resume, or attend

- an education/training program as soon as possible. Child care may continue if activities are resumed and client the remains eligible for the child care category.
- iv. Describe what specific actions/changes trigger the job-search period. 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, work on his/her resume, or attend an education/training program as soon as possible. Child care may continue if activities are resumed and client the remains eligible for the child care category.
 - v. How long is the job-search period (must be at least 3 months)? 3 months.
 - vi. Provide the citation for this policy or procedure. Section 2.3 of the SC Voucher Program manual.
- b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.
- Not applicable.
 - 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.
 - i. Define the number of unexplained absences identified as excessive: Over 31 in a 12 month period.
 - ii. Provide the citation for this policy or procedure: Section 6.1 of the SC Voucher Program manual.
 - A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: Section 6.13.3 of the SC Voucher Program manual.
 - Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure. Section 5.19.18 of the SC Voucher Program manual.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking

into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent’s eligible activity).

a) Does the Lead Agency require families to report a non-temporary change in a parent’s eligible activity?

- No
- Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family’s eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency’s ability to contact the family or pay the child care providers (e.g., a family’s change of address, a change in the parent’s choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- Additional changes that may impact a family’s eligibility during the 12-month period. Describe:
- Changes that impact the Lead Agency’s ability to contact the family. Describe:
- Changes that impact the Lead Agency’s ability to pay child care providers. Describe:

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- Phone
- Email
- Other. Describe:
- Online forms
- Extended submission hours

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family’s co-payment or increase the family’s subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family’s subsidy unless the information reported indicates that the family’s income exceeds 85 percent of SMI after

considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report. Families are allowed to report changes in family size and income at any time. If these changes reduce the weekly copay, the copay will be adjusted down and the subsidy increased
- ii. Provide the citation for this policy or procedure. SC Voucher Program policy manual, section 6.10

3.3.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents in families receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and that information 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, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination.

- a) Describe the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. List relevant policy citations. N/A

- b) How are families allowed to submit documentation for redetermination? Check all that apply.

- Mail
- Email
- Online forms
- Fax
- In-person
- Extended submission hours
- Other. Describe: [redacted]

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when

determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest "Entry" Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest "Entry" Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	\$1606	\$48	3%	\$2481	\$87	4%
2	\$2100	\$48	2%	\$3245	\$87	3%
3	\$2594	\$48	2%	\$4008	\$87	2%
4	\$3088	\$48	2%	\$4772	\$87	2%
5	\$3582	\$48	1%	\$5535	\$87	2%

b) What is the effective date of the sliding-fee scale(s)? 10/1/17

c) Provide the link to the sliding-fee scale: <http://www.scchildcare.org/media/50007/17-18CHILD-CARE-INCOME-STANDARDS-2-.pdf>

d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

3.4.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

- The fee is a dollar amount and:
 - 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 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:

- The fee is a percent of income and:
 - 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 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:

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder – Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.
 - Number of hours the child is in care. Describe:
 - Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
 - Other. Describe:

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$.
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.
- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation. Copays are waived for TANF, foster children and families experiencing homelessness.

3.4.5 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 (98.45(b)(5))?

- No.
- Yes. If yes:
 - a) 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 promotes affordability and access for families? SC Voucher Program reimbursement rates have an established maximum. Providers may charge more and the parent is responsible for paying the difference.
 - b) Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families. No data is present for this due to the providers setting their individual rates.
 - c) Describe the Lead Agency’s analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees. In order to narrow the gap in what difference the parents pay, the SC Voucher Program increased provider rates in February 2016.

3.4.6 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds? Check all that apply.

- Limit the maximum co-payment per family. Describe: _____
- Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe. _____
- Minimize the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe: _____
- Other. Describe: The weekly copays for South Carolina are some of the lowest in the nation and have not been revised since October 2, 2008.

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs. Parents have the option to choose from center-based care, family child care or care provided in the child’s own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

DRAFT

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). The LA sends two (2) letters to parents after they have been determined eligible and approved to receive a CCDF-funded child care subsidy: (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 Voucher 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 information 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 subsidy, 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 LA, 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), billing rate, start date, stop date and weeks of care. The letter specifies that the LA will pay for child care 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 LA will pay, the parent is responsible for paying the difference, along with the weekly client fee (co-pay). It states that the parent and provider will be notified in writing if services ends 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 address.

4.1.2 Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- Certificate that provides information about the choice of providers
- Certificate that provides information about the quality of providers
- Certificate not linked to a specific provider, so parents can choose any provider
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of the application

- Community outreach, workshops, or other in-person activities
- Other. Describe: The eligibility packet that is sent to parents after their application is approved for a CCDF-funded subsidy 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 LA and provider they choose.

4.1.3 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? *Note:* Do not check “yes” if every provider is simply required to sign an agreement to be paid in the certificate program.

- No. If no, skip to 4.1.4.
- Yes. If yes, describe:
 - i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: [redacted]
 - ii. The type(s) of child care services available through grants or contracts: _____
 - iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers): [redacted]
 - iv. The process for accessing grants or contracts: [redacted]
 - v. How rates for contracted slots are set through grants and contracts: [redacted]
 - vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality: [redacted]
 - vii. If contracts are offered statewide and/or locally: [redacted]

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural

4.1.4 Certify by describing the Lead Agency’s procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). All providers receiving CCDF funds must comply with the mandatory licensing standard that affords parents unlimited access to their children whenever their children are in the care of the provider. This standard is part of ABC Quality eligibility criteria that are reviewed annually by ABC Quality assessor and CCL specialist. Exempt CCDF providers are reviewed annually by the ABC Quality assessor.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- Restricted based on minimum the number of children in the care of the 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 of non-relative child care provider who is at least 21 years old and who does not live in the same household as the child. In-home care is affected by 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 are 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.

- Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: Provider must be 21 years or older and not living in the same household as the child.

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

- Restricted to care by relatives. Describe:

- Restricted to care for children with special needs or a medical condition. Describe:

- 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 care must complete the health and safety pre-service requirement within the first 90 days.

Other. Describe:

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (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 and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note – Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State’s Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and costs.

MRS

Alternative methodology. Describe:

Both. Describe: [REDACTED]

- 4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or other state-designated cross-agency body: On January 26, 2017, the Lead Agency convened a meeting of child care partners and stakeholders for consultation in planning and conducting the upcoming market rate survey. Representatives from the SC First Steps to School Readiness program, Florence County First Steps Partnership, local child care providers (owners/administrators of center-based and family child care providers), universities with programs providing training and technical assistance to local child care providers such as the Medical University of South Carolina (SCPITC), University of South Carolina (SCIC and CCR& RN, early care and education professional associations (SC Association for the Education of Young Children, and the SC Association of Community Action Partnerships representing local Head Start) participated in the meeting, along with the long-term contractor for previous market rate surveys (University of South Carolina's Institute for Public Service and Policy Research) and staff from the Lead Agency's Division of Early Care and Education. The LA explained the purpose and requirements for the market rate survey according to the CCDF regulations and requested input from participants on the methodology, including the questionnaire and process. Participants shared their perspectives during the meeting and were asked to email or to call designated LA staff with any additional input.
- b) Local child care program administrators: See response to 4.2.2(a)
- c) Local child care resource and referral agencies: See response to 4.2.2(a)
- d) Organizations representing caregivers, teachers, and directors: See response to 4.2.2(a)
- e) Other. Describe: [REDACTED]

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. South Carolina's market rate survey is valid and reliable because it meets the following benchmarks:

(a) It includes the priced child care market of providers that charge parents a price established through an arm's length transaction where the parent and the provider do not have a prior relationship that is likely to affect the price charged. Licensed centers, group and family homes, registered family homes and faith-based centers, and centers exempt from licensing but enrolled in the Lead Agency's quality rating and improvement system (ABC Quality, which is a component of the CCDF-funded system that includes subsidies) were included in the market rate survey.

(b) The survey captures the universe of providers in the priced child care market using the child care licensing data base, along with the database of license-exempt providers enrolled in ABC Quality. The prices in the survey were collected within a 3-month time period from July 21, 2017 through October 10, 2017.

(c) It represents geographic variation by including providers from all geographic parts of the State, drawn from the database of regulated child care providers along with the database of license-exempt providers that are enrolled in ABC Quality.

(d) Rigorous data collection procedures were used: The lists of child care providers in SC were divided into strata from which the sample was selected (strata were differentiated between urban and rural locations for: licensed centers, group and family homes; registered faith-based centers; registered family homes; ABC Quality centers exempt from regulation). For each stratum in which there were 250 or fewer child care providers, all providers were included in the survey; for strata with more than 250 providers, a random sample of providers was selected for inclusion in the sample. Emailed invitations to complete the market rate survey online were sent to sampled providers with an email address. Paper copies of the survey with postage paid return envelopes were mailed to providers without email addresses. Follow-up telephone calls were made to providers that had not responded after one month of receiving the survey to collect the information by phone. The survey response rate was 66%.

(e) Data was analyzed to capture market differences: Rates charged by providers were differentiated by the child care setting as being either urban or rural and statewide; full-time or half-time care; age of child (age 0 through 2; 3 through 5; 6 through 12); and the ABC Quality level achieved by the provider (from the lowest quality level of C to highest quality level of A+). Two methods were used in analyzing these data: (1) all providers were treated equally in computing each of the market rate percentiles; and (2) providers were weighted according to the number of children in each age group who were in their care so that the rates charged by providers with larger numbers of children in a particular age group were given greater weight.

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

- a) Geographic area (e.g., statewide or local markets). Describe: SC's market rate survey reflects the weekly rates charged by child care providers according to their urban or rural geographic location. Statewide market rates by provider type are also reflected.
- b) Type of provider. Describe: SC's market rate survey reflects weekly rates charged by the following types of child care providers: urban centers-licensed, rural centers-licensed, urban centers-registered faith-based, rural centers-registered faith-based, urban SC Voucher-enrolled centers exempt from regulations, rural SC Voucher-enrolled centers exempt from regulations, urban group homes-licensed, rural group homes-licensed, urban family homes-licensed, rural family homes-licensed, urban family homes-registered, rural family homes-registered.
- c) Age of child. Describe: SC's market rate survey reflects weekly rates charged by child care providers according to the following age ranges of children served: birth through age 2, ages 3 through 5, and ages 6 through 12.
- d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. SC's market rate survey reflects weekly rates charged by child care providers according to the following quality levels: A+ (highest quality level), A, B+, B, and C (lowest quality level). The market rate survey also included weekly rates charged for full-time care (30 or more hours per week) and half-time care (15-29 hours per week). Note: The LA will explore the feasibility of another category for less than 15 hours per week to meet the need of CDEP 4K programs which offer wrap-around care for less than 15 hours per week.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results 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.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)).

The report has not been finalized. Once finalized, the results of the report will be posted on www.scchildcare.org

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 11/3/17.
- b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. The report has not been finalized.

- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. **The report has not been finalized.**
- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report. **The report has not been finalized.**

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates *at least* every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based 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. Please use the most populous geographic region (area serving highest number of CCDF children).

- a) Infant (6 months), full-time licensed center care in the most populous geographic region
 Rate \$ per unit of time (e.g., hourly, daily, weekly, monthly)
 Percentile of most recent MRS: **report not finalized; rates/percentiles pending analysis**
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
 Rate \$ per unit of time (e.g., hourly, daily, weekly, monthly)
 Percentile of most recent MRS: **report not finalized; rates/percentiles pending analysis**
- c) Toddler (18 months), full-time licensed center care in the most populous geographic region
 Rate \$ per unit of time (e.g., hourly, daily, weekly, monthly)
 Percentile of most recent MRS: **report not finalized; rates/percentiles pending analysis**
- d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
 Rate \$ per unit of time (e.g., hourly, daily, weekly, monthly)
 Percentile of most recent MRS: **report not finalized; rates/percentiles pending analysis**
- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
 Rate \$ per unit of time (e.g., hourly, daily, weekly, monthly)
 Percentile of most recent MRS: **report not finalized; rates/percentiles pending analysis**
- f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
 Rate \$ per unit of time (e.g., hourly, daily, weekly, monthly)
 Percentile of most recent MRS: **report not finalized; rates/percentiles pending analysis**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
 Rate \$ per unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile of most recent MRS: report not finalized; rates/percentiles pending analysis

- h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ [redacted] per [redacted] unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: report not finalized; rates/percentiles pending analysis

- i) Describe how part-time and full-time care were defined and calculated. Full-time care: 30 or more hours per week for 52 weeks per year; part-time care: 15-29 hours per week for 52 weeks per year.
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). Update of current payment rates pending analysis of MRS completed in 2017.
- k) Provide the citation or link, if available, to the payment rates.
<http://www.scchildcare.org/media/44250/sc-voucher-policy-manual.pdf>
- l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). [redacted]

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

- Differential rate for *non-traditional hours*. Describe: [redacted]
- Differential rate for *children with special needs*, as defined by the state/territory. Describe: SC 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.
- Differential rate for *infants and toddlers*. Describe: SC's payment rates for infants and toddlers are higher than payment rates for older children based on the MRS.
- Differential rate for *school-age programs*. Describe: [redacted]
- Differential rate for *higher quality*, as defined by the state/territory. Describe: 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 subsidies 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 (basic health and safety regulations) to A+ (the highest level of quality criteria).
- Other differential rates or tiered rates. Describe: [redacted]

- Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

- a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices. How: The SC Child Care Voucher Program's eligibility packet and handbook given to parents when they are determined eligible/approved for a CCDF-funded child care subsidy explain that they can choose a provider from the entire range of child care categories (center based, family, in-home, or family/friend/neighbor child care); Extent: Approximately 35% of providers that responded to the 2017 statewide MRS indicated they serve children with CCDF-funded SC Vouchers. Barriers to participation in CCDF-funded SC Voucher Program: 3.5% of providers that responded to the MRS said payment rates; 3.3% said staff training/educational requirements; 2.2% said requirement for pre-service health and safety training within 90 days; 2% said paying staff for overtime to meet training/educational requirements; 1.3% said CPR/First Aid certification for all staff.
- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology. Response to be updated after payment rates are adjusted following analysis of 2017 MRS. Existing payment rates were increased 2/1/2016 based on the 2015 MRS according to the care type, quality level, age of child, and geographic location. Payment rates reflect incrementally higher reimbursement to providers as their quality level advances from the lowest level C to the highest level A+. Payment rates for children under age 6 served by urban child care centers at the level A+ are between the 90th and 95th percentile of the 2015 MRS, at the 75th percentile for quality level B where most children with CCDF-funded subsidies in SC are served, and under the 75th percentile for the lowest quality level C. Approximately 60.38% of SC children with CCDF subsidies in 2015 were served by providers at the higher quality levels of A+, A, B+ and B.
- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF. Response to be updated after payment rates are adjusted following analysis of 2017 MRS. In addition to establishing the base payment rates at or above the 75th percentile of the 2015 MRS for the levels of care where the majority of SC children under age 6 with CCDF-funded subsidies receive care (60.38% in levels B to A+), the Lead Agency is directly funding the cost of health and safety pre-service training, first aid/CPR training, scholarships for professional development, and background checks for caregivers of providers enrolled with the CCDF-funded ABC Quality/SC Voucher Program.
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. The LA is analyzing the 2017 MRS which includes provider rates at various levels of quality in comparison to the payment rates for each level of quality in its QRIS. It is assumed that the

MRS at the 75th and higher percentiles reflects the estimated cost of care at each level of quality.

- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6) The weekly copays for South Carolina are some of the lowest in the nation and have not been revised since October 2, 2008. SC's family copayments range from \$6 to \$20 per child per week based on a sliding fee scale dependent on family size and income.
- f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers The LA's payment practices support equal access to the range of providers by providing funding stability through timely, consistently dependable payments for services by the week. Payments are made to providers chosen by families for their children for the entire week of care as long as a child attends at least one day to ensure continuity of care for children with CCDF-funded subsidies. Payment practices also allow 31 days of absences to be paid in a 52-week eligibility period. Payment rates were established at or above the 75th percentile of the 2015 MRS for the higher levels of care where the majority of SC children under age 6 with CCDF-funded subsidies receive care (update needed after completion of 2017 MRS report and analysis relative to CCDF payment rates). Evidence that children have equal access and are served by the full range of providers is that 42.82% were served in Level B centers, 1.37% in A+ centers, 0.54% in family/friend/neighbor care in child's home, 0.48 % in Level C group home child care, and 0.03% in Level B+ registered family child care during 2015.
- g) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.
- Geographic area. Describe: Based on MRS results, payment rates for urban areas of SC are differentiated to be higher than those for rural areas.
 - Type of provider. Describe: Based on MRS results, payment rates are differentiated for child care centers, group child care homes, family child care homes, and family/friend/neighbor care.
 - Age of child. Describe: Based on MRS results, payment rates are differentiated for children in 3 age ranges: birth through age 2, ages 3 through 5, and ages 6-12.
 - Quality level. Describe: Based on MRS results, payment rates are differentiated by 5 quality levels ranging from the lowest for Level C, and progressively increasing to the higher quality levels of B, B+, A, and A+, based on a provider's performance in meeting increasing quality criteria as quality levels advance.
 - Other.
- h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:
- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe: Update after 2017 MRS report is finalized and analysis completed: Existing payment rates for the highest quality levels of A+, A, B+ and B for children under age 6 were set at the 75th percentile or above of the 2015 MRS.
 - Feedback from parents, including parent surveys or parental complaints. Describe: _____
 - Other. Describe: _____

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, 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 (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to 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 establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,

- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
- Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure.
 - Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure. Child care payments are made within 4-5 working days after receipt of the on-line service voucher log (SVL) or within 12-14 days to providers who do not submit their SVL through the on-line payment system.
- b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:
- Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure.

- Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure. _____
 - Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. The LA pays by the week and allows up to 31 absences per 52-week eligibility period. Payments are made to providers for the entire week of care as long as a child attends at least one day to ensure continuity of care for children with CCDF-funded subsidies.
 - Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. _____
- c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)). _____
- Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). Providers are paid on a full-time basis for 30 or more hours per week of child care services and part-time basis for between 15-29 hours per week.
 - Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. An annual registration fee per child is paid by the LA after the third week of paid child care services for children with CCDF-funded subsidies.
- d) 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. Describe: 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.
- e) 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. Describe: 60 days prior to the end of child care services, the Lead Agency sends an "end of services" notice to the provider and family. When a family's eligibility for child care services will end due to an adverse action, the LA sends a termination notice to the provider and family two weeks prior to services ending.
- f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: The LA sends information about rights and responsibilities including the appeals process to families in their eligibility packet at the time child care services are approved, as well as in services termination notices.

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.
- Yes, the practices vary across areas. Describe:

4.6 Supply-Building Strategies To Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

- a) Children in underserved areas: According to the December 2016 United States Government Accountability Office (GAO) report entitled Child Care: Access to Subsidies and Strategies to Manage Demand Vary Across States (GAO-17-60), of the estimated 61% of children nationwide eligible for a CCDF-funded subsidy according to policies in their states, only an estimated 11% received them. The estimates for South Carolina children eligible for a CCDF-funded subsidy and those who received them were less than the nationwide percentages (p.10). Therefore, the LA considers the entire state of SC to be an underserved area based on the historical inadequacy of funding to address the estimated statewide need for subsidized child care. To identify shortages of quality child care providers in geographical areas or for specific populations, the LA contracts and works with the University of South Carolina’s Yvonne & Schuyler Moore Child Development Research Center (USC), which has developed a Child Care Accessibility Index (CCAI). The CCAI, developed with grant funding from the US Department of Health and Human Services Administration of Children and Families, measures accessibility at the zip code level throughout SC using two indices: selection and unused capacity. USC also compiled data from national estimates of population, poverty, child care eligibility and uptake, along with state child care administrative data about providers’ quality rating and improvement system (QRIS) participation, availability of high to lower quality providers, selection of child care by parents based on past subsidy use, median household income, and unemployment rate to understand child care accessibility in SC. A resulting spreadsheet reflected SC county-level estimates of the supply of child care, estimated demand for child care subsidies, existing utilization, and a proposed methodology for identifying underserved counties. This work will help inform the analysis of supply and demand for subsidized child care by priority populations such as infants and toddlers, children with disabilities, children needing care during non-traditional hours, children in families experiencing homelessness, children who are dual language learners, children exposed to domestic violence, and children in specific geographic areas.
- b) Infants and toddlers: See response to a.
- c) Children with disabilities (include the Lead Agency definition in the description): See response to a. Children who need individualized material, equipment, or instruction; children who are diagnosed with developmental delays; children who demonstrate a delay in cognitive, motor, or social development or communication. 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, and local school districts that develop Individual Education Plans (IEPs)

- d) Children who received care during non-traditional hours: See response to a. Considering the sizable service and tourism sectors of the economy in SC, employees working in those sectors would need child care during non-traditional hours.
- e) Other. Please describe any other shortages in the supply of high-quality providers. See response to a (children in families experiencing homelessness; dual language learners).

4.6.2 Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

a) Infants and toddlers. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: Mini-grants to support program quality enhancements; scholarships for professional development opportunities; provision of additional child care subsidies for infants and toddlers.

b) Children with disabilities. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: Outreach and education to potential providers; scholarships for professional development opportunities; child care subsidies are provided to all children with disabilities defined by the LA.

c) Children who receive care during non-traditional hours. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding

- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: Pending analysis

d) Other. Check and describe:

- Grants and contracts (as discussed in 4.1.3). Describe: [REDACTED]
- Family child care networks. Describe: [REDACTED]
- Start-up funding. Describe: [REDACTED]
- Technical assistance support. Describe: [REDACTED]
- Recruitment of providers. Describe: [REDACTED]
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe: [REDACTED]
- Other. Describe: The LA provides child care subsidies for all children in families experiencing homelessness based on the McKinney-Vento definition of homelessness. In FFY2017, the number of children served nearly doubled as the result of outreach efforts. The LA intends to continue its practice of providing subsidies for all children experiencing homelessness.

4.6.3 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.

- a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? Areas with a higher poverty percentage than 25.4% as cited for SC for ages 0-4 by the U.S. Census Bureau’s Small Area Income and Poverty Estimates Program’s 2016 Poverty and Median Household Income Estimates – States and National released November 2017: and an unemployment rate higher than 4.2% as cited for SC in April 2018 by the Bureau of Labor Statistics.
- b) 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 high-quality programs. Areas in SC defined in 4.6.3 a) as having significant concentrations of poverty and unemployment will be assessed to determine the extent to which children have access to high quality child care or not. Based on that assessment, the LA will target areas without access to high quality child care programs, for incentives to build the supply. The incentives will be predicated on the extent of need in comparison to resources available to address the need.

5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to providers serving CCDF children. These health and safety requirements 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 to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

The following information highlights the requirements for the types of child care facilities that are licensed, approved or registered by the South Carolina Department of Social Services.

- Application for licensing, registration, or approval must be made on forms supplied by the Department and in the manner it prescribes.
- Regular licenses, faith-based center registrations, and approvals expire two years from the date of issuance. Family registrations expire one year from the date of issuance.
- Each child care center, group child care home or family child care home shall maintain its current license, registration, or approval displayed in a prominent place at all times and must state its approval, license or registration number in all advertisements of the child care center, group child care home or family child care home.

Licensed Child Care Center (LCCC)

A child care center must be licensed if the program operates more than four hours a day and more than two days a week. Programs that operate less than four hours a day may keep children during school vacations and holidays and be exempt from licensing.

Facilities that need to be licensed must meet the following criteria:

1. Center Director/Co-Director

Must be at least 21 years old and meet one 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 with 3 years experience in a licensed, approved or registered child care facility. One year shall include supervision of child care staff.

2. Zoning Approval

3. Architectural Plans to be submitted to DSS Fire & Health Safety Chief at Central Office

4. Fire & Health Inspection

5. Child Care Licensing Inspection

6. State and Federal Criminal Background Checks through Live Scan (Fees are required)

7. Three Letters of Reference

8. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation

9. DSS Form 2924 – Central Registry Release of Information (Fees are required)

10. Policies as described in the SC Child Care Regulations for CCC

Approved Child Care Centers

The South Carolina Department of Social Services approves all child care centers that are publicly funded by federal, state, county or city monies. Requirements for approval are the same as licensing requirements stated above.

Child Care Centers Operated by Religious Bodies or Groups (Faith-Based Centers)

A child care facility sponsored by a religious body has the option of becoming licensed or registered. If this type of facility chooses to become licensed, it must meet the licensing requirements listed above for a Licensed Child Care Center.

If this type of facility chooses to become registered, it must meet the licensing requirements listed below:

1. Center Director/Co-Director(s) - Requirements are the same as licensing stated above.

2. Zoning Approval

3. Architectural Plans to be submitted to DSS Fire & Health Safety Chief at Central Office Fire & Health Inspection

4. Child Care Licensing Inspection

5. State and Federal Criminal Background Checks through Live Scan (Fees are required)

6. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation

7. DSS Form 2924 – Central Registry Release of Information (Fees are required)

8. Policies as described in the SC Child Care Regulations for Faith Based Facilities

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 24 months, an additional caregiver must be present at all times.

A Group Child Care Home must be licensed and meet the following criteria:

1. Operator - Requirements are the same as licensing requirements stated above
2. Zoning Approval
3. Architectural Plans to be submitted to DSS Fire & Health Safety Chief at Central Office
4. Fire & Health Inspection
5. Child Care Licensing Inspection
6. State and Federal Criminal Background Checks through Live Scan (Fees are required)
7. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation
8. DSS Form 2924 – Central Registry Release of Information (Fees are required)
9. Policies as described in the SC Child Care Regulations for GCCH

Licensed Family Child Care Home (LFCCH) The following is required:

- Fire and Health inspection
 - Child care licensing inspection
 - First Aid and infant/child CPR certification
1. Zoning Approval from their local Zoning Board
 2. Three Letters of Reference
 3. Working, Listed Telephone Number
 4. State and Federal Criminal Background Checks through Live Scan on operator, caregiver and all household members 15 years and older. (Fees are required)
 5. DSS Form 2924 – Central Registry Release of Information must be submitted on operator, caregivers and household member 18 years and older (Fees are required)
 6. Child Care Licensing Pre-service Inspection
 7. 10 hours of Approved Training
- Regular licenses expire two years from the date of issuance.

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 has the option of becoming licensed or registered.

Registered Family Child Care Home (RFCCH) must meet the following criteria:

1. Zoning Approval from their local Zoning Board
 2. Three Letters of Reference
 3. Working, Listed Telephone Number
 4. State and Federal Criminal Background Checks through Live Scan on operator, caregiver and all household members 15 years and older. (Fees are required)
 5. DSS Form 2924 – Central Registry Release of Information must be submitted on operator, caregivers and household member 18 years and older (Fees are required)
 6. Child Care Licensing Pre-service Inspection
 7. 10 hours of Approved Training
- Regular registrations expire one year from the date of issuance.

Statute 63-13-80 (A), In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the department may visit a family child care home anytime during the hours of operation without prior notice once a year for purposes of investigations and inspections. In conducting investigations and inspections, the department may call on political subdivisions and governmental agencies for appropriate assistance within their authorized fields. The inspection of the health and fire safety of child care centers and group child care homes must be completed upon the request of the department by the appropriate agencies (i.e., Department of Health and Environmental Control, the Office of the State Fire Marshal, or local authorities). Inspection reports completed by state agencies and local authorities must be furnished to the department and become a part of its determination of conformity for licensing and approval. After careful consideration of the reports and consultation where necessary, the department shall assume responsibility for the final determination of licensing, approving, renewing, revoking, or making provisional licenses and approvals.

In SC, legislators determined the following types of providers that can receive CCDF are exempt from licensing:

Kindergartens, nursery schools or other daytime programs, with or without stated educational purposes, operating no more than four hours a day and receiving children younger than lawful school age; School vacation or school holiday day camps for children operating in distinct sessions running less than three weeks per session, unless the day camp permits children to enroll in successive sessions so that their total attendance may exceed three consecutive weeks. (Section 114-500B(c) and (e) South Carolina Department of Social Services Regulations for Private and Public Child Care Centers). License-exempt providers do not endanger the health, safety, or development of children because all providers that participate in ABC Quality are required to meet the Preservice Health and Safety Requirements and all staff must have completed CPR/Pediatric First Aid training. The family, friend and neighbor (FFN) providers submit to a Central Registry and Sex Offender Registry check. Additionally all receive a monitoring inspection except relative FFNs.

License-exempt providers are allowed to participate in ABC Quality and receive CCDF funds. Provider staff members are required to meet the Preservice Health and Safety Requirements and are required to be monitored annually by ABC Quality assessors.

License-Exempt providers

All relatives providing care to children are required to have Central Registry and sex offender registry checks. They are offered the opportunity to take a modified version of the 26 hour health and safety pre-service coursework. Both the parent and provider complete and sign a self-certification safety checklist prior to enrollment.

Annual inspections for license-exempt CCDF providers, including after-school providers, summer camps, and FFN care, will be performed by ABC Quality assessors. All are required to take the Health and Safety Preservice certification and CPR and first aid.

5.1.2 Which providers in your state/territory are subject to licensing under this CCDF category? Check all that apply and provide a citation to the licensing rule.

- Center-based child care. Provide a citation: Section 63-13-410 through 63-13-610 and 63-13-1010 of the Child Care Licensing Law, 114-500 through 114-509 of the Child Care Licensing Regulations for Centers, 114-520 through 114-529 of the Child Care Licensing Regulations for Faith-based centers
- Family child care. Provide a citation: Section 63-13-410 of the Child Care Licensing Law for Large Family Child Care (Group Child Care Homes), Section 63-13-810, Family Child Care Homes (small family care), 114-510 through 114-519 of the Child Care Licensing Regulations for Group Child Care Homes, 114-528 for Child Care Licensing Regulations for Family Child Care Homes.
- In-home care. Provide a citation: 63-13-20 (13) Child Care Licensing Law, Definitions. An occupied residence in which child care is provided only for a child or children related to the resident caregiver or only for a child or children of one family or only for a combinations of these children is not a family child care home.

5.1.3 Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.

- Center-based child care. If checked, describe the exemptions. 63-13-20 (4) (a-j)
- Family child care. If checked, describe the exemptions. If the provider does not care for children regularly (at least 2 days a week) and only cares for one family of children, it is exempt from licensing requirements. At the second unrelated family, the provider must be licensed.
- In-home care. If checked, describe the exemptions. In-home care refers to FFN care. An occupied residence in which child care is provided only for a child or children related to the resident caregiver or only for a child or children of one family or only for a combinations of these children is not a family child care home.

5.1.4 Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

- a) Center-based child care if checked in 5.1.3. Annual inspections for license-exempt CCDF providers, including after-school providers and summer camps, will be performed by ABC Quality assessors.
- b) Family child care if checked in 5.1.3e. Annual inspections for license-exempt CCDF providers, including FFN care, will be performed by ABC Quality assessors.
- c) In-home care if checked in 5.1.3. Annual inspections for license-exempt CCDF providers including, FFN care, will be performed by ABC Quality assessors. ABC Quality requires these programs to meet health and safety criteria.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define infant (age range): a child under 12 months of age
- Ratio: 1 teacher to 5 infants; ABC Quality ratios are 1 teacher to 4 infants
- Group size: restricted according to the square footage of each classroom pursuant to regulation number 114-507 A (1); ABC Quality limits group size to 8.
- Teacher/caregiver qualifications: (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 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. ABC Quality awards points for staff educational qualifications of basic, skilled, and advanced tiers.

2. Toddler

- How does the State/territory define toddler (age range): A child of 12 months of age or older but younger than 24 months of age
- Ratio: 1 teacher to 6 toddlers
- Group size: restricted according to the square footage of each classroom pursuant to regulation number 114-507 A(1)
- Teacher/caregiver qualifications: Same as for infants

3. Preschool

- How does the State/territory define preschool (age range): A child of 3 or 4 years of age or older but not yet eligible for public kindergarten
- Ratio: 1 teacher to 12 children; ABC Quality ratio is 1 teacher to 11 children
- Group size: restricted according to the square footage of each classroom pursuant to regulation number 114-507 A(1)
- Teacher/caregiver qualifications: Same as for infants

4. School-age

- How does the State/territory define school-age (age range): A child at least old enough to enroll in public kindergarten
- Ratio: 1 teacher to 20 children (5-6 year olds) and 1 teacher to 23 children (6-12 year olds)
- Group size: restricted according to the square footage of each classroom pursuant to regulation number 114-507 A(1)
- Teacher/caregiver qualifications: Same as for infants

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers. ABC Quality ratios and group size apply to license-exempt child care centers. Group size is defined as twice the ratio.

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. 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

ABC Quality requires all programs to meet and maintain eligibility criteria. These this criteria require that programs are in compliance with child care licensing laws and regulations to include ratios. Providers with ratios and groups sizes that are lower than what is required by regulation are awarded points that help to determine their quality level (A+, A, B+, B, and C). ABC Quality ratios and group sizes are as follows:

- State/Territory age definition: A child under 12 months of age
- Ratio: One teacher to 4 infants recommended
- Group size 8 recommended.

One year olds

- State/Territory age definition A child 12 months of age or older, but younger than 24 months of age
- Ratio One teacher to 5 children
- Group size 10 recommended

Two year olds

- State/Territory age definition A child 24 months of age or older, but younger than 36 months of age
- Ratio One teacher to 7 children
- Group size 14 recommended

Three year olds

- State/Territory age definition A child 3 years of age or older, but less than 4 years of age
- Ratio One teacher to 11 children recommended
- Group size 22 recommended

Four year olds

- State/Territory age definition: A child 4 years of age or older, but less than 5 years of age
- Ratio One teacher to 13 children recommended
- Group size 26 recommended

Five years old

- State/Territory age definition: A child 5 years of age or older, but less than 6 years of age
- Ratio: One teacher to 15 children recommended
- Group size of 30 recommended

Six through nine year olds

- State/Territory age definition A child at least 6 years old but less than 10 years old
- Ratio One teacher to 18 children recommended
- Group size 36

Ten through twelve year olds

- State/Territory age definition A child at least 10 years old but less than 13 years old
- Ratio One teacher to 20 children
- Group size 40 children recommended

7. Describe the director qualifications for licensed CCDF center-based care. The center Director and Co-Director shall be at least 21 years of age and meet one of the following qualifications:

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;

A bachelor's degree from a state-approved college or university in any subject area, six months' experience working with children in a licensed, approved or registered child care facility;

An associate's 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;

A diploma in child development/early childhood education from a state-approved institution or a child development associate (CDA) credential, and one year work experience in a licensed, approved or registered child care facility; or

A High School Diploma or GED with 3 years' experience in a licensed, approved or registered child care facility.

ABC Quality awards points for staff educational qualifications of basic, skilled, and advanced tiers.

- b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): Same as licensed CCDF center-based care
- Ratio: Large Family – One caregiver to 4 children younger than 2 years old. Small Family – One caregiver to 6 children.
- Group size: Large family - Capacity set at 12; Small family - Capacity is set at 6
- Teacher/caregiver qualifications: Large family – same as CCDF Licensed center based care; 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 accord 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.

2. Toddler

- How does the State/territory define toddler (age range): Same as Licensed CCDF center-based care
- Ratio: Same as above
- Group size: Same as above
- Teacher/caregiver qualifications: Same as above

3. Preschool

- How does the State/territory define preschool (age range): Same as Licensed CCDF center-based care
- Ratio: Same as above
- Group size: Same as above
- Teacher/caregiver qualifications: Same as above

4. School-age

- How does the State/territory define school-age (age range): Same as Licensed CCDF center-based care
- Ratio: Same as above
- Group size: Same as above
- Teacher/caregiver qualifications: Same as above

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes. ABC Quality minimum qualifications for small family child care homes are as follows:

Level B: Family Child Care Home

Primary operator/caregiver must be at least 21 years of age, have a high school diploma/GED or Certificate of Attendance, have at least 1 year experience in a licensed/approved day care setting AND have a signed education plan.

Assistant caregivers who work as assistant to the person in charge of a group of children shall be at least 18 years of age.

Level C: Family Child Care Home (Licensed or Registered)

All staff must be at least 18 years old and have a valid high school diploma/GED

c) In-home CCDF providers:

1. Describe the ratios. In-home care for children from a single family has no ratio requirement. Providers from this type only care for children from a single home family
2. Describe the group size. In-home care for children from a single family has no group size requirement. Providers from this type only care for children from a single home family.
3. Describe the threshold for when licensing is required. When the provider cares for a child from a second unrelated family.
4. Describe the maximum number of children that are allowed in the home at any one time. N/A
5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size. N/A
6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day. N/A

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined throughout the Center-based and Group Child Care Homes Child Care Licensing Regulations set forth in 2005. The prevention and control of infection diseases (including immunizations) can be found in several places throughout the regulations. A current certificate of immunization must be kept in the child's record. Several regulations in the section for Health, Sanitation and Safety address the prevention of control of infectious diseases, including a section on the child's health, sanitation at the facility, diapering procedures, staff's health, the facility's water supply including the maintenance and cleanliness of the water fountain, and bathrooms and children's rest equipment. This section also requires all food be from a source approved by the health authority and be clean, unspoiled, free from contamination, properly labeled and safe for human consumption. This section also covers the proper storage of food to protect against contamination, including the temperature for refrigeration and insulated facilities, the cleaning and handling of utensils and equipment, the care of infants and toddlers along with the mildly ill children for their safety and the safety of others.

Family Child Care Homes:

2. SUGGESTED STANDARD: Child Health Records. The operator shall maintain a health record on each child containing the following items:

- c. 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.

THE STAFF AND THE HOUSEHOLD

A. Personal Health

1. SUGGESTED STANDARD: Health Requirements for Staff. Written evidence shall be required from each staff member verifying his health is satisfactory and would not interfere with his effective functioning in the family child care home.

- a. Written statements, using the form provided by the department, shall be completed initially by the family child care operator, any additional caregivers, substitutes and emergency person verifying that their current health status is satisfactory.

- b. Written verification from a physician or health resource attesting that each staff person is free from communicable tuberculosis shall be submitted initially and annually thereafter.

2. SUGGESTED STANDARD: Health Requirements for Household. Written evidence shall be required from each household member and domestic help not serving as staff attesting that their health is satisfactory.

- a. Written statements, using the form provided by the department, shall be completed initially by each member of the household and domestic help.

- b. Written verification from a physician or health resource attesting that each household member and domestic help is free from communicable tuberculosis shall be submitted initially and annually thereafter.

3. SUGGESTED STANDARD: Health practices of Staff and Household. The operator, his household, domestic help and any additional staff shall follow health practices necessary to safeguard the health of the children and other staff, as follows:

- a. Each person shall wash his hands with soap and water before food preparation and/or service and after assisting with toilet use or diaper changes.

b. No person if afflicted with boils, infected wounds, sores, or acute respiratory infection shall work in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals.

SUGGESTED STANDARD: Drinking Water. The family child care home shall have safe drinking water readily accessible to children of all ages.

Environmental Sanitation

1. SUGGESTED STANDARD: Facility and Grounds. The facility and grounds shall be situated, equipped and maintained as needed in order to safeguard the health of the users.

Vermin Control. Measures for the control of insects, rodents and other vermin shall be applied to prevent harborage, breeding and infestation of the premises.

Animals. Healthy animals, which present no apparent threat, shall be permitted, providing they are properly housed, cared for and have required rabies inoculation.

2. SUGGESTED STANDARD: Water Supply. The water supply shall meet the bacteriological, chemical, and physical requirements of the South Carolina Department of Health and Environmental Control.

EVIDENCE OF COMPLIANCE:

a. Approved Source of Supply. Water shall be accessible from an approved source of supply, in adequate amounts, under pressure (21 psi. recommended). If a private water supply is used, the operator shall obtain approval from the South Carolina Department of Health and Environmental Control to assure safe location, construction, and proper maintenance and operation of the system.

b. Adequate Supply of Water. Water under pressure shall be supplied to the kitchen area where food is processed or handled; laundry room and bathroom. Where hot water is provided, the temperatures shall not exceed 120° F, except that where mechanical dishwashing is used, an adequate supply of 160° water shall be available to the machine. The operator shall supply mixing faucets at all lavatory fixtures, where hot water is provided.

c. Drinking Cups. Each individual shall be provided with a drinking cup, unless disposable cups are used. The use of "common drinking cups" are prohibited. Disposable cups, if used, shall be stored to prevent contamination.

3. SUGGESTED STANDARD: Toilets and Lavatories. Sufficient toileting and lavatory facilities shall be provided.

EVIDENCE OF COMPLIANCE:

a. Minimum Toilet and Lavatory Units:

(1) One (1) flush toilet.

(2) One (1) lavatory.

b. Types of Units for Children. Safe step stools shall be provided to allow standard-sized toilets and lavatories to be used. Training equipment shall be available to children who need it.

c. Bathroom. Water under pressure, soap and single service towels shall be provided.

d. Diaper Changing and Disposal. Facilities caring for infants shall provide a surface with clean covering for each changing process. Feces shall be disposed of through

the sewerage system and soiled diapers placed in a plastic lined, covered, leakproof container, which shall be emptied and cleaned daily.

4. SUGGESTED STANDARD: Waste Disposal. The facility shall follow approved sanitary methods of disposal of wastes.

EVIDENCE OF COMPLIANCE:

a. Liquid Waste Disposal. All sewerage and liquid waste shall be disposed of in a manner not to create a public health hazard and by sanitary methods approved by the local health officials. Where public sewerage systems are provided, this shall be the method of disposal.

b. Solid Waste Disposal. Refuse shall be stored in containers or designated areas in an approved manner. Garbage and other putrid material shall be stored in durable, rust-resistant, nonabsorbent, water-tight, air-tight, rodent-proof, easily cleaned containers away from the reach of children. All solid waste shall be disposed of at sufficient frequencies and manner so as not to create a rodent, insect, or other vermin problem.

5. SUGGESTED STANDARD: Sleeping and Resting Equipment. Individual, comfortable and sanitary equipment for sleeping and resting shall be provided.

EVIDENCE OF COMPLIANCE:

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.

6. SUGGESTED STANDARD: Food and Drink. All food and drink shall be prepared, served and stored so that sanitary cooking methods are observed, nutrients retained and spoilage prevented.

EVIDENCE OF COMPLIANCE:

a. Storage, Preparation and Serving of Food

(1) Maintenance of Food.

- The operator shall provide refrigeration units and insulated facilities as needed to assure the maintenance of all food at 45° or below except during preparation and service.

- Frozen food shall be kept at such temperatures as to remain frozen except when being thawed at refrigerator temperatures of 45° or below; or under cool, potable running water (70° F or below); or quick-thawed as part of the cooking process.

- Containers of food shall be stored above the floor, on clean surfaces, in such a manner as to be protected from splash and other contamination.

- Food not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination from food requiring washing or cooking.

(2) Handling of Food. Utensils, such as forks, knives, tongs, spoons, scoops, shall be provided and used to minimize handling of food at all points where food is prepared.

b. Cleaning and Storage of Utensils and Equipment.

(1) Cleaning Procedures.

- After each usage, all tableware shall be thoroughly cleaned to sight and touch.

- After each usage, all kitchenware and food-contact surfaces used in the preparation, serving and storage of food, shall be thoroughly cleaned to sight and touch.
- When manual dishwashing is employed, equipment and utensils shall be thoroughly washed in a detergent solution which is kept reasonably clean and then shall be rinsed free of such solution.

Utensils shall be sanitized with one of the following methods:

- ☐ Immersion for a period of at least one (1) minute in a sanitizing solution containing:
- ☐ At least 50 ppm of available iodine in a solution having a pH not higher than 5.0 and a temperature of not less than 75° F ; or
- ☐ Any other chemical-sanitizing agent which has been demonstrated to the satisfaction of the health authority to be effective and non-toxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in use solutions, shall provide the equivalent bactericidal effect of a solution containing at least 50 ppm of available chlorine at a temperature no less than 75°F.

(2) Types of Sinks. An approved two-compartment sink and a container of adequate length, width, and depth to completely immerse all tableware for final sanitization shall be provided in facilities beginning operation after the effective date of these standards. A one-compartment sink shall be approved in facilities operating prior to the effective date of these standards, provided that a container shall be furnished of adequate length, width, and depth to completely immerse all tableware for final sanitization. Hot water sanitizing is discouraged due to a possible health hazard in using extremely hot water of 170° F.

(3) Dishwashing Machine. If a dishwashing machine is used, it shall meet the standards for sanitization required by the State Department of Health and Environmental Control.

(4) Handling of Utensils and Equipment. Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner so as to be protected from contamination.

(5) Storing of Utensils and Equipment. Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food-contact surfaces are protected from contamination.

(6) Use of Single Service Articles. Facilities which do not have adequate and effective equipment for cleaning and sanitizing utensils shall use single service articles. Single service articles shall be used only once. Single service articles shall be stored in closed cartons or containers which protect them from contamination.

c. Protection of Food and Food Supplies

(1) Protection Against Contamination. All food being stored, prepared or served shall be protected against contamination.

(2) Protection Against Spoilage and Toxic Materials. All perishable food like fruits and vegetables shall be stored at such temperatures as will protect against spoilage. All raw fruits and vegetables shall be washed thoroughly before being cooked or served, to remove poisonous and toxic materials.

(3) Cooking, Preparation and Procedures. Stuffings, poultry, and stuffed meats and poultry, shall be heated throughout to a minimum temperature of 165° F with no interruption of the initial cooking process.

- Pork and pork products which have not been specially treated to destroy Trichinae shall be thoroughly cooked to heat all parts of the meat to at least 150° F.
- Potentially hazardous food such as meat salads, potato salad and cream-filled pastries shall be prepared (preferably from chilled products) with a minimum of manual contact and on surfaces and with utensils which are clean, and which, prior to use, have been sanitized.
- Custards, cream fillings or similar products which are prepared by hot or cold processes shall be kept at safe temperatures except during necessary periods of preparation and service.

(4) Use of Milk Products. Grade A Pasteurized fluid milk and fluid milk products or pasteurized dry milk or evaporated milk shall be served.

(5) No Reuse of Food. Individual portions of food once served shall not be served again.

d. Food and Drink for Infants. In facilities offering care to infants, formula, juice and baby food served in a baby bottle shall be fully prepared and packaged (ready-to-feed) and identified for the appropriate child at the child's home and provided daily by the parent/guardian; or formula and juice served in a baby bottle shall be provided by the facility as a ready-to-feed, fully prepared and packaged single-use item; or formula and juice may be provided in a manner specifically approved by the local health authority. Any excess formula or juice shall be discarded after each feeding. Formula and juice which require refrigeration and baby food (after opening and re-covering) shall be identified for the appropriate child and shall be refrigerated at 45° F or below.

- List the citation for these requirements. Center Regulation: 114-503G(6)(a-c)-Child's Record; 114-505A-Children's Health; 114-505B-Sanitation; 114-505F(3-15)-Diapering Procedures; 114-505G-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; Group Child Care Home Regulations 114-513G(6)(a-c)-Child's Record, 114-515A-Children's 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; 114-509(A)(3)(a)-Feeding Eating and Drinking; 114-509(B)-Care for mildly ill children. Suggested Standards for Licensed/Registered family child care homes IB2c, Records; IIA1,2, 3 Personal Health; IIIA1,2,5 Health Practices; IIID2 Food; IVB.1c,g, 2a,c, 3.c,d, 4a,b, 5a, 6 Environmental Sanitation.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are variations by category of care. The regulations above are described by categories.
- Describe any variations based on the age of the children in care. There is a separate set of regulations for infants and toddlers to address some of their specific needs as related to their care. They are addressed in the regulations above.
- Describe if relatives are exempt from this requirement. Relatives are exempt from the licensing requirements.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations set forth in 2005. There are several places where the prevention of sudden infant death syndrome and the use of safe-sleep practices are indicated in the regulations. Safe sleep practices are mentioned through the use of appropriate sleep/rest equipment by ensuring that cribs meet the requirements of the US Consumer Products Safety Commission (CPSC) as well as ensuring that children are held while feeding infants are placed on their backs to sleep with no items in the crib that could cause strangulation or suffocation of the child.
Family child care homes: SUGGESTED STANDARD: Safety of Equipment. Equipment used with or by the children shall be kept reasonably free of hazards.
c. When cribs and playpens are required after the effective date of these regulations, the safety requirements developed by the United States Consumer Product Safety Commission shall be observed.
 - List the citation for these requirements. Center based regulations: 114-507A(5)(g)(i,ii,iii)-Environmental hazards; 114-507D-Rest Equipment; 114-509A(1)(a)Infant and toddler care; 114-509A(3)(c)-Feeding, eating and drinking; 114-509A(5)-Sleeping. Group Child Care Home: 114-517A(5)(g)(i,ii,iii)-Environmental hazards; 114-517D-Rest Equipment; 114-519A(1)(a)Infant and toddler care; 114-519A(3)(c)-Feeding, eating and drinking; 114-519A(5)-Sleeping, Suggested Standards for Licensed and Registered FCHs IV – Sanitation and Safety Provisions A3c Safety Precautions.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are variations by category of care. The regulations above are described by categories.
 - Describe any variations based on the age of the children in care. There is a separate set of regulations for infants and toddlers to address some of their specific needs as related to their care. They are addressed in the regulations above.
 - Describe if relatives are exempt from this requirement. Relatives are exempt from the licensing requirements.
3. Administration of medication, consistent with standards for parental consent
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined throughout the Center-based and Group Child Care Homes Child Care Licensing Regulations set forth in 2005. They are also defined in the Child Care Licensing Statutes, SC Code of Laws, Title 63, Chapter 13. There are several places throughout the regulation and a section in the law where the content is covered for the Administration of Medication. This section addresses medication and medical procedures as well as the storage of medication. The statute addresses the administration of medication to children, making it unlawful to administer medications to to child without obtaining parent consent and provides for medical emergencies.
For family child care homes: SUGGESTED STANDARD: Interpretation of Policies. The Operator shall provide the parent user with a copy of the policies of the family child care home, in such areas as:

- i. authority and procedures for administering medication and special medical procedures to a child.
 - List the citation for these requirements. SC Code of Laws, 63-13-185-Child Care Facility medication administration to children; Center Based Regulations 505 D – Medication or Medical procedures, Group Child Care Home Regulations 515 D- Medication or Medical procedures; Suggested Standards for Licensed and Registered FCCHs A1i The Administration of the Home; A4 The Care of the Children.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care.
 - Describe any variations based on the age of the children in care. None
 - Describe if relatives are exempt from this requirement. Relatives are exempt from the licensing requirements.
4. Prevention of and response to emergencies due to food and allergic reactions
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined throughout the Center-based and Group Child Care Homes Child Care Licensing Regulations set forth in 2005. The regulations that address meal requirements discuss how the facility must get written permission for dietary modifications signed by the child’s health care provider or parent. It is also listed in the FCCH’s Suggested Standards Parent’s statement of the child’s physical and mental condition at the time of his admission to the family child care home.
 - List the citation for these requirements. Center-based regulation, 114-508A(9)(10)- Meal Requirements; Group Child Care Home Regulations 114-518A(6)(7). Suggested Standards for Licensed and Registered FCCHs IB2a, Administration of the Home.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care.
 - Describe any variations based on the age of the children in care. None
 - Describe if relatives are exempt from this requirement. Relatives are exempt from the licensing requirements.
5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined throughout the Center-based and Group Child Care Homes Child Care Licensing Regulations set forth in 2005. There are several sections throughout the regulations where building and physical premises safety, including the identification of and protection from hazards that can casue bodily injury, such as electrical hazards, bodies of water and vehicular traffic, are addressed:

Fire safety and emergency preparedness:

(1) Private and public child care centers shall comply with the regulations and codes of the State Fire Marshal.

(2) In the event of a natural disaster or unscheduled closing of a child care center, the capacity may be exceeded temporarily to accommodate the displaced children. The director shall notify the Department

of the situation and maintain appropriate staff:child ratios at all times. Required records shall be kept on file for the new enrollees.

(3) The facility shall have an up to date written plan for evacuating in case of fire, a natural disaster, or other threatening situation that may pose a health or safety hazard. The facility shall also include procedures for staff training in this emergency plan.

Transportation:

(1) If the center provides or arranges for transportation through contract, the following transportation requirements apply:

(a) The staffing ratios specified in 114-504.B.(1) through (3) apply. The driver of the vehicle shall not be counted in the ratios for infants or toddlers.

(b) Each child shall be secured in an individual, age-appropriate safety restraint at all times the vehicle is in motion.

(c) Safety restraints shall be used in accordance with the manufacturer's instructions.

(d) A child shall not be left unattended in a vehicle.

(e) Transportation placement of children in the vehicle shall be in accordance with all applicable state and federal laws.

(f) The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 20-7-2725 (A) (4) of the Code of Laws of 1976.

(g) There shall be a first aid kit and emergency information on each child in the vehicle.

(h) Use of tobacco products is prohibited in the vehicle.

(i) Written consent from the parent is required prior to transportation.

(j) When the facility provides transportation to and from the child's home, the facility staff shall be responsible for picking the child up and returning the child to a designated location.

(k) The director and/or staff of the center shall provide the driver of the vehicle with a record that lists the name, address, and telephone number of the center, as well as names of children being transported.

(2) The following requirements apply for safe pick-up and drop-off:

(a) The center shall have safe crossways and pick-up and drop-off locations and communicate these locations to the parents.

(b) Children shall be directly supervised during boarding and exiting vehicles.

(c) The director and/or staff shall have on file, in the facility, written permission from parent(s)/guardian(s) for transporting children to and from the home, school, or other designated places, including center-planned field trips and activities.

(d) Written transportation plans for routine travel shall be on file. Plans shall include a checklist to account for the loading and unloading of children at every location.

A. Indoor space and conditions

(1) The director shall provide at least thirty-five (35) square feet of indoor play space per child, measured by Department staff from wall to wall. Department staff shall determine the total number of children to be cared for in each room by measuring and computing the rooms separately. Bathrooms, reception areas, isolation rooms, halls and space occupied by cupboards, shelves, furniture and equipment which are accessible to children for their use shall be allowable space. Kitchens, storage rooms, and storage cabinets used solely for or by staff shall be excluded. Halls, although included in total indoor space, shall not be used for activities or storage of furniture and equipment.

(2) Ventilation

(a) Child care areas, dining areas, kitchens, and bathrooms shall be ventilated by mechanical ventilation, such as fans or air conditioning, or at least one operable window.

(b) If freestanding fans are used, fans shall have a stable base, be equipped with protective guards and be placed in a safe location.

(c) Windows, including windows in doors, when utilized for ventilation purposes shall be securely screened to prevent the entrance of insects.

(d) Windows accessible to children under 5 years of age that are above ground level of the building shall be adjusted to limit the opening to less than 6 inches or protected with guards that do not block outdoor light.

(3) Safety glass shall be used on clear glass windows and doors that are within thirty-two inches above floor level and that are accessible to children. Decals shall be applied to all glass or sliding patio doors and placed at eye level of the children being cared for at the facility.

(4) Lighting

(a) Rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, and fire escapes shall be lighted.

(b) At least twenty foot candles of light shall be required on all work surfaces in food preparation, equipment washing, utensil washing, hand-washing areas, and toilet rooms.

(c) Adequate, safe lighting for individual activities, for corridors, and for bathrooms shall be provided.

(5) Environmental hazards

(a) Safety barriers shall be placed around all heating and cooling sources, such as hot water pipes, fixed space heaters, wood- and coal-burning stoves, hot water heaters, and radiators, that are accessible to children to prevent accidents or injuries upon contact by the child.

(b) Knives, lighters, matches, projectile toys, tobacco products, microwave ovens, and other items that could be hazardous to children shall not be accessible to children.

(c) To prevent lead poisoning in children, child care centers shall meet applicable lead base paint requirements, as established by the South Carolina Department of Health and Environmental Control (DHEC), pursuant to South Carolina Code annotated Section 44-53-1310, et seq., and Regulation Number (61-85).

(d) Floors, walls, ceilings, windows, doors and other surfaces shall be free from hazards such as peeling paint, broken or loose parts, loose or torn flooring or carpeting, pinch and crush points, sharp edges, splinters, exposed bolts and openings that could cause head or limb entrapment.

(e) The use of sinks, equipment, and utensil- washing sinks, or food preparation sinks for the cleaning of garbage and refuse containers, mops or similar wet floor cleaning tools, and for the disposal of mop water or similar liquid waters is prohibited.

(f) Children shall not be present in the area during construction or remodeling and not in the immediate area during cleaning or in such a manner as not to create a condition that might result in an accident or cause harm to the health and safety of the children.

(g) The following items shall be secured or inaccessible to children for whom they are not age appropriate:

(i) Items that may cause strangulation such as blind cords, plastic bags, necklaces, and drawstrings on clothing and string;

(ii) Items that may cause suffocation such as sand, beanbag chairs, pillows, soft bedding, and stuffed animals; and

(iii) Items that may cause choking such as materials smaller than 1 ¼ inch in diameter, items with removable parts smaller than 1 ¼ inch in diameter, Styrofoam objects and latex balloons.

(6) Water Supply

(a) The water supply shall meet applicable requirements for water quality and testing in accordance with DHEC.

(b) The center shall have hot and cold water under pressure. (Forty PSI recommended)

If an individual private well water supply is used, the director shall obtain approval pursuant to

DHEC to ensure safe location, construction, and proper maintenance and operation of the system.

(c) Hot water shall be between 100 to 120 degrees Fahrenheit.

(d) Safe drinking water shall be available to children at all times and there shall be no use of common drinking cups.

(e) If a water fountain is available, it shall be of an angle-jet design, maintained in good repair and kept sanitary. There shall be no possibility of mouth or nose submersion.

(f) Ice used for any purpose shall be made from water from an approved source. The ice shall be handled and stored in a sanitary manner.

(7) Temperature

(a) Temperature shall be maintained between 68 and 80 degrees Fahrenheit as appropriate to the season while children are present in the center.

(b) When outdoor temperature exceeds 90 degrees Fahrenheit, caution shall be used when children are involved in outdoor physical activities.

(8) Sanitation

(a) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment and furnishings.

(b) Measures to control insects, rodents, and other vermin shall be taken to prevent harborage, breeding, and infestation of the premises.

(c) All solid wastes shall be disposed of at sufficient frequencies and in such a manner not to create a rodent, insect, or vermin problem.

(d) Trash in diapering areas shall be kept in closed, hands- free operated, plastic lined receptacles in good repair.

(e) Trash in kitchen areas shall be kept in closed, plastic lined receptacles.

(f) Trash in children's restrooms, classrooms, and eating areas shall be kept in plastic lined receptacles.

(g) Trash receptacles outside the building, shall be watertight with firm fitting lids that prevent the penetration of insects and rodents.

(h) Trash disposal and sewage system construction and usage shall be in accordance with local standards and ordinances.

(i) The use of child care room, bathroom, or kitchen sinks for cleaning of trash receptacles or cleaning equipment is prohibited.

(9) Doors

(a) Protective gates shall be of the type that do not block emergency entrances and exits and that prevent finger pinching and head or limb entrapment.

(10) Landings, stairs, handrails, and railings

(a) Children shall not have access to a door that swings open to a descending stairwell or outside steps, unless there is a landing that is at least as wide as the doorway at the top of the stairs.

(b) Each ramp and each interior stairway and outside steps exceeding two steps shall be equipped with a secure handrail at the height appropriate for the sizes of the children at the center.

(c) Stairs shall have a nonskid surface.

(d) Each porch and deck that has over an 18-inch drop shall have a well- secured railing.

(e) Interior stairs that are not enclosed shall have a barrier to prevent falls.

(11) Electrical sources

(a) The center shall be connected with an electrical source.

(b) Electrical outlets and fixtures shall be connected to the electrical source in a manner that meets local electrical codes, as certified by an electrical code inspector. – NFPA 70 and 99 Compliance.

(c) Electrical outlets shall be securely covered with childproof covers or safe ty plugs when not in use in all areas accessible to children.

(d) No electrical device accessible to children shall be located so that it could be plugged into the outlet while in contact with a water source, such as sinks, tubs, shower areas, or swimming/wading pools, unless ground fault devices are utilized.

(12) Bathrooms

(a) There shall be at least one flush toilet for every 20 children over two years of age.

Staff shall be included when determining availability of toilets if there are no staff rest rooms.

(b) If seat adapters are used for toilet training, they shall be cleaned and sanitized after each use.

(c) Toilet training equipment shall be provided to children who are being toilet trained.

(d) There shall be at least one sink with hot and cold running water under pressure for every 20 children over two years of age. Sinks shall be located in or near each toilet area.

(e) Toilets and sinks shall be at heights accessible to the children using them or shall be equipped with safe and sturdy platforms or steps.

(f) Privacy shall be provided for toilets used by preschool and school age children.

(g) Floor and wall surfaces in the toilet area shall have smooth, washable surfaces.

Carpeting is not permitted in the toilet area.

(h) Toilets, toilet seat adapters, sinks and restrooms shall be cleaned at least daily and shall be in good repair.

(i) Liquid or granular soap and disposable towels shall be provided at each sink.

(j) Children shall not be left unattended in a bathtub or shower.

(k) Easily cleanable receptacles shall be provided for waste material. Toilet rooms used by women shall be provided with at least one covered waste receptacle.

(l) Bathroom facilities shall be completely enclosed.

B. Outdoor space

(1) The director shall provide at least seventy-five (75) square feet of outdoor play space per child. Where outdoor space is insufficient at the center, the director and/or staff may take the children outdoors in shifts or utilize parks or other outdoor play areas which meet safety requirements and which are easily accessible.

(2) The outdoor space shall be free from hazards and litter.

(3) Outdoor walkways shall be free from debris, leaves, ice, snow, and obstruction.

(4) 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 four feet high.

C. Furniture, toys, and recreational equipment shall:

(1) Be clean and free from hazards such as broken or loose parts, rust or peeling paint, pinch or crush points, unstable bases, sharp edges, exposed bolts, and openings that could cause head or limb entrapment;

(2) Meet the standards of the US Consumer Products Safety Commission (CPSC), if applicable. Recalled products listed by the CPSC shall not be accessible to children;

(3) Be developmentally and size appropriate, accommodating the maximum number of children involved in an activity at any one time;

(4) The sides of playpens shall remain latched as long as a child is using the playpen. If playpens are used they shall have waterproof, washable, comfortable pads;

(5) All arts and crafts and play materials shall be nontoxic;

(6) Outdoor recreational equipment shall be made of durable, non-rusting, non-poisonous materials, and shall be sturdy;

(7) Stationary outdoor equipment shall be firmly anchored and shall not be placed on a concrete or asphalt surface. Cushioning material such as mats, wood chips or sand shall be used under climbers, slides, swings, and large pieces of equipment;

(8) Swings shall be located to minimize accidents and shall have soft and flexible seats;

- (9) Cushioning material shall extend at least six (6) feet beyond the equipment and swings;
- (10) Slides shall have secure guards along both sides of the ladder and placed in a shaded area;
- (11) Outdoor metal equipment shall be located in shaded areas or otherwise protected from the sun;
- (12) Outdoor equipment shall be arranged so that children can be seen at all times;
- (13) The height of play equipment shall be developmentally and size appropriate;
- (14) Sand in a sand box shall be securely covered when not in use and, if outdoors, constructed to provide for drainage;
- (15) Indoor recreational equipment and furnishings shall be cleaned and disinfected when they are soiled or at least once weekly and shall be of safe construction and free of sharp edges and loose or rusty points. Indoor recreational equipment and furnishings shall be clean and shall be of safe construction and free of sharp edges and loose or rusty points; and
- (16) A properly fitting bicycle helmet that is approved by American National Standards Institute, Snell Memorial Foundation, or American Society for Testing and Materials, shall be worn by each child when riding a bicycle, skateboard, roller blades, or skates. Helmets are optional for use with tricycles.

D. Rest equipment

- (1) Cribs shall meet the requirements of the US Consumer Products Safety Commission (CPSC).
- (2) Individual, clean, developmentally appropriate cribs, cots, or mats shall be provided for each infant, toddler and preschool child, labeled with the child's name and used only by that child.
- (3) Cribs, cots, and mats shall be made of easily cleanable material.
- (4) Placement of sleeping and napping equipment shall allow ready access to each child by staff.
- (5) Individual, clean, appropriate coverings shall be provided.
- (6) Cots and mats shall be stored so that the surface on which a child lies does not touch the floor.

E. Environmental hazards

- (1) Poisons or harmful agents
 - (a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children.
 - (b) Poisons or harmful agents shall be purchased in childproof containers, if available.
 - (c) Play materials, including arts and crafts, shall be non-poisonous.
 - (d) Poisonous plants are not permitted.
 - (e) Pesticides shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site accessible only to authorized staff.
- (2) Water hazards
 - (a) Swimming pools located at the center or used by the center shall conform to the regulations of DHEC for construction, use, and maintenance.
 - (b) Swimming pools, stationary wading pools and other water sources such as ditches, streams, ponds, and lakes shall be made inaccessible to children by a secure fence that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.
 - (c) Children shall not be permitted in hot tubs, spas, or saunas.
 - (d) Children shall not be permitted to play in areas where there are swimming pools or other water sources without constant supervision.
- (3) Firearms, weapons, and ammunition are not permitted in the center or on the premises without the express permission of the authorities in charge of the premises or property. This does not apply to a guard, law enforcement officer, or member of the armed forces, or student of military science.
- (4) Animals: The following requirements apply in regard to animals:

(a) Healthy animals which present no apparent threat to the health and safety of the children shall be permitted, provided they are cleaned, properly housed, fed and cared for and have had required vaccinations, as appropriate. Live animals shall be excluded from areas where food for human consumption is stored, prepared or served.

(b) Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal.

(c) Animal litter and waste shall not be accessible to children.

(d) Reptiles and rodents shall not be accessible to children without adult supervision.

Feeding chairs:

(a) Feeding chairs shall have a stable base.

(b) Feeding chairs shall have a T-shaped safety strap that prevents the child from slipping or climbing out of the chair. The safety strap shall be used at all times the child is in the chair.

(c) Feeding chair trays shall be in good repair and made of an easily cleanable surface and shall not have chips or cracks.

(d) Feeding chairs shall be used only for eating or a specific, short time- limited tabletop play activity.

(e) Seat heights of feeding chairs shall be appropriate to the age and development of the child. Feeding chairs shall be in good repair and children shall be constantly supervised.

Sleeping:

(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) Two years from the effective date of these regulations, stacked cribs will no longer be permitted.

Equipment and materials:

(a) The infant and toddler room shall have chairs for staff persons to sit while holding and feeding children.

(b) Indoor space shall be protected from general walkways where crawling children may be on the floor.

(c) Mobile walkers are not permitted.

Care for mildly ill children:

(d) A hand-washing sink shall be in close proximity to the area designated for mildly ill children.

Night Care:

(2) An unannounced emergency drill shall be held during sleeping hours at least every 60 days.

(3) Sleeping equipment

(a) Each child shall have a bed with a solid foundation, a fire retardant mattress, a pillow, and bedding appropriate for the temperature of the center.

(b) Cots and portable beds are not permitted.

Bathing:

(a) If children bathe at the center, there shall be one bathtub or shower with a slip-resistant surface for every ten children.

Family child care homes

3. SUGGESTED STANDARD: Infant-Toddler Care. The family child care home shall provide an environment which safeguards infants and toddlers from physical harm but is not so restrictive so as to inhibit physical, intellectual, emotional or social development.

EVIDENCE OF COMPLIANCE:

f. The caregiver(s) shall provide the following types of equipment and space:

(1) Indoor areas protected from general walkways within the home, where crawling children can be on the floor at least part of the day to explore.

4. SUGGESTED STANDARD: Space. A family child care home shall have sufficient indoor and outdoor space for the activities of the children.

EVIDENCE OF COMPLIANCE:

- a. The operator shall provide at least 35 square feet of indoor space per child (exclusive of bathrooms and storage places). Halls may be counted as indoor space if approved by the appropriate fire official.
- b. The operator shall provide at least 75 square feet per child of outdoor space. Where the outdoor space is not available at the facility, the operator may utilize parks or other outdoor play areas which are easily accessible.

IV. SANITATION AND SAFETY PROVISIONS

A. Safety Precautions

1. SUGGESTED STANDARD: Disaster Plan. The operator shall develop a disaster plan in case of fire or emergencies which shall be put in writing and tested with the children at regular intervals.
2. SUGGESTED STANDARD: Accident Prevention. The operator of a family child care home shall provide premises which minimize the risk of accidental injury.

EVIDENCE OF COMPLIANCE:

- a. Outdoor play Areas. Outdoor play areas shall be protected by fencing or some type of barrier if location is readily accessible to street or highways or otherwise dangerous.
- b. Building and Grounds
 - (1) Outside stairs, walkways, ramps and porches shall be maintained free from accumulations of water, ice, or snow.
 - (2) Stairs and ramps, if hazardous, shall be provided with handrails.
 - (3) Where clear glass is used in exterior windows less than 32 inches above floor level, the glass shall be of safety grade.
- c. Storage of Harmful Items. Flammable liquids, cleaning supplies, detergents, matches, lighters, medications and other such harmful items shall be kept inaccessible to children.

3. SUGGESTED STANDARD: Safety of Equipment. Equipment used with or by the children shall be kept reasonably free of hazards.

EVIDENCE OF COMPLIANCE:

- a. Indoor equipment, furnishings and toys shall be of safe construction, free from sharp edges and loose or rusty points. No toy accessible to infants and toddlers shall be small enough to swallow.
- b. Outdoor play equipment shall be free of jagged edges and rust, made of durable, nonpoisonous material, and sturdy. Stationary outdoor equipment shall be firmly anchored.
- c. When cribs and playpens are required after the effective date of these regulations, the safety requirements developed by the United States Consumer Product Safety Commission shall be observed.

B. Environmental Sanitation

1. SUGGESTED STANDARD: Facility and Grounds. The facility and grounds shall be situated, equipped and maintained as needed in order to safeguard the health of the users.

EVIDENCE OF COMPLIANCE:

- a. Site. The facility shall be located in an area reasonably free from health hazards, such as open drainage, ditches, wells, holes, and other natural or man-made obstacles.
- b. Outdoor Areas. Outdoor areas shall be kept neat, clean, and free of litter.
- c. Vermin Control. Measures for the control of insects, rodents and other vermin shall be applied to prevent harborage, breeding and infestation of the premises.

d. Floors. Floors shall have smooth, washable surface and shall be kept clean, in good repair, and free from hazards. If carpeting is used, it shall be cleaned regularly and repaired if torn.

e. Walls and Ceilings. Walls and ceiling shall be in sound condition and clean. No lead-based paint (0.5 lead compound per cent of the total weight of the contained solids or dried paint) shall be used on interior and exterior surfaces accessible to children.

f. Lighting and Ventilation. All rooms shall be adequately lighted and ventilated. Lighting on the task shall never be less than 30-foot candles. Lights and ventilation systems shall comply with the local and/or state building codes, whichever is more stringent.

g. Animals. Healthy animals, which present no apparent threat, shall be permitted, providing they are properly housed, cared for and have required rabies inoculation.

h. Protected of Openings. Windows and other similar openings shall be protected or otherwise remain closed.

2. SUGGESTED STANDARD: Water Supply. The water supply shall meet the bacteriological, chemical, and physical requirements of the South Carolina Department of Health and Environmental Control.

EVIDENCE OF COMPLIANCE:

a. Approved Source of Supply. Water shall be accessible from an approved source of supply, in adequate amounts, under pressure (21 psi. recommended). If a private water supply is used, the operator shall obtain approval from the South Carolina Department of Health and Environmental Control to assure safe location, construction, and proper maintenance and operation of the system. b. Adequate Supply of Water. Water under pressure shall be supplied to the kitchen area where food is processed or handled; laundry room and bathroom. Where hot water is provided, the temperatures shall not exceed 120° F, except that where mechanical dishwashing is used, an adequate supply of 160° water shall be available to the machine. The operator shall supply mixing faucets at all lavatory fixtures, where hot water is provided.

c. Drinking Cups. Each individual shall be provided with a drinking cup, unless disposable cups are used. The use of "common drinking cups" are prohibited. Disposable cups, if used, shall be stored to prevent contamination.

3. SUGGESTED STANDARD: Toilets and Lavatories. Sufficient toileting and lavatory facilities shall be provided.

EVIDENCE OF COMPLIANCE:

a. Minimum Toilet and Lavatory Units:

(1) One (1) flush toilet.

(2) One (1) lavatory.

b. Types of Units for Children. Safe step stools shall be provided to allow standard-sized toilets and lavatories to be used. Training equipment shall be available to children who need it.

c. Bathroom. Water under pressure, soap and single service towels shall be provided.

d. Diaper Changing and Disposal. Facilities caring for infants shall provide a surface with clean covering for each changing process.

Feces shall be disposed of through the sewerage system and soiled diapers placed in a plastic lined, covered, leakproof container, which shall be emptied and cleaned daily.

4. SUGGESTED STANDARD: Waste Disposal. The facility shall follow approved sanitary methods of disposal of wastes.

EVIDENCE OF COMPLIANCE:

a. Liquid Waste Disposal. All sewerage and liquid waste shall be disposed of in a manner not to create a public health hazard and by sanitary methods approved by the local health officials. Where public sewerage systems are provided, this shall be the method of disposal.

b. Solid Waste Disposal. Refuse shall be stored in containers or designated areas in an approved manner. Garbage and other putrid material shall be stored in durable, rust-resistant, nonabsorbent, water-tight, air-tight, rodent-proof, easily cleaned containers away from the reach of children. All solid waste shall be disposed of at sufficient frequencies and manner so as not to create a rodent, insect, or other vermin problem.

C. Fire Safety

SUGGESTED STANDARD: Fire Safety. Family child care homes shall comply with the regulations and the codes of the State Fire Marshal.

- List the citation for these requirements. : 114-505 H-Fire Safety and emergency preparedness; 114505I-Transportation; 114-507 – Physical Site; 114509A(4)-Infant Care, Feeding Chairs; 114-509A(6)-Equipment and Materials; 114-509A(5)(c)&(d)-Sleeping; 114-509B(2)(d)-Mildly ill Children, 114-509 C(3)-Night Care; 509C(5)(a)-Bathing. Group Child Care Home regulation: 114-515 H-Fire Sarty and emergency preparedness; 114515I-Transportation; 114-517 – Physical Site; 114519A(4)-Infant Care, Feeding Chairs; 114-519A(5)(b)&(c)-Sleeping; 114-519A(6)-Equipment and Materials; 114-519C(3)-Night Care; 519C(5)(a)-Bathing; Suggested Standards for Licensed and Registered FCCHs IIIC3, 4, The Care of the Children; IVA, IVB Sanitaton and Safety Provisions
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are variations by category of care. The regulations above are described by categories.
 - Describe any variations based on the age of the children in care. There is a separate set of regulations for infants and toddlers to address some of their specific needs as related to their care. They are addressed in the regulations above.
 - Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2005.

Child abuse

(1) The center shall immediately report suspected child abuse or child neglect to the Department’s Office of Child Protective and Preve ntive Services or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510.

(2) The director and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

(a) Participate in informational conferences with Child Protective and Preventive Services staff;

(b) Release records as appropriate, of children and staff upon request; and

(c) Allow access to the center premises for inspection and investigation of the child abuse allegation by the Department and other officials as permitted by statute.

Discipline and behavior management

(1) The facility's discipline policy shall outline methods of guidance appropriate to the ages of the children. Positive, non-violent, non-abusive methods for managing behavior shall be implemented.

(2) All teacher/caregivers shall sign a facility agreement to implement the discipline and behavior management policy, with a statement that specifies no corporal punishment shall be used except when authorized in writing by the parent(s)/guardian(s); corporal punishment shall not exceed guidelines established in Section 20-7-490(c)(1)(a) through (e) of the Code of Laws of South Carolina, 1976 amended.

(3) Emotional abuse is also prohibited, including but not limited to: profane, harsh, demeaning or humiliating language in the presence of children. Threatening, humiliating, ignoring, corrupting, terrorizing, or rejecting a child is prohibited.

(4) Withholding, forcing, or threatening to withhold or force food, sleep or toileting is prohibited.

(5) Unsupervised isolation of a child shall not be allowed. The child shall be within sight of staff if isolation from the group is used.

(6) The use of children to discipline other children is prohibited.

(7) Children shall not be restrained through drugs or mechanical restraints.

(8) Each child care center has the option to prohibit corporal punishment.

Family Child Care Homes

DSS Regulation No. 114-528. H.(7) The operator shall cooperate with Department staff, law enforcement and other involved agencies during an investigation of child abuse or neglect.

Cooperation shall include but not be limited to the following:

DSS Regulation No. 114-528. H.(7)(a) Participate in an informational conference(s) with Child Protective and Preventive Services staff;

DSS Regulation No. 114-528. H.(7)(b) Release records of children and staff as requested;

DSS Regulation No. 114-528. H.(7)(c) Allow access to facility premises for inspection upon request.

SUGGESTED STANDARD: Reporting Neglect or Abuse. The operator shall notify the appropriate department staff or local law enforcement official when it appears that a child is being neglected or abused.

- List the citation for these requirements. Center-based Child Care Licensing Regulations: 114-503C-Child Abuse; 114-506B-Discipline and Behavior management. Group Child Care Home Regulations 114-513C-Child Abuse; 114-516B-Discipline and Behavior management; Regulations for FCCHs 114-528 H(7); Suggested Standards for Licensed and Registered FCCHs IA4, Administration of the Home
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are variations as listed above by category of care.
 - Describe any variations based on the age of the children in care. None
 - Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford

Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2005.

Fire safety and emergency preparedness:

(1) Private and public child care centers shall comply with the regulations and codes of the State Fire Marshal.

(2) In the event of a natural disaster or unscheduled closing of a child care center, the capacity may be exceeded temporarily to accommodate the displaced children. The director shall notify the Department of the situation and maintain appropriate staff:child ratios at all times. Required records shall be kept on file for the new enrollees.

(3) The facility shall have an up to date written plan for evacuating in case of fire, a natural disaster, or other threatening situation that may pose a health or safety hazard. The facility shall also include procedures for staff training in this emergency plan.

FCCHs

THE ADMINISTRATION OF THE HOME

A. Owner/Operator

1. SUGGESTED STANDARD: Interpretation of Policies. The Operator shall provide the parent user with a copy of the policies of the family child care home, in such areas as:
j. emergency or disaster plan.

IV. SANITATION AND SAFETY PROVISIONS

A. Safety Precautions

1. SUGGESTED STANDARD: Disaster Plan. The operator shall develop a disaster plan in case of fire or emergencies which shall be put in writing and tested with the children at regular intervals

- List the citation for these requirements. : 114-505H Fire safety and Emergency Preparedness. Group Child Care Home Regulations: 114-515H Fire Safety and Emergency preparedness. Suggested Standards for Licensed and Registered FCCHs – IA1j The Administration of the Home; IVA1 Sanitation and Safety Provisions.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).). There are no variations by category of care.
 - Describe any variations based on the age of the children in care. None
 - Describe if relatives are exempt from this requirement. . Relatives are exempt from licensing regulations.
8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2005.
Environmental hazards
(1) Poisons or harmful agents
(a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children.
(b) Poisons or harmful agents shall be purchased in childproof containers, if available.
(c) Play materials, including arts and crafts, shall be non-poisonous.
(d) Poisonous plants are not permitted.
(e) Pesticides shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site accessible only to authorized staff.
Family Child Care Homes
c. Storage of Harmful Items. Flammable liquids, cleaning supplies, detergents, matches, lighters, medications and other such harmful items shall be kept inaccessible to children.
 - List the citation for these requirements. Center-based Regulation: 114-507E – Environmental Hazards. Group Child Care Home Regulations: 114-517E-Environmental Hazards. Suggested Standards for Licensed and Registered FCCHs – IVA2c. Sanitation and Safety Provisions.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care.
 - Describe any variations based on the age of the children in care. None
 - Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.
9. Precautions in transporting children (if applicable)
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2005.
Transportation
(1) If the center provides or arranges for transportation through contract, the following transportation requirements apply:
(a) The staffing ratios specified in 114-504.B.(1) through (3) apply. The driver of the vehicle shall not be counted in the ratios for infants or toddlers.
(b) Each child shall be secured in an individual, age-appropriate safety restraint at all times the vehicle is in motion.
(c) Safety restraints shall be used in accordance with the manufacturer's instructions.
(d) A child shall not be left unattended in a vehicle.
(e) Transportation placement of children in the vehicle shall be in accordance with all applicable state and federal laws.
(f) The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 20-7-2725 (A) (4) of the Code of Laws of 1976.
(g) There shall be a first aid kit and emergency information on each child in the vehicle.
(h) Use of tobacco products is prohibited in the vehicle.

- (i) Written consent from the parent is required prior to transportation.
 - (j) When the facility provides transportation to and from the child's home, the facility staff shall be responsible for picking the child up and returning the child to a designated location.
 - (k) The director and/or staff of the center shall provide the driver of the vehicle with a record that lists the name, address, and telephone number of the center, as well as names of children being transported.
 - (2) The following requirements apply for safe pick-up and drop-off:
 - (a) The center shall have safe crossways and pick-up and drop-off locations and communicate these locations to the parents.
 - (b) Children shall be directly supervised during boarding and exiting vehicles.
 - (c) The director and/or staff shall have on file, in the facility, written permission from parent(s)/guardian(s) for transporting children to and from the home, school, or other designated places, including center-planned field trips and activities.
 - (d) Written transportation plans for routine travel shall be on file. Plans shall include a checklist to account for the loading and unloading of children at every location.
 - List the citation for these requirements. 114-5051-Transportation; Group Child Care Home Regulation: 114-5151
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is a variation by category of care. For Group Child Care Home care, the driver of the vehicle shall not be counted in the ratios. There are no provisions for transportation in family child care homes.
 - Describe any variations based on the age of the children in care. There is a variation by age of the children in that the driver of the vehicle shall not be counted in the ratios for infants or toddlers.
 - Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.
10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) The SC Code of Laws, Title 63, Chapter 13 defines this standard.
First aid and CPR certificates:
During the hours of operation all child care facilities, except registered family child care homes, must have on the premises at least one caregiver with a current certificate for the provision of basic first aid and child-infant cardiopulmonary resuscitation.
ABC Quality eligibility criteria requires current Pediatric First Aid and Infant/Child CPR certification for all staff responsible for caring for or supervising children. (ABC Quality Eligibility Criteria, Item 3.)
 - List the citation for these requirements. 63-13-110
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care.
 - Describe any variations based on the age of the children in care. There are no variations by age of the children.
 - Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.
11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

SC Code of Laws, Chapter 7: Child Abuse and Permanency, Article 1. General Provisions, Section 63-7-310 refers to persons who are required to report child abuse and neglect in addition to the Child Care Licensing Regulations indicate who should report. They are listed below:

SECTION 63-7-310. Persons required to report.

(A) A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, social or public assistance worker, substance abuse treatment staff, or child care worker in a child care center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20.

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

(C) Except as provided in subsection (A), any person who has reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse and neglect may report in accordance with this section.

(D) Reports of child abuse or neglect may be made orally by telephone or otherwise to the county department of social services or to a law enforcement agency in the county where the child resides or is found.

Regulations 114-503 (C) (1) (2) (a) (b) (c) Child Abuse for centers:

(1) The center shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510 (in 2009, the laws were rearranged and this section is now 63-7-310).

(2) The director and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

(a) Participate in informational conferences with Child Protective and Preventive Services staff;

(b) Release records as appropriate, of children and staff upon request; and

(c) Allow access to the center premises for inspection and investigation of the child abuse allegation by the department and other officials as permitted by statute.

Regulations 114-513 (C) (1) (2) (a)(b)(c) for Group Child Care Homes:

C. Child abuse

(1) The group child care home shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services (CPS) or to

local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510.

(2) The operator and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

(a) Participate in informational conferences with CPS staff;

(b) Release records as appropriate, of children and staff upon request; and

(c) Allow access to the group child care home for inspection and investigation of the child abuse allegation by the Department and other officials as permitted by statute.

Regulations 114-523 (C) (1) (2) (a) (b) (c) for Churches or Religious Entities:

C. Child abuse

(1) The center shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services (CPS) or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510.

(2) The director and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

(a) Participate in informational conferences with CPS staff;

(b) Release records as appropriate, of children and staff upon request; and

(c) Allow access to the center premises for inspection and investigation of the child abuse allegation by the Department and other officials as permitted by statute.

Family Child Care Homes

DSS Regulation No. 114-528. H.(7) The operator shall cooperate with Department staff, law enforcement and other involved agencies during an investigation of child abuse or neglect.

Cooperation shall include but not be limited to the following:

DSS Regulation No. 114-528. H.(7)(a) Participate in an informational conference(s) with Child Protective and Preventive Services staff;

DSS Regulation No. 114-528. H.(7)(b) Release records of children and staff as requested;

DSS Regulation No. 114-528. H.(7)(c) Allow access to facility premises for inspection upon request.

Licensed Family Child Care Homes

3. SUGGESTED STANDARD: Reporting Neglect or Abuse. The operator shall notify the appropriate department staff or local law enforcement official when it appears that a child is being neglected or abused.

- List the citation for these requirements. Regulations 114-503 (C) (1) (2) (a) (b) (c) Child Abuse for centers; Regulations 114-513 (C) (1) (2) (a)(b)(c) for Group Child Care Homes; Regulations 114-523 (C) (1) (2) (a) (b) (c) for Churches or Religious Entities; Family Child Care Homes: DSS Regulation No. 114-528. H.(7), DSS Regulation No. 114-528. H.(7)(a), DSS Regulation No. 114-528. H.(7)(b), DSS Regulation No. 114-528. H.(7)(c); Suggested Standards for Licensed and Registered FCCHs, IA4, The Administration of the Home.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are variations as listed above.
- Describe any variations based on the age of the children in care. None
- Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.

a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2005.

Meal requirements

(1) If food is provided by the facility, the following requirements shall be met:

(a) Daily menus shall be dated and posted in a conspicuous location in public view.

(b) Meals and snacks provided shall be in compliance with the USDA Child Care Food Program Guidelines. Centers that do not provide overnight care shall serve at least one meal and at least one snack that meet USDA Child Care Food Program Guidelines. Centers providing care between the hours of 6:00 p.m. and midnight shall additionally meet USDA Child Care Food Program Guidelines in serving dinner and at least one additional snack. Meal components and serving sizes shall be in accordance with these guidelines.

(c) Only Grade A pasteurized fluid milk and fluid milk products may be given to any child less than 24 months old, except with a written permission from the child's health provider.

(d) Whole milk may not be served to children less than 12 months of age, except with a written permission from the child's health provider.

(e) Reconstituted milk shall not be served to any child, regardless of age.

(2) Food served shall be suited to the child's age and appetite. Second portions shall be available.

(3) Round, firm foods shall not be offered to children younger than four years old.

Examples of such foods include: hot dogs, grapes, hard candy, nuts, peanuts, and popcorn. Hot dogs may be served if cut lengthwise and quartered; grapes may be served if cut in halves.

(4) All food in child care centers shall be from a source approved by the health authority and shall be clean, wholesome, unspoiled, free from contamination, properly labeled, and safe for human consumption.

(5) The use of food in hermetically sealed containers that was not prepared in an approved food-processing establishment is prohibited.

(6) The use of home-canned foods is not allowed.

(7) The following requirements shall be met when it is necessary to provide meals through a catering service:

(a) Catered meals shall be obtained from a food service establishment approved by the DHEC.

(b) If adequate cleaning and sanitizing equipment is not available, only disposable eating and drinking utensils shall be used to serve catered meals or food; and

(c) The procedures and equipment used to transport catered meals shall be approved by the DHEC.

(8) Meals and snacks may be provided by the center or the parent. The center shall have a small supply of nutritional food and beverages available in the event a parent neglects to bring the child's food on an unanticipated basis.

(9) Dietary alternatives shall be available for a child who has special health needs or religious beliefs.

- (10) Written permission/instructions for dietary modifications signed by the child's health care provider or parent or legal guardian are required.
- List the citation for these requirements. Center-based Regulations: 114-508A: Group Child Care Home 114-518A
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). No variation by category of care. There is a variation by age. Only Grade A pasteurized fluid milk and fluid milk products may be given to any child less than 24 months old, except with a written permission from the child's health provider. Whole milk may be served to children less than 12 months of age, except with a written permission from the child's health provider. Round, firm foods shall not be offered to children younger than four years old.
 - Describe if relatives are exempt from this requirement. Relatives are exempt from Licensing
2. Access to physical activity
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2005.
Program of activities
 - (1) There shall be a written, planned, daily program of activities for all children.
 - (2) Activities shall be developmentally appropriate.
 - (3) Staff shall plan and provide daily age-appropriate activities in accordance with the child's developmental level, such as stories, music, art, cooking, living skills, puzzles, blocks, etc.
 - (4) Children shall be provided daily indoor opportunities for freedom of movement.
 - (5) Quiet areas with supervision shall be made available to children desiring to be alone or to work on homework.
 - (6) Staff persons shall provide the opportunity for the children to ask questions and engage in conversations with others. Staff shall have frequent positive verbal communications with the children.
 - (7) Age appropriate radio and television, VCR tapes, DVDs and other media shall be previewed by the director and staff and used only as a supplement and enhancement to the daily program. No child shall be required to view these media programs.
 - (8) All children shall be given the opportunity for outdoor play, weather permitting.
 - (9) Napping expectations and time periods shall be developmentally appropriate and meet the needs of the individual child.
 - List the citation for these requirements. Center-based regulation: 114-506A, Group Child Care Home Regulations: 114-516A.
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations
 - Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.
3. Caring for children with special needs
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2005.

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.

When children with special needs are enrolled, the director and staff members 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.

- List the citation for these requirements. . Center-based Regulation: 114-500C-General Provisions; 114-503(K)(5)(d)-Professional Development; Group Child Care Home Regulations: 114-510C-General Provisions; 114-513(K)(5)(d)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations
- Describe if relatives are exempt from this requirement. Relatives are exempt from licensing regulations.

4. Any other areas determined necessary to promote child development or to protect children’s health and safety (98.44(b)(1)(iii)). Describe: _____

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.) _____
- List the citation for these requirements. _____
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). _____
- Describe if relatives are exempt from this requirement. _____

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements –

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
 1. Licensed child care centers: 15
 2. Licensed FCC homes: 15
 3. In-home care: 7 for non-related FFN
 4. Variations for exempt provider settings: 7 for non-related FFN only
- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer) within 90 days of hire

c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation for this training requirement. Federal: 98.41(a)(1)(Center Regulation: 114-503G(6)(a-c)-Child’s Record; 114-505A-Children’s Health; 114-505B-Sanitation; 114-505F(3-15)-Diapering Procedures; 114-505G-Staff Health; 114-507A(6)-Water Supply; 114-507 D(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; Group Child Care Home Regulations 114-513G(6)(a-c)-Child’s Record, 114-515A-Children’s 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; 114-509(A)(3)(a)-Feeding Eating and Drinking; 114-509(B)-Care for mildly ill children ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement. Federal: 98.41(a)(1)(ii) Center based regulations: 114-507A(5)(g)(i,ii,iii)-Environmental hazards; 114-507D-Rest Equipment; 114-509A(1)(a)Infant and toddler care; 114-509A(3)(c)-Feeding, eating and drinking; 114-509A(5)-Sleeping. Group Child Care Home: 114-517A(5)(g)(i,ii,iii)-Environmental hazards; 114-517D-Rest Equipment; 114-519A(1)(a)Infant and toddler care; 114-519A(3)(c)-Feeding, eating and drinking; 114-519A(5)-Sleeping ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement. Federal 98.41(a)(1)(iii) SC Code of Laws, 63-13-185-Child care Facility medication administration to children; Center Based Regulations 505 D – Medication or Medical procedures, Group Child Care Home Regulations 515 D-Medication or Medical procedures ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

4. Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement. Federal: 98.41(a)(1)(iv) Center-based regulation, 114-508A(9)(10)-Meal Requirements; Group Child Care Home Regulations 114-518A(6)(7). . ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
- Provide the citation for this training requirement. Federal 98.41(a)(1)(v) 114-505 H-Fire Safety and emergency preparedness; 114505I-Transportation; 114-507 – Physical Site; 114509A(4)-Infant Care, Feeding Chairs; 114-509A(6)-Equipment and Materials; 114-509A(5)(c)&(d)-Sleeping; 114-509B(2)(d)-Mildly ill Children, 114-509 C(3)-Night Care; 509C(5)(a)-Bathing. Group Child Care Home regulation: 114-515 H-Fire Sarty and emergency preparedness; 114515I-Transportation; 114-517 – Physical Site; 114519A(4)-Infant Care, Feeding Chairs; 114-519A(5)(b)&(c)-Sleeping; 114-519A(6)-Equipment and Materials; 114-519C(3)-Night Care; 519C(5)(a)-Bathing ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Provide the citation for this training requirement. Federal: 98.41(a)(1)(vi) Center-based Child Care Licensing Regulations: 114-503C-Child Abuse; 114-506B-Discipline and Behavior management. Group Child Care Home Regulations 114-513C-Child Abuse; 114-516B-Discipline and Behavior management ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
- Provide the citation for this training requirement. Federal: 98.41(a)(1)(vii) 114-505H Fire safety and Emergnecy Preparedness. Group Child Care Home Regulations: 114-515H Fire Safety and Emergency preparedness management ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

- Provide the citation for this training requirement. Federal: 98.41(a)(1)(viii). Center-based Regulation: 114-507E – Environmental Hazards. Group Child Care Home Regulations: 114-517E-Environmental Hazards. ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. Federal 98.41(a)(1)(ix). 114-505I-Transportation; Group Child Care Home Regulation: 114-515I ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. Federal: 98.41(a)(1)(x). 63-13-110 ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. Federal: 98.41(a)(1)(xi) Regulations 114-503 (C) (1) (2) (a) (b) (c) Child Abuse for centers ; Regulations 114-513 (C) (1) (2) (a)(b)(c) for Group Child Care Homes; Regulations 114-523 (C) (1) (2) (a) (b) (c) for Churches or Religious Entities; Family Child Care Homes: DSS Regulation No. 114-528. H.(7), DSS Regulation No. 114-528. H.(7)(a), DSS Regulation No. 114-528. H.(7)(b), DSS Regulation No. 114-528. H.(7)(c) ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. . Federal: (98.44(b)(1)(iii)) DSS Regulation No. 114-503K.(5)(b) DSS Regulation No. 114-503K.(5)(c)development

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

13. Describe other requirements

- Provide the citation for other training requirements. . Federal: 98.41(1)(xii)(A) Center-based Regulations: 114-508A: Group Child Care Home 114-518A management ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No

Ongoing Training Requirements –

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

- Licensed child care centers: Caregiver/teachers 15 hours, Directors 20 hours
- Licensed FCC homes: 10 hours for Licensed and Registered Family Child Care Homes
- In-home care: The LA will explore possible variation of ongoing training requirements appropriate for FFN providers. The informal FFN care arrangements are intended to be short-term (less than one year). Online opportunities are available for all ABC Quality providers.
- Variations for exempt provider settings: License-Exempt caregiver/teachers 15 hours, Directors 20 hours. All center-based providers in ABC Quality, including license-exempt, are awarded points based on professional development exceeding 15 hours for caregiver/teachers and 20 hours for directors/administrators. These points are calculated in their overall score to earn an ABC quality level.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation for this training requirement. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe Licensed Center: Annually, each licensed center caregiver must earn at least five clock hours in child growth and development and at least five clock hours in curriculum activities for children excluding first aid and CPR training. The remaining hours shall come from the following areas: Guidance, Health, Safety, Nutrition, or Professional Development and must include blood-borne pathogens training as required by OSHA. In 2018, proposed changes for center training requirements have been introduced in the SC State Legislature which would allow more individualization of training hours to be earned.

Proposed regulatory change requires training in at least three categories for a total of 15 hours annually.

License-exempt center: ABC Quality will require license-exempt center caregivers to meet these annual training requirements.

Family Child Care: Licensed and registered family child care homes are required to obtain 10 hours of training annually to address health and safety requirements.

In-home: This care is defined as family, friend and neighbor and is license-exempt. The informal FFN care arrangements are intended to be short-term (less than one year). Online health and safety training is readily available to all ABC Quality providers free of charge. The Lead Agency has had no ongoing health and safety requirements for this category of provider as it is an informal care arrangement and usually short-term. Online health and safety training is readily available to all ABC Quality providers free of charge. The Lead Agency will explore possible variation of ongoing training requirements appropriate for the FFN providers based on a review of use of this care type for long-term (more than one year) providers.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement. [114-503K\(5\)\(c\)](#)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe [See Response to 5.2.5\(1\)](#)

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement. [114-503K\(5\)\(c\)](#)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe [See Response to 5.2.5\(1\)](#)

4. Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement. [114-503K\(5\)\(c\)](#)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe [See Response to 5.2.5\(1\)](#)

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement. [114-503K\(5\)\(c\)](#)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe [See Response to 5.2.5\(1\)](#)

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide the citation for this training requirement. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide the citation for this training requirement. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. 114-503K(5)(g)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

13. Describe other requirements.

- Provide the citation for other training requirements. 114-503K(5)(c)
- How often does the state/territory require that this training topic be completed?
 - Annually.
 - Other. Describe See Response to 5.2.5(1)

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. Child care facilities are governed by the SC Child Care Licensing Law (Sections 63-13-10 through 63-13-1240) and the Child Care Licensing Regulations that govern the health and safety requirements for licensed and registered facilities enacted in June 2005 for regulated facilities in the state of South Carolina. Regulations are specific to provider type and include: Private and Public Child Care Regulations; Group Child Care Homes Regulations; Religious Entities Regulations; Family Child Care Homes Regulations; and Family Child Care Home Suggested Standards. These laws and regulations set forth health and safety requirements for all regulated child care providers and are monitored using licensing inspections. Regulated providers that are enrolled in ABC Quality (and thereby eligible to receive CCDF funding) must adhere to the licensing and regulatory requirements regarding health and safety and those policies relating to child care services. Compliance to 98.41 for ABC Quality providers is documented by provider staff members completing the required hours for the Health and Safety Preservice coursework. An alternative is completion of the credit-bearing 3 hour ECD 101 course through the technical college system in South Carolina, which is recognized as the Early Childhood Credential and is the entry course for earning an Early Childhood Certificate or Associate’s Degree.

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory’s requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards. After giving the applicant at least two working days’ notice, Department staff shall arrange a licensing/approval study during an on-site visit to the proposed facility for determining compliance with applicable regulations.

Health and fire officials shall inspect the facility to determine compliance with appropriate regulations and shall put in writing on appropriate forms the results of their inspections.

The Department shall review the completed application form, completed licensing/approval inspection report, completed health and fire inspection reports, current child abuse and criminal history background records checks, written policies, and other information specified by the Department to make a determination of issuance or denial of a license/approval.

2. Describe your state/territory’s requirements for annual, unannounced inspections of licensed CCDF child care center providers. SC Code 63-13-80 (A) states: In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the department may visit a child care center, group child care home or family child care home anytime during the hours of operation without prior notice once a year for purposes of investigations and inspections. In conducting investigations and inspections, the department may call on political subdivisions and governmental agencies for appropriate assistance within their authorized fields. The inspection of the health and fire safety of child care centers and group child care homes must be completed upon the request of the department by the appropriate agencies (i.e., Department of Health and Environmental Control, the Office of the State Fire Marshal, or local authorities). Inspection reports completed by state agencies and local authorities must be furnished to the department and become a part of its determination of conformity for licensing and approval. After careful consideration of the reports and consultation where necessary,

the department shall assume responsibility for the final determination of licensing, approving, renewing, revoking, or making provisional licenses and approvals.

3. Identify the frequency of unannounced inspections:

- Once a year
 More than once a year. Describe _____

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. The LA conducts abbreviated inspections at the annual licensing visit. At this visit, licensing specialists focus on regulatory requirements that are critical when considering health and safety in child care facilities. The Child Care Licensing Division uses a designated inspection checklist that for the abbreviated inspection which includes regulatory requirements that are most critical to children's safety and well-being and that statistically indicate compliance with the all of the regulatory requirements. These visits may result in additional follow-up visits to ensure compliance until any health or safety concerns are resolved.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers SC Code 63-13-80 (A); Regulations 114-502A (3)(4)(5), Regulations 114-502C (1)(2)(3)

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards.

Group Child Care Homes

After giving the applicant at least two working days' notice, Department staff shall arrange a licensing study during an on-site visit to the proposed group child care home to determine compliance with applicable regulations.

Health and fire officials shall inspect the group child care home to determine compliance with appropriate regulations and shall put in writing on appropriate forms the results of their inspections.

The Department shall review the completed application form, completed licensing inspection report, completed health and fire inspection reports, current child abuse and criminal history background records checks, written policies and other information specified by the Department to make a determination of issuance or non-issuance of a license.

Licensed Family Child Care Homes

After giving the applicant prior notice, Department staff shall make an on-site visit to the proposed family child care home to determine compliance with appropriate regulations by completing a licensing/approval study.

Health and fire officials shall inspect the facility to determine compliance with appropriate regulations and shall put their results in writing on the appropriate forms.

Department staff shall review the findings of the complete application.

The policy for registered family child care homes states, “After giving the applicant prior notice (at least 2 days), the Department staff shall make an on-site visit to the proposed family child care home to determine compliance with CCDGB federal law dated November 2014 with regard to health and safety.”

2. Describe your state/territory’s requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. SC Code 63-13-80 (A), In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the department may visit a child care center, group child care home or family child care home anytime during the hours of operation without prior notice once a year for purposes of investigations and inspections. In conducting investigations and inspections, the department may call on political subdivisions and governmental agencies for appropriate assistance within their authorized fields. The inspection of the health and fire safety of child care centers and group child care homes must be completed upon the request of the department by the appropriate agencies (i.e., Department of Health and Environmental Control, the Office of the State Fire Marshal, or local authorities). Inspection reports completed by state agencies and local authorities must be furnished to the department and become a part of its determination of conformity for licensing and approval. After careful consideration of the reports and consultation where necessary, the department shall assume responsibility for the final determination of licensing, approving, renewing, revoking, or making provisional licenses and approvals.
3. Identify the frequency of unannounced inspections:
 - Once a year
 - More than once a year. Describe
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. The LA conducts abbreviated inspections at the annual licensing visit. At this visit, licensing specialists focus on regulatory requirements that are critical when considering health and safety in child care facilities. CCL uses a designated inspection checklist that for the abbreviated inspection which includes regulatory requirements that are most critical to children’s safety and well-being and that statistically indicate compliance with the all of the regulatory requirements. These visits may result in additional follow-up visits to ensure compliance until any health or safety concerns are resolved.
5. List the citation(s) for your state/territory’s policies regarding inspections for licensed CCDF family child care providers SC Code 63-13-80 (A); Regulations 114-512A (3)(4)(5), Regulation 114-512C (1)(2)(3); Regulations 114-528 E(4)(5)(6)

c) Licensed in-home CCDF child care

- N/A. In-home CCDF child care (care in the child’s own home) is not licensed in the State/Territory. Skip to

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards. [REDACTED]
 2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers. [REDACTED]
 3. Identify the frequency of unannounced inspections:
 - Once a year
 - More than once a year. Describe [REDACTED]
 4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards. [REDACTED]
 5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers [REDACTED]
- d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. ABC Quality Assessors (unannounced inspections of licensed CCDF providers), Child Care Licensing Specialists, Fire Marshals for Fire and Health inspections, zoning inspectors.

5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. Annual inspections for defined license-exempt CCDF providers, including after-school providers, summer camps, and unrelated FFN care will be performed by ABC Quality Assessors. Annual unannounced visits of license-exempt providers to assess compliance with health and safety requirements as described in 98.41 and 658E(c)(2)(K)(i)(IV) and 9842(b)(2)(ii) and to ABC Quality Program Standards, (ABC Quality Provider Business Procedures and ABC Quality Program Manual – Eligibility Criteria) are conducted.

An announced monitoring visit is conducted by ABC Quality for a new enrollment of a license-exempt center-based ABC Quality provider. Compliance to 98.41 for training hours is required under the Eligibility Criteria for ABC Quality (ABC Quality Program Manual – April 2018 Pilot Year, page 7). Child Care Licensing conducts a desk review of the provider to ensure the legal exemption is met. Once enrolled, license-exempt center-based ABC Quality providers receive one unannounced monitoring visit per year to check for compliance with 98.41 and ABC Quality Program Standards (ABC Quality Provider Business Procedures). ABC Quality Business Procedures incorporate the fire safety standards described in 98.42(b)(2)(ii) and 658E(c)(2)(K)(i)(IV) and were developed in conjunction with the Office of the Fire Marshal within the Lead Agency. Additional on-site visits may be performed in the event of a complaint or to satisfy a corrective action plan.

Existing ABC Quality assessment tools do not include all requirements described in 98.41 and fire standards described in 658E(c)(2)(K)(i)(IV) and 9842(b)(2)(ii). ABC Quality will review all

requirements in the federal citations and then develop and implement a process to comply with the federal requirements for license-exempt CCDF providers.

Provide the citation(s) for this policy or procedure. 658E(c)(2)(K)(i)(IV) and 9842(b)(2)(ii). No statutory requirement at state level. LA designation of ABC Quality assessors as designated quality monitors.

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. n/a

Provide the citation(s) for this policy or procedure. n/a

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used.

License-exempt in-home CCDF providers are allowed to care only for children from one family. An announced monitoring visit is conducted by an ABC Quality assessor within 30 days of enrollment to assess the status of the provider's progress in completing the Health and Safety Pre-Service Certificate for FFN providers and to answer any questions about the enrollment. SC Voucher verifies the completion of the Health and Safety Pre-Service Certificate within the 90 day requirement. Failure to complete the Pre-Service Certificate by the 90 day deadline can result in termination from SC Voucher and ABC Quality. Informal FFN care is intended to be short term (less than one year). Annual monitoring will be conducted by an ABC Quality assessor. The benefits of becoming a registered or licensed family child care home are discussed with providers at the time of the monitoring visit. Relative care is exempt from monitoring. The criteria for the continuing health and safety training for this category of providers is under review.

Inspections of family child care homes

(A) When the department visits a family child care home for purposes of an inspection or investigation pursuant to Section 63-13-80(A), it shall conduct the review to ensure the facility complies with the following:

- (1) health and safety of the children;
- (2) no evidence of child abuse; and
- (3) enrollment within the limits set forth in this chapter.

These visits are unannounced and occur annually for Registered Family Child Care providers.

Provide the citation(s) for this policy or procedure. SC Code 63-13-840

5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [same as 5.3.3](#)

Provide the citation(s) for this policy or procedure. [same as 5.3.3](#)

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [same as 5.3.3](#)

Provide the citation(s) for this policy or procedure. [same as 5.3.3](#)

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. [same as 5.3.3](#)

d) Provide the citation(s) for this policy or procedure. [same as 5.3.3](#)

5.3.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors 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. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors 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 (98.42(b)(1)). The LA hires CCL specialists in the positions of Human Service Specialist II within the Division of Early Care & Education of SCDSS. 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 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 LA strives to hire 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 in an orientation setting. 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, SC has initiated ongoing training for all licensing specialists and all licensing supervisors. In previous years, CCL has been certified by NARA. CCL has also conducted training internally based on NARA's curriculum for training staff. In November 2015, CCL held a 2-day professional development training for CCL and ABC Quality staff which included program administration, child development, health and safety and professional development and leadership training topics.

b) Provide the citation(s) for this policy or procedure. **None**

5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers 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. It is the LA's practice to have an appropriate ratio of licensing specialists to facilities in SC. The current number of facilities in SC as of 2017 is 2731. The number of licensing specialist positions in SC is 56. The ratio is one licensing specialist to 48 facilities.

b) Provide the policy citation and state/territory ratio of licensing inspectors. **None**

5.3.7 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care. **Non-regulated relatives are inspected for health and safety. The enrollment paperwork contains a self-certification to be completed by the child's parent(s) that testifies to the health and safety of the home. The self-certification addresses basic health and safety including fire extinguishers and smoke detectors. Upon receipt of the self-certification, SC Voucher reviews the paperwork and if the provider indicates that they do not have a working smoke detector or fire extinguisher, the provider will be eligible for a health and safety grant to reimburse, up to \$45, for the purchase of such items**

- Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.
- No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

- 5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal 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; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and

8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

Milestone Prerequisites for Time-Limited Waivers
<p>By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):</p> <ul style="list-style-type: none"> • The national FBI fingerprint check; and, • The three in-state background check provisions for the current state of residency: <ul style="list-style-type: none"> ○ state criminal registry or repository using fingerprints; ○ state sex offender registry or repository check; ○ state-based child abuse and neglect registry and database . <p>All four components are required in order for the milestone to be considered met.</p>

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

Background Check Components	If milestone is met, time-limited waiver allowed for:
1) In-state criminal w/fingerprints	Conducting background checks on backlog of current (existing) staff only
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures AND/OR
6) Inter-state state criminal registry	Conducting background checks on all new (prospective) child care staff AND/OR Conducting background checks on backlog of current (existing) staff
7) Inter-state state sex offender registry	
8) Inter-state child abuse and neglect registry	

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as

progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

SECTION 63-13-40. Background checks for employment.

(A) No child care center, group child care home, family child care home, or church or religious child care center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of:

- (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;
- (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;
- (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;
- (4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met:

- (a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period;
- (b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and
- (c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency.

A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a child care center, group child care home, family child care home, or church or religious child care center.

If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the

influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated;

(5) the offenses enumerated in Section 16-1-10(D); or

(6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

This section does not prohibit employment or provision of caregiver services when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, an operator or the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for employment or to provide caregiver services.

(B) A person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or is a caregiver at a child care center, group child care home, family child care home, or church or religious child care center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

(C) Application forms for employment at child care centers, group child care homes, family child care homes, or church or religious child care centers must include, at the top of the form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services or is a caregiver at a facility is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

(D)(1) To be employed by or to provide caregiver services at a child care facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child.

(2) However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background checks, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. A person provisionally employed must be directly supervised by a nonprovisionally employed person at all times when providing direct care to children.

(3) Provisional status will be repealed if the requests for the Central Registry check and SLED and FBI fingerprint-based background checks are not sent by facsimile, mail, or another manner approved by the department by the end of the next business day after the person was employed.

(4) If the director of a child care facility violates the terms of provisional employment, for a first offense, the facility may not employ a person provisionally for twelve months. For a second or subsequent offense, the facility may not employ a person provisionally for twenty-four months. The penalty shall apply to any facility that may employ the director of the facility during the period of suspension. A child care facility owner with five or more facilities that

sustains violations in twenty-five percent or more of facilities owned in the State during a period of two years may not employ a person provisionally in any facility for twenty-four months. The department shall have authority to determine that a violation has occurred and shall notify the owner and the director in writing of the violation and the penalty. The owner or director under penalty may appeal this determination through the process provided in this subarticle for appeal of the revocation or denial of a child care license. Authority to employ persons in provisional status must remain suspended while the appeal is pending. Upon disposition of the appeal in favor of the appellant, authority to use provisional status must be restored.

(5) The results of the fingerprint-based background checks are valid and reviews are not required to be repeated as long as the person remains employed by or continues providing caregiver services in a child care center, group child care home, family child care home, or church or religious child care center; however, if a person is not employed or does not provide caregiver services for one year or longer, the fingerprint reviews must be repeated.

(6) For provisional employment under this section, the department must complete the Central Registry check within two business days of receipt of the request. For other employment under this section, the department must complete the Central Registry check within five business days of receipt of the request. If the department notifies the provider that research into other records is required, these deadlines may be extended for up to ten additional business days.

(E) Unless otherwise required by law, this section does not apply to volunteers in a child care center, group child care home, family child care home, or church or religious child care center. For purposes of this section, "volunteer" means a person who:

- (1) provides services without compensation relating to the operation of a child care center, group child care home, family child care home, or church or religious child care center; and
- (2) is in the presence of an operator, employee, or caregiver when providing direct care to children.

"Volunteer" includes, but is not limited to, parents, grandparents, students, and student teachers.

(F) Unless otherwise required by law, this section applies to:

- (1) an employee who provides care to the child or children without the direct personal supervision of a person licensed, registered, or approved under this chapter; and
- (2) any other employee at a facility licensed, registered, or approved under this chapter who has direct access to a child outside the immediate presence of a person who has undergone the fingerprint review required under this chapter.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). These requirements apply to all regulated child care providers in accordance with 98.43 and 98.61(o) because the statute explicitly applies to child care centers, group child care homes, family child care homes, and faith-based child care centers and prohibits them from employing a person or engaging the services of a caregiver who is required to register under the sex offender registry act or who has been convicted of the crimes listed above.
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible

providers), in accordance with 98.43 and 98.16(o). SC has requested and received a one year waiver to attempt to bring license-exempt CCDF eligible providers into compliance with this requirement.

- iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes.

No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. 9/30/19 Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: SC currently requires staff working in regulated child care programs to complete state and FBI fingerprint background checks once, unless they have had a break in service of a year or longer. Presently, SC does not require checks at least once every 5 years. SC conducts a child abuse and neglect registry check on all staff in regulated facilities and FFN providers every 2 years for licensed centers and group child care homes and every year for registered family child care homes. If a Family, Friend and Neighbor caregiver is terminated and re-enters the system, the caregiver must renew their Central Registry of Abuse and Neglect and Sex Offender Registry checks. Currently, state and FBI fingerprint background checks are not completed on license-exempt providers. SC is working on state legislation to bring these providers into compliance with CCDBG.

- iv. List the citation: Section 63-13-40

- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides. The SC Statute states that no child care center, group child care home, family child care home, or church or religious child care center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act or who has been convicted of the crimes listed above.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The statute expressly applies to all types of regulated child care.
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). SC has requested and received a

one year waiver to attempt to bring license-exempt CCDF eligible providers into compliance with this requirement. If a Family, Friend and Neighbor caregiver is terminated and re-enters, a new check of the Central Registry and sex offender list for that category of care is completed.

- iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. 9/30/19 Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: SC conducts a check of the sex offender registry upon receipt of the request for a child abuse and neglect check on all staff in regulated facilities, including to include registered Family Child Care Home providers and Family, Friend and Neighbor providers. They are completed at every renewal (every 2 years for licensed centers and group child care homes; every year for registered family child care homes). If a Family, Friend and Neighbor caregiver is terminated and re-enters, a new check of the Central Registry and sex offender list for that category of care is completed. A sex offender check is not completed on center-based exempt facilities that are not regulated by CCL.

- iv. List the citation: SC Code 3-13-40

- c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides. (D)(1) To be employed by or to provide caregiver services at a child care facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). The statute expressly applies to all types of regulated child care. Checks are completed every 2 years for licensed centers and group child care homes and every

year for registered family child care homes. If a Family, Friend and Neighbor caregiver is terminated and re-enters, a new check is completed.

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). [see above](#)
 - iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?
 - Yes
 - No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. [9/30/19](#) Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: [Currently, State and FBI checks are not completed on center-based exempt providers. With the passage of the CCDBG Reauthorization, center-based exempt providers not currently fingerprinted will be integrated into the State and FBI checks upon the passing of legislation to incorporate them.](#)
 - iv. List the citation: [63-13-40\(D\)\(1\)](#)
- d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification.

[SECTION 63-13-40. Background checks for employment.](#)

[\(A\) No child care center, group child care home, family child care home, or church or religious child care center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of:](#)

- [\(1\) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;](#)
- [\(2\) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;](#)
- [\(3\) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;](#)

[\(4\) the felonies classified in Section 16-1-10\(A\), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940\(4\) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met:](#)

- [\(a\) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period;](#)
- [\(b\) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and](#)

(c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency.

A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a child care center, group child care home, family child care home, or church or religious child care center.

If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated;

(5) the offenses enumerated in Section 16-1-10(D); or

(6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

This section does not prohibit employment or provision of caregiver services when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, an operator or the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for employment or to provide caregiver services.

(B) A person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or is a caregiver at a child care center, group child care home, family child care home, or church or religious child care center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

(C) Application forms for employment at child care centers, group child care homes, family child care homes, or church or religious child care centers must include, at the top of the form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services or is a caregiver at a facility is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

(D)(1) To be employed by or to provide caregiver services at a child care facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child.

(2) However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background checks, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section

and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. A person provisionally employed must be directly supervised by a nonprovisionally employed person at all times when providing direct care to children.

(3) Provisional status will be repealed if the requests for the Central Registry check and SLED and FBI fingerprint-based background checks are not sent by facsimile, mail, or another manner approved by the department by the end of the next business day after the person was employed.

(4) If the director of a child care facility violates the terms of provisional employment, for a first offense, the facility may not employ a person provisionally for twelve months. For a second or subsequent offense, the facility may not employ a person provisionally for twenty-four months. The penalty shall apply to any facility that may employ the director of the facility during the period of suspension. A child care facility owner with five or more facilities that sustains violations in twenty-five percent or more of facilities owned in the State during a period of two years may not employ a person provisionally in any facility for twenty-four months. The department shall have authority to determine that a violation has occurred and shall notify the owner and the director in writing of the violation and the penalty. The owner or director under penalty may appeal this determination through the process provided in this subarticle for appeal of the revocation or denial of a child care license. Authority to employ persons in provisional status must remain suspended while the appeal is pending. Upon disposition of the appeal in favor of the appellant, authority to use provisional status must be restored.

(5) The results of the fingerprint-based background checks are valid and reviews are not required to be repeated as long as the person remains employed by or continues providing caregiver services in a child care center, group child care home, family child care home, or church or religious child care center; however, if a person is not employed or does not provide caregiver services for one year or longer, the fingerprint reviews must be repeated.

(6) For provisional employment under this section, the department must complete the Central Registry check within two business days of receipt of the request. For other employment under this section, the department must complete the Central Registry check within five business days of receipt of the request. If the department notifies the provider that research into other records is required, these deadlines may be extended for up to ten additional business days.

(E) Unless otherwise required by law, this section does not apply to volunteers in a child care center, group child care home, family child care home, or church or religious child care center. For purposes of this section, "volunteer" means a person who:

- (1) provides services without compensation relating to the operation of a child care center, group child care home, family child care home, or church or religious child care center; and
- (2) is in the presence of an operator, employee, or caregiver when providing direct care to children.

"Volunteer" includes, but is not limited to, parents, grandparents, students, and student teachers.

(F) Unless otherwise required by law, this section applies to:

- (1) an employee who provides care to the child or children without the direct personal supervision of a person licensed, registered, or approved under this chapter; and
- (2) any other employee at a facility licensed, registered, or approved under this chapter who has direct access to a child outside the immediate presence of a person who has undergone the fingerprint review required under this chapter

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). Child care staff must have their criminal background checks prior to working in a child care facility. For a new application for a child care license, once CCL receives the approval from zoning and has a completed application, CCL sends information to the applicant on how to get fingerprinted. The child care provider must generate a "Safe Form" via their application information. The child caregiver must then complete the "Safe Form" and register with the designated third-party entity to have their prints digitally scanned. Once the prints are scanned, the LA sends a letter to the director and employee indicating whether that employee is cleared to work in the facility or if they are excluded. No other information is provided to the director to ensure confidentiality. If the staff chooses to appeal the results, they may do so by notifying the Office of Investigation within the SC Department of Social Services and the SC State Law Enforcement Division. If the employee is physically unable to travel to the third-party site to be scanned for fingerprints due to a disability, they must notify their licensing specialist who will contact the Office of Investigation and will make the appropriate arrangements to assist in getting the staff's fingerprints completed.
- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). SC has requested and received a one year waiver to attempt to bring license-exempt CCDF eligible providers into compliance with this requirement.
- iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?
 - Yes
 - No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. 9/30/19 Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: Fingerprint background check requirements apply to all regulated child care providers. Fingerprint background checks are required only once unless the child caregiver has a break in service of a year or longer. Presently, South Carolina does not require fingerprint background checks at least once every 5 years. Currently, state and FBI fingerprint background checks are not completed on license-exempt providers, but SC is working on legislation to bring these providers into compliance with CCDBG

- iv. List the citation: SC Code 63-13-40 Background Checks

- e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.
 - Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [REDACTED]
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). [REDACTED]
 - iii. List the citation: [REDACTED]
 - In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. 9/30/19
 Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: SLED has requested and received an ORI number to receive the NCIC sex offender registry information. SLED has been notified by the FBI that its request was approved. SCDSS OIG is authorized by SLED and the FBI to perform the NCIC name-based searches. This information will then be shared with CCL. SCDSS has a law enforcement component that SLED and the FBI will authorize to have direct access to its systems. Challenges to implementing include additional staffing resources may be necessary at the Office of Investigations to complete the review of the population of child care staff as well as an increase in fees to cover the cost of processing this additional check.

- f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.
 - Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the

State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
- iii. List the citation:

- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. 9/30/19

Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: In SC, state and FBI fingerprint background checks are completed on staff working in regulated facilities, but only once unless the staff has a break in service of a year or longer. Presently, South Carolina does not complete fingerprint background checks at least once every 5 years. Currently, state and FBI fingerprint background checks are not completed on license-exempt providers. Additionally, the agency is exploring whether "Rap Back" is an option in South Carolina through our state's law enforcement division, which will address the need to complete fingerprint background checks every 5 years. "Rap Back" is a mechanism that allows a State's law enforcement agency to immediately inform our Office of Investigation of any new criminal history record information (CHRI) against an employee that arises after the employee's pre-employment background check is completed. Once a state Rap Back system is in place, the State CJIS agency continuously checks employees' existing fingerprint records against incoming CHRI (e.g., arrest or conviction information) to determine whether there are matches. If there is a match, updated CHRI about the employee is reported to the state agency that originally requested the background check. The grantee state agency is responsible for analyzing the CHRI and notifying the employer(s), as appropriate and in accordance with state rules and regulations. This policy will also apply to legally exempt providers (afterschool, summer camps, etc.). South Carolina is pursuing legislation to bring license-exempt providers into compliance with fingerprint background check requirements and to implement 5 year checks or utilize Rap Back.

- g) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.
- Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 - ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o).
 - iii. List the citation:
 - In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. 9/30/19 Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: All licensed, regulated or registered and all prospective and existing child care providers that are licensed, approved, and registered according receive the interstate state sex offender registry check through the Adam Walsh site as mandated. If the caregiver indicates s/he lived outside of SC within the past 5 years, a check is requested to that state. Sex offender checks are not conducted on staff working at license-exempt providers.
- h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.
- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [REDACTED]
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). [REDACTED]
 - iii. List the citation: [REDACTED]
- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. 9/30/19 Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

The CCDBG Act requires a state-based search of the child abuse and neglect (CAN) Central Registry where the child care staff currently resides and each State where the staff resided within 5 years. Licensing process for all licensed, approved and registered child care is as follows:

1. When the Child Care Licensing Central Office receives the DSS Form 2924, Consent to Release Central Registry, on a caregiver from a licensed, approved, or registered child care facility with an out-of-state address from a state that does not require signatures or fee payment for the check, the CCL Central Office will send the request to that state in the method designated by that state.
2. When the CCL Central Office receives the DSS Form 2924, Consent to Release Central Registry, on a caregiver from a licensed, approved or registered child care facility with an out-of-state address, the facility's director/designee will be notified that a check of the Central Registry for that state is required with applicant's signature or payment.
 - a. CCL Central Office staff will email the appropriate form to be completed by the applicant along with the state agency's address to mail signed form and payment.
 - b. Once the CCL Central Office receives the out-of-state results, the results are scanned to the shared drive and are sent to the CCL Regional Office to be placed in the facility's file.
 - I. If the results are unfavorable, the facility will receive a prohibit letter with notice to appeal.
3. When CCL Central Office receives DSS form 2924 for renewal of current staff who resided in another state within the past 5 years, their check will be processed as listed above, unless the Central Registry was previously checked.

5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However,

the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

- 5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?

No.

Yes. Describe: To be employed by or to provide caregiver services at a child care facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child.

- 5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

- 5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

Our practice is to complete the process within 5 days of receiving the request to conduct the check, unless additional research is needed which could take an additional 10 days.

- 5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

No.

Yes. Describe:

Background checks for employment.

(A) No child care center, group child care home, family child care home, or church or religious child care center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of:

(1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;

(2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;

(3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;

(4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met:

(a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period;

(b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and

(c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency.

A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a child care center, group child care home, family child care home, or church or religious child care center.

If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated;

(5) the offenses enumerated in Section 16-1-10(D); or

(6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

This section does not prohibit employment or provision of caregiver services when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, an operator or the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for employment or to provide caregiver services.

(B) A person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or is a caregiver at a child care center, group child care home, family child care home, or church or religious child care center is guilty of a misdemeanor and,

upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

- 5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

For a new application for a child care license, CCL sends information to the applicant regarding how to get fingerprinted after CCL receives clearance from zoning and has the licensing application. Staff must generate a "Safe Form" via their application identification. The employee must then complete the "Safe Form" and register with the designated third-party entity to have their prints digitally scanned. Once the prints are scanned, a letter is sent to the director and employee indicating whether that employee is cleared to work in the facility or if they are excluded. No other information is provided to the director to ensure confidentiality. If the staff chooses to appeal the results, s/he may do so by notifying the Office of Investigation within the SC Department of Social Services and the State Law Enforcement Division.

- 5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The SC State Law Enforcement Division is responsible for setting the cost of fingerprint background checks and a budget provision sets the fee for Abuse and Neglect Registry fees. DECE does not set these fees. The costs are considered reasonable. These costs are passed on to the provider or employee. The link to fingerprinting page is <http://www.scchildcare.org/providers/become-licensed/licensing-requirements/safe-live-scan-digital-fingerprinting.aspx>

- 5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from *all* background check requirements.
- Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. Fingerprint checks are not completed on Family, Friend, and Neighbors who are relatives.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe: The Foundation of Excellence: South Carolina's Core Competencies for Early Childhood Teachers/Caregivers and Program Administrators outlines the knowledge, skills, and dispositions needed by early childhood professionals working with children from birth to school age in any early care and education setting. The Core Competencies document was introduced to South Carolina in 2010. There are five content areas: Child Development, Curriculum, Health, Safety, and Nutrition, Guidance, and Professional Development. Each content area has three levels of expertise based on training, education, and experience. This core competencies document provides another important step in the development of a strong early childhood professional development system in South Carolina. The document may be downloaded from the Center for Child Care Career Development website: www.sc-cccd.net. Click on the Links section of the home page for the Core Competencies document. This document will be evaluated for revisions during this plan period.

- Career pathways. Describe: The career pathway is just one element in the plan for a comprehensive professional development system for early care and education professionals in SC, including a training registry, core competencies, training opportunities, and other professional development resources. The career pathway will assist professionals in charting their progress in education, training, and work experience. While the pathway is an important element in supporting the early care and education workforce in SC, it will be most effective when used in conjunction with the core competencies and professional development opportunities. The CCCCD is currently in the process of developing a workforce registry that will lead to changes and development of a career ladder.
- Advisory structure. Describe: The CCCCD sponsors an annual SC Early Childhood Leadership Institute. Leading early childhood personnel from across South Carolina are invited to attend and contribute to discussions that center around the professional development of our early childhood workforce. Early Childhood Coordinators from all sixteen colleges work collaboratively with staff at CCCCD to improve early childhood coursework, professional pathways and to offer academic coursework that lead to state credentials at all levels. The framework of South Carolina's early childhood education for child care professionals is a result of this Institute. A broad-based advisory structure will be developed to inform professional development efforts.
- Articulation. Describe: As a means to encourage child caregivers to pursue college classes and college degrees, the CCCCD worked with technical colleges across the state to provide support in maintaining articulation agreements between technical and four year colleges. Approximately 88% of the state's technical colleges achieved the national accreditation for their early childhood departments through these combined efforts. SC currently has 13 articulation agreements with the following colleges and Universities: University of South Carolina, South Carolina State University, Columbia College, Benedict College, Winthrop University, Newberry College, Lander University, Frances Marion University, Coastal Carolina University, University of South Carolina Aiken, Southern Wesleyan University, University of South Carolina – Beaufort, and University of South Carolina Upstate.
- Workforce information. Describe: The CCCCD houses a training registry for child care providers in South Carolina. Child care professionals working in regulated programs are required to meet child care licensing requirements, which mandate documented contact hours. To ensure compliance, the Child Care Training System administers a registry that documents all DSS child care training hours; registers or certifies all child care trainers and training in the state; maintains an online calendar of certified trainings; and offers an online portal that allows providers, teachers, and regulatory officials to view and print training transcripts. A comprehensive workforce study is being completed in partnership with the Yvonne & Schuyler Moore Child Development Research Center at the University of South Carolina. This study along with the training registry components will provide an overview of the workforce and inform the development of a workforce registry.

- Financing. Describe: The CCCCD is funded through CCDF dollars.

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: SC's Health and Safety Preservice Training Course offers continuing education units (CEUs) for free. All online training provided for free by the Lead Agency through ProSolutions offers CEU credit. The LA has begun a small library of online training that includes CEU credit.
- Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: The stakeholder and implementation groups that developed the Early Learning Standards represent agencies and individuals from across the early care and education field. Professional Development for Trainers and Technical Assistance Providers, the Early Childhood Leadership Institute, TEACH advisory board, and the State Technical College Peer Group serve as a platform to inform, build, and guide decisions affecting the workforce.
- Other. Describe: _____

- 6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

CCCCD was designed to provide the infrastructure for the state's training registry for child care directors and caregivers, the registries for trainers and technical assistance providers, the TEACH scholarship program, the early childhood credentialing, and related professional development initiatives.

- 6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

- Financial assistance to attain credentials and post-secondary degrees. Describe: The state's Early Care and Education Professional Development System is managed by the CCCCD which is a department within the LA. CCCCD is fully funded by the Lead Agency. The professional development system includes the SC Early Care & Education Credentialing system and the Teacher Education and Compensation Helps (T.E.A.C.H) scholarship program. Through the scholarship program, funding is provided for persons working in state regulated child care programs to take academic courses in early care and education offered at the sixteen technical and community colleges in the state. The South Carolina Early Care and Education Credentialing system provides a foundation in early childhood coursework and recognition of completed professional development. Coursework required to earn credentials is offered through 16 technical and community colleges located throughout South Carolina.

- Financial incentives linked to educational attainment and retention. Describe: To open the door to a college education, T.E.A.C.H. provides scholarships for lead and assistant teachers, directors, owners, and family/group providers who are working to complete college-level coursework in early childhood education. All of South Carolina's technical/community colleges, as well as designated four year institutions, work in partnership with T.E.A.C.H. to improve early childhood education, increase pay and reduce turnover rates among child care providers, and improve the quality of child care overall. By providing resources, recognition and guidance to individuals and programs that serve young children in South Carolina, CCCCD's professional development programs play a key role in raising the standards of all early childhood programs; encouraging steady gains in education, compensation, commitment and career advancement for child care professionals; and unlocking the great potential of all our state's children and their families. Students who work in a regulated child care program may also be eligible for T.E.A.C.H. scholarships and Smart Money bonuses.
- Financial incentives and compensation improvements. Describe: T.E.A.C.H. bonus or salary increase upon completion of coursework with requirement of employment within a SC program.
- Registered apprenticeship programs. Describe: _____
- Outreach to high school (including career and technical) students. Describe: : TEACH scholarship staff attend a conference annually with career center staff from SC State High Schools to inform individuals regarding the early care and education field. Provide training to career center students involved in the early childhood track.
- Policies for paid sick leave. Describe:
- Policies for paid annual leave. Describe:
- Policies for health care benefits. Describe:
- Policies for retirement benefits. Describe:
- Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe: The Be Well Care Well Program (BWCW) is currently being piloted in three areas of the state (Lowcountry, Midlands, and PeeDee) with a plan to expand statewide within the next three years. The program dovetails with the current work of SCPITC by providing the resources and supports for self-care that teachers need to ready themselves for the difficult work of providing responsive, individualized care to young children in group care settings. The pilot invites all staff at participating center-based and family child care programs to attend workshops and participate in well-being activities focused on stress reduction and management, mindfulness, basic financial wellness, nutrition and physical activity, and building social support networks.
- Other. Describe: _____

6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)).

All content-based certified training for DSS credit hours must be crosswalked to the SC Early Learning Standards. All CCDF providers are required to take the SC Health & Safety Pre-Service certificate. The course content includes: Prevention/control of infectious diseases, SIDS and use of safe sleep practices, administration of medication, prevention/response to food allergies, building and physical premises safety, prevention of shaken baby syndrome, emergency preparedness & response, storage of hazardous materials, precautions in transporting children, nutrition and physical activity. This course is free to South Carolina citizens and provides CEU credit.

- 6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Training and professional development requirements are accessible to providers statewide including the Catawba Indian Nation

- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)).

The Pre-Service Health & Safety Certificate and the SC Early Learning Standards are accessible to persons with disabilities and compliant with the ADA requirements.

- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages.

The Pre-Service Health & Safety Certificate is available in Spanish. The SC Early Learning Standards will have a Spanish version completed during the plan period. In addition, the agency has access to translation/interpretation services in primary and secondary languages.

- 6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii-iv)).

Licensing requirements specify annual professional development within the following topic areas: Curriculum, Growth & Development, Health & Safety, Nutrition, Professional Development, Program Administration, Nutrition, Special Needs, and Child Guidance. These established topic areas were developed to encompass a variety of content areas to enhance the knowledge of providers working with all children. In addition, trainers develop specific training sessions that incorporate best practices in early care and education. If serving a child with a developmental delay or disability, licensing requirements indicate that providers must have training in making accommodations and modifications to meet the specific needs of the children in their care.

Optional services include access to CCR&RN services that provide training and resources to child care providers working with dual language learners. The SCIC provides resources and training for providers to implement evidence-based practices to include children with developmental delays, disabilities, and behavioral challenges in their programs. Additionally, ABC Quality defines best practices regarding developmental screening, making referrals, and serving dual language learners. Finally, The SC Early Care and Education Credentialing System documents completion of specific early childhood academic coursework within specific age groups including infant/toddler, preschool, and school-age.

- 6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).
- a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2). One of the strategies used by the CCR&RN through its homeless support liaison is providing training on the impact of Adverse Childhood Experiences (ACES), including homelessness; on early childhood brain development, health, and well-being; the original ACES study and South Carolina ACES data; and strategies to empower communities to prevent ACES. The homeless support liaison supplements the ACES training with information about how to support children experiencing homelessness, the voucher referral process for children experiencing homelessness, how to identify homeless service providers, and how to develop networks in the participants' respective regions. The training is provided on-demand to families, homeless service providers, child care staff, school personnel, CCR&RN child care TA and quality coaches, and any other organizations providing services to "at risk" families South Carolina.
 - b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2). The CCR&RN, through its homeless support liaison, collaborates with the Lead Agency director and the SC Voucher staff who oversee the distribution of the homelessness vouchers to discuss eligibility enrollment and subsidy use. The CCR&RN also coordinates its outreach efforts with the LA to support families experiencing homelessness with other initiatives in the state, including the lead coordinator of McKinney-Vento Act at the SC Department of Education and the four SC homeless coalitions. The LA and CCR&RN provide the members of the coalition current data about vouchers for families experiencing homelessness, including detailed information based on the total vouchers utilized and how many were referred by the CCR&RN.

6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies
- The type of check-ins, including the frequency. Describe: All CCDF providers are required to be enrolled in ABC Quality. Staff conducts annual reviews to monitor compliance.
- Other. Describe: _____

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16(z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Identify the strategies that the state/territory is developing and implementing for training and TA.

Director Credentials from CCCCD include ECD 109 (Administration and Supervision), ECD 201 (Principles of Ethics and Leadership) and MGT 121 (Small Business Management or MGT 120/MGT 101). Family Child Care Credential 3 includes MGT 121 (Small Business Management) or MGT 120/MGT 101. Credentials are offered through the technical college system of 16 colleges accessible to all providers statewide and eligible for TEACH scholarship funding. Training and TA is also offered by the CCR&RN for potentially new family-based and/or center-based child care programs that attend the child care licensing orientations. The CCR&RN can schedule a TA visit to review business practices information and resource. The licensing orientations are attended by CCR&RN quality coaches who conduct an overview of training and technical assistance services available to assist potential child care programs to implement best business practices. In addition, Quality Coaches follow-up with each potential child care program to offer best business practices TA, such as the development of business plan. In partnership with DECE, a copy of the handbook "Guide to Success in Family Child Care" or "Guide to Success in Child Care Center" which reflects the following business practices information will be available to potential child care program: budgeting for your child care business, protecting your child care business, homeowner or business liability Insurance, and community resources.

The CCCCD certifies all technical assistance providers (TAP) statewide to provide coaching, mentoring, and reflective collaboration with child care programs and staff statewide. TAP meet educational/professional requirements and adhere to specific professional competencies when

working with programs. During this plan period, the TAP framework will be reviewed and developed to better align with professional development goals, including incorporating early learning standards, reflective practices, quality improvement and better business practices. The development of a new workforce registry will allow for tracking and measurable data on quality improvements achieved by programs utilizing technical assistance in various area including business development and management.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other. Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. The LA partnered with the SC Department of Education-Office of Early Learning and Literacy and Head Start to revise the SC Early Learning Standards. The newly revised standards were officially released in January 2018. The standards were adopted, with permission, from the NC Foundations document and include specific edits for South Carolina based on research and feedback from a diverse stakeholder group.

The standards are based on current research regarding the development of young children and developmentally and culturally appropriate practices as defined by the National Association for the Education of Young Children (NAEYC). The selection and further

development of the standards was guided by ten principles that define research-based appropriate practices. In addition, special consideration was given to addressing the needs of all children by ensuring that the ELS provide indicators for a continuum of development across ages and abilities which include specific and intentional teaching strategies on supporting children’s home language(s) and culture.

The SC Department of Education conducted a cross-walk of the ELS to the pre-existing K-12 standards. Information about the alignment of the two sets of standards is included in the document.

- b) Describe how the state/territory’s early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry. South Carolina’s ELS address 6 domains of learning which include 23 subdomains. The expectations for development and learning are defined with 56 goals. Each goal has an age-based continuum of examples that one might observe a child doing while working on the particular goal. The design was adapted from North Carolina as the original authors of the document and was maintained in the SC version. This design allows standards to be defined in flexible ways that explain development as a continuum and support a teacher in planning curriculum for all ages of children in varying stages of development. Specific age groupings are identified from birth to kindergarten entry to ensure that a continuum of development is represented.
- c) Check the domain areas included in the state/territory’s early learning and developmental guidelines. Check all that apply.
 - Cognition, including language arts and mathematics
 - Social development
 - Emotional development
 - Physical development
 - Approaches toward learning
 - Other. Describe: Additional domains: Cognitive Development; Language Development and Communication, Mathematical Thinking and Expression; Emotional and Social Development; Health and Physical Development
- d) Describe how the state/territory’s early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC. The LA facilitates an implementation workgroup which meets regularly to strategize plans for disseminating and supporting the implementation of the ELS. This is a cross-agency workgroup with culturally and linguistically diverse representatives from the following areas: public school (early childhood division, Part B 619 -ChildFind), state funded 4-K, Head Start and Early Head Start, community-based child care settings, higher education (2 and 4 year), CCR&RN, SC First Steps, IDEA Part C Entity (Babynet), SC Child Care Inclusion Collaborative, ABLE-SC, and early childhood professional organizations. The ELS were adopted by the State Board of Education for use in public 4K programs and represent a continuum from birth to link to the 5K-grade 12 Standards to create a seamless system of learning standards for the state.
- e) Describe how the state/territory’s early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. The initial publication date of Good Start, Grow Smart: Early Learning Standards for 3 – 5 year olds is 2009. The SC Infant

Toddler Guidelines were adopted from Ohio and published in SC in 2011. Revisions on both sets of standards began in 2013 with a focus on developing one comprehensive set of standards. The revised standards were released in January 2018.

Beginning in January 2019, the next revision cycle will begin to be led by a stakeholder group which includes stakeholders from varied settings. The revision process will include a component for receiving and utilizing provider feedback, as well as a review of current research to ensure that the document stays current.

- f) Provide the Web link to the state/territory's early learning and developmental guidelines.
http://scchild_care.org/media/55097/SC_ELS-second-edit.pdf

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used. The ELS are a common set of expectations about what children should know and be able to do across a continuum of ages and development, while validating individual differences. They are to be used to validate the development of the whole child, promote shared responsibility for a child's early education, emphasize the importance of play as an instructional strategy that promotes learning in early childhood, and support appropriate teaching practices. The SC ELS are never to serve as an assessment checklist or evaluation tool used to make "high-stakes" decisions about children's program placement or kindergarten entry.

6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Through a partnership the Lead Agency and the SC Department of Education (SDE) served as co-leaders of a cross-agency state-level workgroup of early childhood leaders to revise the SC Early Learning Standards (ELS). The revised ELS are the culmination of an ongoing commitment and work to develop and implement a single document that describes children's development and learning from birth to age five. Subsequent to multiple reviews and opportunities for comment from an array of individuals working in public and private school settings, Head Start, directors of child care programs, higher education faculty, literacy/instructional coaches, parents/grandparents of young children, and national consultants, the standards were finalized in early 2018. Distribution of the standards began in April 2018.

Simultaneous to revising the ELS, the Lead Agency conducted a comprehensive revision of the ABC Quality (state's QRIS) standards. The revised ABC Quality Framework standards build on each other, and quality levels are determined by a point system. The new standards are currently being piloted statewide in ABC Quality-enrolled child care centers. They incorporate

observable and measurable elements of the ELS in their assessment of structural and process elements of quality. Below is a list of examples of how progress on the implementation of the ELS and improvement in child care quality shall be measured.

- a) CCCCD will develop a rubric for certified trainers requiring a cross-walk of training content to the ELS domains and subdomains when submitting training outlines. This will enable training to be linked to the ELS and tracked as a part of statewide implementation.
- b) Track trainings conducted by SC CCRRN and other certified trainers on the ELS as a mode of dissemination and use in their practice.
- c) Implement ELS into the core early childhood courses at 2- and 4- year colleges.
- d) CCCCD is implementing an ECE Workforce Registry throughout the plan period that will include data elements related to ELS to have the capacity to measure the extent the workforce has received ELS training on specific content domains.
- e) Additional training opportunities will be developed to ensure trainers and technical assistance providers can deliver trainings on the ELS.
- f) Online training and other supports developed for the ECE workforce.
- g) Document distribution and website access of ELS will serve as preliminary measures of use.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program 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 (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce

- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Quality activities are based primarily on the state's goals to improve the quality of child care services for all children and to increase parental options for and access to high quality child care for children birth through age 12. Identified quality activities include the revision of the QRIS standards (including the QRIS assessment tools) as well as provider support activities related to those standards in addition to the ongoing quality activities to improve the quality of services for all children and increase parental options for and access to high quality child care for children birth through age 12. The LA contracts with key partner agencies, including CCR&RN, SCPITC, and the SCIC, and prioritizes targeted quality activities to support quality infrastructure needs. Each contractor's activities and performance are reviewed annually and adjusted as needs change. The LA also reviews the state's need for updates based on federal requirements during state plan submission years.

- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The participation rate in ABC Quality has dropped to 39.4% for regulated centers statewide. (Data are unavailable to calculate the percentage for exempt providers since there is no state authority to determine the total number of exempt programs statewide.) The LA has identified the need to revise the assessment process for providers in the QRIS to reflect current best practices, to simplify the system through the use of one assessment tool per provider type (i.e. one center-based assessment tool, one family/group assessment tool), and to move to a continuous quality improvement approach to help providers focus on their strengths and identify areas for improvement. A statewide pilot period for phase 1 was implemented April 2018 to test the structural quality component, the infant-toddler observation component, and the eligibility component of the center-based standards. Revisions are underway for the preschool and after-school observation components. The goal is to increase participation in ABC Quality and to provide a clearer path to increased quality within the system. During this plan period, the Lead Agency will explore opportunities to provide incentives, bonuses, and other initiatives for providers to spark interest in enrolling in the QRIS and increase consumer education for parents about the importance of choosing high quality child care. The LA is engaged in a workforce study which will identify needs of the workforce. The LA is revising the current training registry to become a workforce registry to provide more complete data on the workforce. The LA is mining data from the QRIS system to identify accessibility needs as well as other needs to improve quality.

7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.

- Supporting the training and professional development of the child care workforce
If checked, respond to section 7.3 and indicate which funds will be used for this activity.
Check all that apply.
 - CCDF funds
 - Other funds
- Developing, maintaining, or implementing early learning and developmental guidelines.
If checked, respond to section 6.3 and indicate which funds will be used for this activity.
Check all that apply.
 - CCDF funds
 - Other funds
- Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity.
Check all that apply.
 - CCDF funds
 - Other funds

- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds
- Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds
- Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds
- Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds
- Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds
- Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds
- Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe:

Early childhood professional preparation and ongoing professional development for the early childhood education workforce is essential to providing high-quality early care and education services to children and families. The CCCCD provides professional development and certification to trainers and technical assistance providers (TAPs). Annually, trainers and TAPs are provided with training opportunities within best practices in adult learning as well as core content areas necessary to inform the field. Additionally, trainers submit training outlines within content areas that are reviewed and evaluated to ensure research-based strategies and developmentally appropriate strategies are taught.

Through quality funds, the LA partners with CCR&RN, SCIC, SCPITC, and SC Beginnings to support the early childhood workforce through professional development experiences for those working with young children (infants, toddlers, preschoolers, and school-age children in centers, homes and schools). In addition, the SC Health & Safety Pre-Service courses that are required for ABC Quality providers and provided by ProSolutions address nutrition and physical activity/development within multiple courses. These online courses are also available for all licensed child care programs at no charge to the provider.

Mandatory ongoing training for child care providers participating in ABC Quality includes training focused on nutrition and physical activities.

Child care providers may earn a Breast Feeding Friendly Child Care designation through an extensive self-assessment and external review. Breastmilk and breastfeeding tie nutrition to the other developmental domains listed: social, emotional, physical and cognitive.

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe: The LA and W.K. Kellogg Foundation are funding a pilot initiative Be Well Care Well through the I-ECMH Impact Project to provide support for caregivers

as a strategy to reduce caregiver stress and other factors that could impede their ability to fully support the social-emotional health of the children in their care. Reduction in teacher stress and depression increases their ability to manage challenging behaviors and reduces the likelihood of expulsion. SCPITC services promote an approach to care that is rooted in a foundation of relational health between the child and his/her primary caregiver. A reflective, strengths-based approach is used to coach infant/toddler teachers and program administrators toward a change in practices that leads to the sensitive, responsive interactions that are essential for healthy social-emotional development. Significant attention is given to providing teachers with an understanding of child development to create realistic expectations for behavior and offering strategies to guide challenging behaviors.

During this plan period, the state will invest in a collaboration between MUSC and USC to develop child-specific social-emotional and mental health supports for children birth -5 years through the development and implementation of an I-ECMH Consultation Network. The network will be comprised of mental health clinicians with specialized training in early childhood development. Their services will be available to child care providers, families and child welfare workers seeking assistance in understanding and supporting children with social, emotional and behavioral challenges. The new ABC Quality indicators address behavior management that is designed to reduce challenging behaviors. Technical assistance and training will continue to be available from the SCIC, CCR&RN, and SCPITC in these areas.

The SCIC provides targeted training and coaching to child care programs to implement practices included in the Pyramid Model. The Pyramid Model is an evidence based multi-tiered system of support to promote social and emotional competence and to prevent challenging behaviors in young children.

- ☒ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe: The new ABC Quality standards for centers include an element for Family Communication, Engagement and Cultural Competency which expands the number of indicators that address family engagement and individualized culturally appropriate practices (Element IV: Family Communication, Engagement and Cultural Competency, pp 25-26 in ABC Quality Program Manual) <http://www.scchildcare.org/media/57202/ABC-Quality-Program-Manual-PILOT-YEAR-41819.pdf>. Providers are able to complete a family engagement self-assessment.

The new SC ELS encourage providers to engage with families in culturally and linguistically appropriate ways as well. This is just one focus area of the SCPITC service plan, but will be an area of growth for new training in the state through the SCPITC Network and SC CRRN as well as other certified trainers. These opportunities have been presented to child care providers in professional development conferences. The LA, in utilizing its outreach staff and marketing partnerships, also plans to offer ongoing training opportunities to child

care providers that highlight the links between parent engagement, family involvement, provider participation in the voluntary QRIS, and program success.

ABC Quality offers child care providers opportunities to market their program to parents and consumers. These opportunities have been presented to child care providers in professional development conferences.

- Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe: All of the training, technical assistance, and professional development must now be aligned with the Early Learning Standards which require all training, TA and PD be developmentally appropriate, culturally and linguistically responsive and evidence-based. The CCCCD, housed within the LA, is funded to ensure the training is appropriately tailored to address these items. CCCCD trained the certified TA providers and trainers on the ELS so they can implement the program in the field. Copies of the ELS will be distributed to all ABC Quality providers (one per classroom and one for the director), all non-ABC Quality regulated providers (one per program), all 4K programs, and all HeadStart programs. SCPITC embeds the concept of cultural and linguistic responsiveness into training and technical assistance services with teachers and administrators. Relating to the child in terms that respect him/her and his/her family is central to the SCPITC message.
- Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: _____
- Using data to guide program evaluation to ensure continuous improvement. Describe: Revision of the ABC Quality Standards will incorporate continuous quality improvement plans for individual providers. The assessment tool will be structured to allow tracking of performance on individual or clusters of indicators to demonstrate progress and set program goals for staff professional development.
- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: _____
- Caring for and supporting the development of children with disabilities and developmental delays. Describe: Specific indicators in the ABC Quality Program Manual address coursework or formalized training in early child care topics that include inclusion of children with disabilities and developmental delays. The SCIC provides training, coaching and consultation to child care programs to include children with disabilities or developmental delays into their programs. Inclusion Specialists provide onsite support directly with child care teachers and directors to increase their use of evidence-based practices that lead to access and meaningful participation for all children. Specifically, the SCIC focuses on the following broad topics related to inclusion: modifications and adaptations; teaming and collaboration; assessment and developmental screening;

supporting social and emotional development; and preventing challenging behaviors. The SCIC developed and launched an online training module to provide an overview of the Americans with Disabilities Act, specifically the provisions related to child care. In addition, information on the benefits of inclusion, how to communicate with families, and how to develop an inclusive practices policy for their program is included. The course provides multiple resources should providers need assistance including a child with a disability in their program. This course is offered at no cost to providers.

- Supporting the positive development of school-age children. Describe: During the plan period, the revised observation standards as well as appropriate structural quality indicators for school-age programs will be reviewed and developed.
- Other. Describe: _____

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.

- Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- Other. Describe: The LA provides scholarships for a small cohort of key leaders to attain an M.Ed in early childhood education to build a cadre of leaders statewide with a common foundation of knowledge of early care and education and appropriate pedagogy across a variety of state agencies, key contractors, and others who impact the field of early care and education. Over 60 individuals have completed this degree opportunity through 3 cohorts and a new cohort is underway to graduate in 2020.

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state will invest in an infrastructure to build a workforce registry to give the state the capacity to capture a timely, comprehensive, and accurate data on the size of the workforce, their progression in the career ladder in ECE, their trainings that will be readily accessible to them to develop a personal professional development plan that incorporates mandatory required by the state and, more importantly, improves their repertoire of skills and knowledge to serve high quality care to the children in South Carolina. The workforce registry in SC is at its infancy and will evolve to incorporate data needs for accountability but as an important tool to inform ABC Quality standards in child care programs. Current initiatives in training and professional development in the state that directly or indirectly impact quality of the ECE workforce training include:

T.E.A.C.H scholarships are awarded to individuals working in licensed child care programs to obtain foundational early child care coursework. Scholarships will lead to certificates, Associates, and Bachelors degree in early childhood education. The number of T.E.A.C.H scholarship awards to eligible candidates is a partial measurable indicator of ECE workforce development and quality improvement of child care programs.

The SC Child Care Training registry in the state is centralized at CCCCD that maintains a robust state-wide database of all the trainings attended by ECE workforce. Mandatory ECE training is an important component of state licensing requirements and is tracked via the training registry. The number of trainings provided in the state, their reach in terms of counties where they have been provided, and the frequency, location, and number of participants are markers of ECE training in the state.

Providers in QRIS programs are encouraged to develop written professional development plans for ECE staff as part of their ongoing quality improvement plan. They are also encouraged to have a higher number of training hours than the stipulated mandatory minimum in the licensing regulations that is captured in the QRIS database as evidence of ECE staff professional development.

7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

7.4.1 Does your state/territory have a quality rating and improvement system?

- Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. ABC Quality, SC's voluntary QRIS, is administered statewide by the LA within the DECE. Also in the DECE are the SC Voucher, CCCCD, CCL, CACFP, Outreach, and the HeadStart Collaboration Office. This consolidation of services under the direction of the LA provides close coordination among the program areas to reduce duplication and enhance resources. Contractors who partner with ABC Quality include: SCPITC, CCR&RN, SCIC, and other targeted contractors for specific initiatives. The website can be accessed through www.schildcare.org and www.abcquality.org. Licensed, registered, license-exempt centers, and family homes/groups can choose to participate in the state's QRIS. Only providers that participate in the QRIS can receive child care subsidy funding for qualified clients. ABC Quality has had a tiered-reimbursement system for providers operating at higher levels of quality to receive a higher reimbursement rate since 1992.
- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. _____

- If Yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The LA maintains statewide data on provider enrollment in the QRIS, number of voucher children served, number of regulated providers statewide, percentage of QRIS providers to whole number of regulated providers. The assessment system is undergoing major changes with the new assessment tool and restructuring of the system. A goal for the new assessment tool will be to identify provider movement both within their designated level and movement to another level. In South Carolina, participation in QRIS is voluntary. Child care providers' application to qualify for participation in QRIS is an indicator of the motivation of child care providers to initiate a journey of quality in their programs. QRIS supports all providers' needs to help them meet the structural and process elements of quality as listed in the revised ABC Quality Rating Program Manual. Once the child care providers are participating in QRIS, movement within the levels of QRIS is an indicator of ongoing progress towards quality improvement.
- Parental selection of high quality child care is an indicator of access to high quality care and a driver of a supply of higher quality child care. It is also a measure of the effectiveness of the consumer education campaign to educate parents on indicators of quality care. Although it is not possible to assess every parental selection of child care in the state, the child care subsidy system provides adequate data to measure this indicator for families who receive child care subsidies. For these families, given the gamut of child care choices and the stipulation that a provider must participate in the state QRIS to be eligible to serve children with child care subsidies, the utilization of high quality child care, when available, will be evaluated. High quality care is defined as providers who are in Level A and Level B in the revised QRIS rating system.
- No, but the state/territory is in the QRIS development phase.
- No, the state/territory has no plans for QRIS development.

7.4.2 QRIS participation.

- a) Are providers required to participate in the QRIS?
- Participation is voluntary.
- Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). All regulated providers may apply to participate in the QRIS with the exception of churches which must be licensed rather than registered. Programs must meet eligibility criteria before participating in the quality review to determine the quality level. Legally exempt programs may apply to participate. A minimum rating of C is required for enrollment. Maximum payment rates are set and reviewed following each Market Rate Survey for each of the 5 quality levels with higher maximum rates for higher ratings.

Providers may participate at any level that they earn with the exception of exempt providers who may not participate at Level A or A+ without a license. FFNs and military providers do not participate in the QRIS since these are informal arrangements and are unrated. They are allowed to participate as an option to receive subsidies.

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other. Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No.
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
- Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).
- Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- Other. Describe: Reciprocity options for standards of state preK, Head Start, and national accreditation will be reviewed at the close of the pilot period for the new ABC Quality Center Standards. ABC Quality will evaluate the pilot data to determine the possibility of reciprocity agreements.
- None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No.
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.
 - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - Embeds licensing into the QRIS.
 - State/territory license is a "rated" license.
 - Other. Describe: Legally exempt providers must meet additional eligibility requirements for enrollment to compensate for lack of licensure.
 - Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

- No.
- Yes. If yes, check all that apply.
 - One time grants, awards, or bonuses
 - Ongoing or periodic quality stipends
 - Higher subsidy payments
 - Training or technical assistance related to QRIS
 - Coaching/mentoring
 - Scholarships, bonuses, or increased compensation for degrees/certificates
 - Materials and supplies
 - Priority access for other grants or programs
 - Tax credits (providers or parents)
 - Payment of fees (e.g., licensing, accreditation)
 - Other: Health and Safety Pre-service Certificate coursework is provided free of charge. First aid and CPR training is provided free of charge for ABC staff caring for

or supervising the care of children. Conference scholarships and one-time opportunities are provided for ABC Quality providers as funding allows.

None

- 7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The LA will be able to track performance of center providers by score and rating level with the new structure using one assessment tool for all center providers. During the plan period, the family/group home standards will be reviewed and revised. The LA works closely with the USC CDRC for reporting and special studies using Lead Agency data.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

- 7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: Child care referral is a key component of services offered by CCR&RN. Requests for assistance to locate infant/toddler care remain the highest of all age groups. During the most recent reporting period, 42% of referrals were for infant and toddler care. Parents receive a referral packet that includes a child care referral list, information on key indicators of quality child care, and checklists regarding the various types of care that can be used to guide decisions about selecting a child care program. In addition, CCR&RN quality coaches attend professional development training opportunities provided by the SCPITC to expand their knowledge and skills of strategies and responsive interactions that foster high-quality care for infants and toddlers. This coordination has strengthened and enhanced the quality coaches' ability to provide effective guidance for the care of infants and toddlers.

- ☒ Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: The CCR&RN continues to be engaged in an effort to develop and/or enhance Family Child Care Networks across the state. While quality coaches focus their efforts on strengthening the overall functioning of family child care providers, they also place emphasis on program administration, compliance with regulatory requirements, achievement and maintenance of higher quality standards of care, and resource provision within the local community. The CCR&RN quality coaches host regional Family Child Care Resource Fairs that focus on the interests and needs of family child care providers and offers a 1.5-hour certified training session geared towards increasing the quality of child care. Exhibitors represent a diverse group of organizations that support early care and education. The training includes a “Gallery Walk” activity to ensure that participants visit each exhibit.

The CCR&RN continues to lead the statewide Family Child Care Coalition, which was formed when the National Family Child Care Peer Learning Group Forum, “Supporting Continuous Quality Improvement in Family Child Care,” came to an end. The group focuses on practices and activities that will improve and sustain high quality care in home-based early childhood environments with a collaborative strategic plan. The CCR&RN has a specialized quality coach with expertise in family child care.

The LA continues to provide support for a community-based quality enhancement initiative for family child care providers. Under a contractual agreement with Florence and Marion First Steps County Partnership, the DECE has supported the provision of technical assistance and training that focuses on providers’ needs and interests that strengthen their ability to achieve and maintain compliance with regulatory requirements as well as moving to higher quality levels in the state’s QRIS. In addition, the DECE plans to continue working with this contractor regarding the pilot initiative to determine the feasibility of establishing a quality level A for FCC providers. This initiative is located in a region of the state that has traditionally maintained a significant number of family child care providers. The contractor has been able to successfully establish and maintains a family child care network. This contractor continues to work in partnership with the CCR&RN on the Family Child Care Coalition.

- ☒ Providing training and professional development to enhance child care providers’ ability to provide developmentally appropriate services for infants and toddlers. Describe: SC has invested significantly to build the infrastructure for and improve the quality of infant-toddler care through professional development. Beginning in 2000, the Lead Agency created a partnership between the USC College of Education and WestEd PITC to provide targeted professional development for early childhood college faculty, assessors, trainers, technical assistance providers and child care providers through two graduate level courses to build a statewide infrastructure for quality infant-toddler care. This partnership built a PITC-certified cadre that became one of the largest PITC-certified cadres in the nation. For the past 4 years, the USC College of Education has sustained that coursework

independently of WestEd PITC to maintain offerings needed for new staff in the state. Limited scholarships to WestEd PITC courses will continue to be available for key SCPITC staff and agency staff.

SCPITC, a statewide infant/toddler specialist network has been developed. To allow for further interdisciplinary networking and collaboration, this initiative was transferred from the USC College of Education to the Medical University of South Carolina's (MUSC) Department of Pediatrics where it continues to be housed. The mission of SCPITC is to support and promote high quality, responsive, relationship-based care of infants and toddlers as the secure foundation for their development and well-being. Through a reflective model of coaching, teachers are guided to use caregiving strategies that foster healthy social and emotional development. Considerable emphasis is placed on guiding teachers to understand the impact of their relationships with the young children in their care. Opportunities for reflection and discussion about the teachers' own early childhood experiences are offered. These opportunities allow them to examine their child care beliefs and habits in light of the information they have learned during their SCPITC trainings regarding infant/toddler development.

In addition to statewide expansion, SCPITC hosts an annual advanced training institute for all SCPITC graduates to assure that skills and knowledge remain current. South Carolina graduates receive a scholarship to attend this annual institute. This year's Institute included Dr. Walter Gillium from Yale University and Dr. Junlei Li from the Fred Rogers Institute. Between 80-100 SCPITC-trained professionals attend this Advanced Training Institute each year.

SCPITC is also increasing its focus on teacher-wellbeing as a critical element of promoting infant mental health. Understanding that personal stress hinders a teacher's ability to deliver high quality care, SCPITC is implementing an Infant Early Childhood Mental Health (I-ECMH) Impact pilot project which includes a teacher wellness component called Be Well Care Well, jointly funded by the Lead Agency with CCDF funds and the W.K. Kellogg Foundation.

The SCPITC concepts have been embedded into the revised ABC Quality Standards. SCPITC staff were actively engaged with the development of these revised standards and have supported the Lead Agency in providing statewide training to introduce the new standards to child care providers enrolled in ABC Quality.

SCPITC has established a demonstration site where Infant/Toddler care teachers and program administrators from across the state are encouraged to visit and learn what high quality infant/toddler care looks like in practice. SCPITC has also piloted a teacher mentor program in which exceptional infant/toddler care teachers are selected to attend an advanced training to learn about coaching and mentoring strategies and techniques.

Candidates who successfully complete the course are encouraged to serve as a quality mentor to the peers at their own center, asked to present with SCPITC Infant/Toddler Specialists at state early childhood conferences, and eventually to mentor infant/toddler care teachers at child care programs in their community.

To support the infant/toddler workforce, CCCCD has created a series of three infant/toddler credentials to meet the needs of teachers serving very young children within the technical college system of 16 colleges which provide access to all citizens of the state.

ABC Quality provides scholarships to the state's three major early care and education professionals. Priority has been given to programs that serve infants and toddlers in preparation for the newly introduced ABC Quality standards. ABC Quality staff develop and provide training at these conferences with concentration on standards that apply to infants and toddlers. ABC Quality has revised infant and toddler observation standards in the QRIS. ABC Quality staff have offered various training opportunities statewide. In addition, CCR&RN and SCPITC provide infant and toddler training and professional development opportunities to providers statewide.

- ☒ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe: SCPITC specialists provide training followed with intensive coaching and mentoring to early childhood providers that care for infants and toddlers. A relationship-centered, strengths-based coaching approach is used to guide infant/toddler teachers and program administrators toward practices and policies that facilitate relationship-based care. Targeted TA is also offered to infant/toddler programs seeking support for a specific need or concern.
- ☒ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: ABC Quality provides infant and toddler observation standards to include clarifications and examples of inclusive practices. ABC Quality partners with the SCIC to provide resources to child care providers statewide, including technical assistance, online training, and consultation on specific provider needs. SCIC also provides consultation regarding teaming and collaboration by encouraging child care providers to invite early interventionsists and related services providers into the classroom to provide services in the natural environment.
- ☒ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: ABC Quality has revised infant and toddler observation standards to reflect intentional teaching practices. This new tool is used to conduct observational assessments on ABC Quality child care providers. Observation standards include: Responsive and Sensitive Care, Language and Communication, Guidance, Program Structure, Early Learning, and Environment.

- ☒ Developing infant and toddler components within the state/territory’s child care licensing regulations. Describe: CCL recently revised the center licensing regulations that address infant and toddler components and are pending approval by the General Assembly.
- ☒ Developing infant and toddler components within the early learning and developmental guidelines. Describe: An inter-agency group led by the LA and the SC Department of Education collaboratively rewrote early learning standards to reflect a continuum of learning starting with infants and toddlers to kindergarten entry. The Early Learning Standards address 6 domains: Approaches to Play and Learning, Emotional and Social Development, Health and Physical Development, Language Development and Communication, Mathematical Thinking and Expression, and Cognitive Development. These standards incorporated strategies for each domain to support teachers who work directly with infants and toddlers.
- ☒ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: ABC Quality has a comprehensive parent website to support parents. Parents have access to library resources, blogs and videos that educate parents on infant and toddler care. Topic areas for infant and toddler include language, social-emotional, literacy, numeracy, and cognitive development. The SCPITC.org website also provides this type of information.
- ☒ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe: As an extension to the ABC Grow Healthy initiative, SCPITC developed and implemented a Breast-Feeding Friendly Child Care designation that is now available to child care providers statewide. The designation criteria were modeled after nationally established criteria. The number of programs achieving the designation are tracked statewide. SCPITC has also advocated for breast-feeding opportunities to be made available at conferences and key meetings throughout the state and measures that adoption annually.
- Other. Describe: _____

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

SCPITC uses various evaluations to measure different aspects of the program at key points (on-going, mid-point, and end of service plan) during the service plan. Evaluation includes biweekly observations, benchmark surveys (teacher, director, parent). Monthly director meetings and RAP sessions promote participant reflection. The Infant/Toddler Specialists participate in reflective supervision (reflections from the field) at monthly meetings, bimonthly reflective workshops following staff meetings.

Identifying shortages, gaps, low access of high quality care and underserved geographical areas or populations is the first step to addressing issues of supply of high quality care. The Child Care Data Team (CCDT) at the University of South Carolina – Child Development Research Center has developed methodologies, with funding from the Office of Program, Research and Evaluation (OPRE) to identify areas that are underserved in the state. This work will help inform the supply and demand for child care in the state as well as equity in voucher utilization to target strategies and resources to priority areas and populations in SC.

SC Voucher, the state subsidy program, provides differential rates of payments for urban and rural counties based on the results of periodic Market Rate Survey (MRS) which has resulted in a higher payment rates for urban areas. DECE, with the help of the CCDT will analyze child care accessibility in the state and explore options to offer alternative payment rates in areas of low access to high quality child care, especially for infants and toddlers, to improve supply and quality of child care in these areas. Voucher utilization in rural counties will be used to evaluate the effectiveness of this strategy to improve supply of child care in counties with historically low access. SC requires child care providers participate in the state's QRIS program in order to receive subsidy. The revised ABC Quality Standards have streamlined the quality rating and improvement process and are anticipated to increase participation in QRIS which, in turn, will increase access to high quality child care for all children, including low-income families utilizing child care subsidies.

DECE cross-agency partnerships with First Steps, Head Start, State Department of Education, DHHS, DHEC, DMH, and private non-profit organizations such as SC Thrive are already under way to facilitate coordination among agencies to identify gaps in supply of child care and to optimize child care utilization throughout the state, especially in areas identified as having low access to child care to increase access to early care and education beyond child care.

Other strategies such as contracts to high quality child care providers to increase availability of child care slots for infants and toddlers or other age categories will be explored with pilot projects. Data of voucher utilization will be collected on these pilots to test their effectiveness in geographical areas of shortage or in priority populations, as defined by DECE, who are at-risk.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

SC CCRRN operates a toll-free number for parents to call when they need help with child care referrals. Often families who have received assistance, will call for a list of ABC Quality providers

in an area. The referral specialist educates them on quality indicators, such as teacher-child interactions or group size, to help them make their final selection. SC CCRRN also helps families connect to DECE to apply for child care subsidies when they need financial assistance. All instances of child care referral and education on quality indicators is recorded.

The CCDT, supports DECE with data, reports, and research using administrative data within the division regarding supply of child care and the demand for and access to high quality child care. The CCR&RN provides technical assistance in all 46 counties in the state with regional technical assistance providers located in the community and has ties to community networks. They partner with local and statewide agencies to host community events to promote the CCR&RN services to support child care programs to improve their quality through training and technical assistance. These events are also used to advocate for educating parents and community leaders on indicators of quality in child care and to share resources to help them choose the highest quality child care for their children. These events take place in local libraries, churches, community halls, parks, convention centers, and conference locations either directly organized by DECE or partnering agencies such as SC First Steps, United Way, etc. The number of events and an estimation of participants at each event provide indicators of the impact of hosting and attending community events.

7.7 Facilitating Compliance With State Standards

- 7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: CCDF quality funds are used to carry out all child care licensing activities in SC (inspection, monitoring, and training of providers to comply with state regulatory health and safety requirements). In August 2015, a 27-hour on-line health and safety course was launched by the LA's DECE. All caregivers employed with ABC Quality providers that were enrolled to provide child care services to children with CCDF subsidies had one year to complete the 27-hour course that was offered through multiple modules on-line. Individual caregivers had to pass a test online after completing each module to receive a certificate through CCCCD's training registry. When a caregiver completed the entire health and safety course, a final certificate would be provided to the caregiver for their completion of the course. CCL and ABC Quality staff who inspect and monitor the child care providers have had online access to all caregivers' training transcripts maintained by CCCCD. The health and safety course modules counted toward the required Child Care Licensing training hours over a 2-year period.

The LA requested and received a waiver to the State Plan to allow the revision/restructuring of the Health and Safety Pre-Service Certificate to total 15 hours. Courses were redesigned to incorporate the required topic areas within the initial required 15 hours. A delay in implementation was due to system issues with the contractor. The revised Health and Safety Pre-Service Certificate will contain 15 hours to be completed within 90 days of hire coupled with CPR and First Aid training (8 hours) for a new total of 23 hours of training. CPR and First Aid training do not count toward the annual training requirement for licensing but the 15 hours will count toward the annual child care licensing requirement of 15 hours. Proposed new licensing regulations would provide more flexibility in meeting this annual requirement and ABC Quality training standards for nutrition and physical activity will be met under the revised requirement.

The revised system for pre-service certification will require completion of the required 15 hours before accessing the remaining 12 hours in the system. The remaining 12 hours from the original coursework can then be used toward the CCDF health and safety continuing education requirement. A newly hired employee can complete the required pre-service certificate, meet most if not all of the annual required licensing training hours and meet the ABC annual training requirement for nutrition and physical activity all together. Additionally, ABC Quality has included the requirement for the Health and Safety Pre-Service Certificate as an eligibility requirement for all newly-enrolling child care providers with ABC Quality. These modifications should result in improved health and safety practices with fewer provider deficiencies. As before, attainment of the ECD 101 course offered through the 16 technical colleges is accepted as an alternative to the Health and Safety Pre-Certificate.

CCDF quality funds are also used to expand the professional development of child caregivers through coursework and technical assistance offered by a variety of contractors and venues (CCR&RN, SCPITC, early care and education professional development conferences, etc.). Also, all activities performed by CCCCD (maintaining the statewide child care training registry for child caregivers in SC, managing the TEACH scholarship program for child caregivers, managing the statewide certification process for child care training and technical assistance providers, expanding coursework, specialized training, technical assistance and related support for child care providers voluntarily progressing toward higher quality standards in a tiered reimbursement system) are funded with CCDF Quality Expansion funds.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No.
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other. Describe: _____

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The ABC Quality assessment tool has been revised to capture compliance with the Health and Safety Pre-Service Certificate or completion of ECD 101 which satisfy this health and safety requirement. With the changes to the requirement and the continuing need only for those newly hired or new provider enrollments, the LA anticipates a higher compliance rate. Measureable indicators include the compliance rate for employees in ABC Quality programs and, once the workforce registry has the capability to connect individuals in the registry to employers, the compliance rate for all employees in non-ABC Quality programs can be measured as well.

SC Licensing Regulations stipulate one annual unannounced review visit per child care program to ensure compliance with state standards. Additionally, the state can make a visit to a child care program when the Lead Agency has received a complaint. These review/complaint visits are the primary source of data on compliance to state standards. The CCL specialists inspect all elements related to licensing compliance, including but not limited to necessary documentation, teacher-child ratios, and health and safety standards. CCL specialists also document the visit and issue citations of non-compliance when deficiencies are found. Deficiencies and review visits are measurable indicators of compliance to the state standards. Compliance with state health and safety requirements, mandatory training requirements, teacher-child ratios, etc. are basic indicators of quality.

Additionally, similar announced visits are conducted at child care facilities during the application and renewal processes.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

- 7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

South Carolina measures the quality and effectiveness of child care programs and services being offered with the ABC Quality tools. ABC Quality is a broad five-tier quality structure. It includes standards based on research and practice focused on health and safety, staff education and qualifications, supportive staff-child interactions, and meaningful learning activities. The five levels are A+, A, B+, B, and C. The structure and content of the assessment system is undergoing major modifications to update the content to current best practices, to provide a continuum of quality through the use of one assessment tool for all levels, and to redesign the tool to encourage continuous quality improvement through the use of a points-based system. With more than 1,000 programs participating in ABC Quality, this revision will be implemented in phases beginning with center-based programs. A statewide pilot of the process quality standards for birth to three (observation standards) and the structural quality standards (desk review) for centers began April 2018. The new standards have been built from the existing Level B standards with major upgrades and expansion to include Level C as well as Levels A and A+.

- 7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Several initiatives in the state are in the infancy stage during the period of 2019-21. The CCCCD is building a state workforce registry which is a multi-year undertaking and is the first of its kind for the state. ABC Quality is piloting a revised quality rating tool that has introduced several new concepts to its rating system, including a document review of structural quality elements, a single rating tool for all levels, and an increased role for the CCR&RN in the ABC Quality process. After data have been collected for 12-18 months, the data will be used to determine cut-scores to identify thresholds of quality. The ABC Quality program will also be engaged in revising its observational tool for process quality for preschool and school-age categories. The statewide ELS,

which was also a multi-year project, has just been rolled out and offers training and implementation strategies. An evaluation of initiatives that have not been fully implemented may be premature.

The CCL system is undergoing an inter-rater reliability process to ensure consistency in monitoring across the state as well as the use of best practices to efficiently and effectively monitor child care programs for health and safety. Based on the recommendations of this project, the licensing system will implement changes in their system to streamline its operations, improve agency-provider communications, improve data collection, etc. This health and safety system, which is the foundation of quality in child care programs will be evaluated using experimental design to analyze state administrative data to measure the effectiveness of inter-rater reliability practices.

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. _____
- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: _____
- No, but the state/territory is in the accreditation development phase.
- No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

n/a – no use of CCDF funds for this.

7.10 Program Standards

7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

- Health. Describe the supports: See SC Early Learning Standards (Adopted August 2017), Health and Physical Development, pp. 53-72
- Mental health. Describe the supports: The LA is building infrastructure to provide mental health services to young children through the Infant Early Childhood Mental Health Impact (I-ECMH) Project with assistance from the W.K. Kellogg Foundation. A new ABC Quality Standard with accompanying indicators to address Mental Health is included in Element III: Child Well-being Standard III.C Mental Health of the ABC Quality Program Manual, p. 23.

- ☒ Nutrition. Describe the supports: ABC Quality nutrition standards were developed in partnership with the SC Department of Health and Environmental Control's Division of Nutrition, Physical Activity, and Obesity and are embedded in the revised ABC Quality Program Standards. See Element III: Child Well-being Standard III.A Nutrition of the ABC Quality Program Manual, pp. 20-21.
- ☒ Physical activity. Describe the supports: ABC Quality physical activity standards were developed in partnership with the SC Department of Health and Environmental Control's Division of Nutrition, Physical Activity, and Obesity and are embedded in the revised ABC Quality Program Standards. See Element III: Child Well-being Standard III.B of the ABC Quality Program Manual, p. 22
- ☒ Physical development. Describe the supports: Standard III.B Physical Health under Element III: Child Well-being p.22 of the ABC Quality Program Manual and SC Early Learning Standards (Adopted August 2017), Health and Physical Development, pp. 53-72.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The LA will continue to track the progress in improving the quality of child care programs in the Child Well-being Element described in the ABC Quality Program Manual through data analysis of the related indicators across all enrolled ABC Quality providers. Preliminary data analysis has been conducted by SC DHEC on nutrition policy compliance using the related indicators for reporting to the federal Centers for Disease Control (CDC).

7.11 Other Quality Improvement Activities

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures.

The LA will continue the partnership with the SC Department of Health and Environmental Control to expand the focus on physical activity through the Outdoor Learning Initiative which also encourages the extension of learning activities to the outdoor environment. As of 2018, 20 centers have invested in naturalizing their outdoor learning environment through an ABC Quality pilot under the leadership of SCDHEC and North Carolina State University's School of Landscape Design. The progress of these sites will be monitored by performance of selected indicators from the ABC Program Standards. Expansion through competitive grants to other sites will be explored. South Carolina's climate is temperate for much or all of the year. Increased use of the outdoor space for longer periods extends both physical activity and opportunities for learning outdoors.

Similar standards to the center nutrition and physical activity standards will be embedded in the revisions to the Family and Group Home Standards. In preparation for those ABC Standards revisions, the USC School of Public Health and Johns Hopkins University are conducting a baseline study to assess the physical activity and diet in children who attend family child care homes in South Carolina. Data collected will be used to evaluate how children become healthy. The same evaluation will be conducted in year 2 and year 3 of the research study which will compare ABC Quality family homes (with new nutrition and physical activity standards) to non-ABC Quality family homes.

As part of infra-structure building, the LA will also support the development of a higher education coalition that will work on infusing Infant Early Childhood Mental Health (I-ECMH) concepts into multiple degree programs across South Carolina's higher education institutions. The coalition will be facilitated by long-term agency partners at the Medical University of South Carolina and the University of South Carolina. The coalition will work together to identify concepts that will be embedded into the coursework of degree programs represented by those in the coalition, creating a common foundation of I-ECMH concepts presented to all students seeking degrees in fields that may lead to work with young children/families. In the initial phase, measurement indicators will be based on progress toward demonstrated success in embedding the I-ECMH concepts in degree programs.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

- Issue policy manual
- Issue policy change notices
- Staff training. Describe: New staff receive training at orientation when they are hired. Other staff receive on-going onsite and online training.
- Ongoing monitoring and assessment of policy implementation. Describe: Monthly leadership team meetings are held with staff to communicate policy changes and to ensure clarifications and updates are provided timely.

- Other. Describe: A PowerPoint tutorial regarding eligibility and program integrity was developed for all eligibility staff, and is required at least once a year, and more often as needed.

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

- Verifying and processing billing records to ensure timely payments to providers. Describe: The Service Voucher Log (SVL) is the payment document by which providers are paid for services provided to voucher children. The SVL is computer generated for a provider when there are payments to be made. Once the provider receives the SVL, records hours attended, absences, and any other pertinent information regarding the proposed payments to be made, the SVL is returned either via online or mail to the Finance Division. The finance staff review all SVLs and then submit them for payment. The providers receive their payments within 5-7 days of submission.
- Fiscal oversight of grants and contracts. Describe: All contracts/grants are vendor agreements with a defined scope of work and include service activities and program deliverables that are determined by the LA. Services are ancillary to the operation of the CCDF program. Contract managers review and monitor progress on all deliverables to ensure work is performed in accordance with the terms as stated in the contract/grant. A risk assessment that includes contract monitoring activities is included in all contracts and/or grant agreements. Contract managers review and approve the contract operational budget and invoices prior to their being paid.
- Tracking systems to ensure reasonable and allowable costs. Describe: _____
- Other. Describe: _____

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

- Conduct a risk assessment of policies and procedures. Describe: The Case Review staff conduct case reviews on a percentage of all new or recertification cases to ensure that the case was determined properly and that the services authorized are in accordance with policy. If errors are found the case review staff return the case to the eligibility worker so that a correction can be made.
- Establish checks and balances to ensure program integrity. Describe: Monthly data matches are conducted between the CHIP (Client History and Information Profile) system, and CAPSS (Child and Adult Protective Services System).
- Use supervisory reviews to ensure accuracy in eligibility determination. Describe: Bi-weekly reports are generated for the Quality Review Team to utilize to conduct the supervisory review process. Once cases are reviewed a report is produced to provide a detailed result of the case reviews and identify the types of errors and the corrective action taken.

Other. Describe:

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- 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)).
- Run system reports that flag errors (include types). Describe: The Duplicate Client report and Duplicate Payment report are generated and worked by staff on an ongoing basis. These reports include potential duplicate clients and payments and allow staff to investigate to determine if there was duplication. If it is determined that there was duplication in payment, recoupments are completed to recover the duplicate payment.
- Review enrollment documents and attendance or billing records.
- Conduct supervisory staff reviews or quality assurance reviews.
- Audit provider records.
- Train staff on policy and/or audits.
- Other. Describe: Special audits are conducted as requested when potential fraud is suspected.

b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).
- Run system reports that flag errors (include types). Describe: The Duplicate Client and Duplicate Payment reports are also utilized to determine potential administrative errors.
- Review enrollment documents and attendance or billing records.
- Conduct supervisory staff reviews or quality assurance reviews.
- Audit provider records.
- Train staff on policy and/or audits.
- Other. Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
- Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
- Other. Describe: The LA has processes in place to recover misspent funds from providers that are the result of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the SC Voucher system. 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 owed, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the Service Voucher Log invoice document for the provider and will affect all future payments until the amount of the adjustment has been paid or received. If the adjustment is for a provider who does not have current voucher children, and is thus not receiving a Service Voucher Log, 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.

b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations. When potential fraud or intentional program violations by providers are discovered, the Audits Division staff are contacted and a provider audit is requested. When the audit is conducted, if the auditors determine that violations have been made by the provider, the findings are included in the audit report, and a monetary calculation is made regarding necessary repayments.

c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
- Recover through repayment plans.
- Reduce payments in subsequent months.

- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments. Describe: _____
- Other. Describe: _____

d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
- Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
- Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
- Other. Describe: SC does not pursue recovery of funds from clients. The staff time and effort required to recover these funds from clients would far outweigh any benefit or return of funds. SC has not historically recovered child care funds from clients.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

- Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. 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.
- Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. A provider has the right to request a fair hearing regarding any negative action taken by the ABC Quality system. Negative actions include, but are not limited to termination from the SC Voucher program and de-enrollment of a specific care type. If it is determined that a provider deliberately

misrepresented information in order to receive payment for voucher children, the provider will be terminated from the SC Voucher program. 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 monitoring staff are responsible for representing the SC Voucher Program at provider fair hearings. If the decision of the fair hearing is that the provider did deliberately misrepresent information, and the termination decision is upheld, the provider will be disqualified from enrolling in the ABC Quality program for life.

- Prosecute criminally.
- Other. Describe: The ABC Quality system has controls in place to address improper payments to providers. The system adjustment process recoups overpayments to a provider from his/her next SC Voucher payment. In addition, the adjustment process creates payable adjustments for a provider if the SC Voucher system underpays them for child care services.