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SC DSS ABC CHILD CARE PROGRAM
Policy Manual



ABC
CHILD CARE PROGRAM

ABC POLICY MANUAL

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**For Policy Related Questions,
Please Email: [DSS - ABC Child Care Policy](#)**

[See What's New](#)

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Chapter**1****Chapter 1****Introduction to the ABC Child Care Program****1.1 Program Purpose and Legal Basis****1. Purpose of the Child Care Assistance Program**

The South Carolina Department of Social Services (SCDSS) administers the child care subsidy program, hereafter referred to as the ABC Child Care Program (ABC Program). Child care services provided through this program are funded by the Child Care and Development Fund (CCDF), the Social Services Block Grant (SSBG), and State dollars. The CCDF is under the administration of the U.S. Department of Health and Human Services, Administration for Children and Families and is distributed to the states to provide child care services for low income families.

The purpose of the ABC Program is to:

- A. Increase the availability, affordability, accessibility and quality of child care for families in the state of South Carolina
- B. Assist families in achieving and maintaining economic self-support and self-sufficiency.

The goals of economic independence and prevention of welfare dependency are promoted through the belief that continued employment results in more secure families. This program reinforces the idea that the strength of the family is important to the state's and the nation's economy. Targeting families that are attempting to achieve and maintain economic independence from welfare is a concern of state and federal government.

2. Federal Regulations

As the lead agency, SCDSS is responsible for implementing a program that complies with federal regulations associated with the CCDF. Under these regulations, SCDSS must ensure that:

- A. The program is made accessible to all eligible parents as funding permits.

- B. A parent is given a choice of eligible providers and that the requirement of this program will not significantly restrict parental choice of the types of providers.
- C. A parent will have unlimited access to their child and to the provider who is caring for their child during normal hours of operation.
- D. A record of parental complaints is maintained and made available to the public on request.
- E. Consumer education information is made available to the public concerning:
 - a. Licensing and regulatory requirements
 - b. Complaint procedures
 - c. Health and safety information
 - d. Policies relative to child care services.
- F. Payment rates will be sufficient to ensure equal access for an eligible child.

3. Legal Basis

The following laws and regulations govern the administration of the child care services:

- A. 42 USC 1397c (Public Law 97-35, Omnibus Budget Reconciliation Act of 1981). Requires the state to publish an annual intended-use report for Title XX SSBG funds.
- B. The Child Care and Development Block Grant Act of 1990 (P.L. 101-508) as amended by P.L.102-401, P.L. 102-586, P.L.103-171 and found at Title VI, Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L.104-193.

4. Child Care Service Goals

The goals of the child care services are:

- A. To promote family independence by giving priority for the use of child care funds to Welfare Reform clients through the Family Independence Act

- B. To enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under CCDF or SSBG
- C. To provide parents with a broad range of options in addressing their child care needs
- D. To strengthen the role of the family
- E. To improve the quality of, and coordination among, child care programs and early childhood development programs
- F. To increase the availability of early childhood development and before-school and after-school care services (school-age care).

The ABC Program incorporates the following elements which are beneficial to families, providers, and local communities:

- A. Families are offered information regarding accessible child care arrangements.
- B. Child care providers are afforded opportunities for participating in the delivery of paid care, less paperwork, timely payment, resources for staff training and program improvement.
- C. The consolidated management of publicly funded child care results in effective administration, planning, and reporting.

At many levels, information and referral options are being provided and applicants are learning about child care and what is available in the communities. A guiding principle of the ABC Program is a commitment to provide the applicant with information that allows informed choices regarding child care arrangements.

5. Basic Service Philosophy

Since the passage of the South Carolina Family Independence Act in 1995 and the related federal Welfare Reform Law of 1996, funding priority for the ABC Program is given to parents participating in the State's Family Independence Program (FI).

Child care is essential to parents who are:

- A. Participating in a training program
- B. Securing employment
- C. Pursuing educational opportunities
- D. Participating in FI.

6. Use of Policy Manual

The ABC Child Care Program Policy Manual, as well as any applicable procedural manuals and attachments, will be used by SCDSS staff to determine eligibility for child care assistance in a fair, consistent, and timely manner. All SCDSS staff are responsible for exercising prudent and reasonable judgment when applying policy.

If a child care worker is unable to reach a decision about a specific situation that is not addressed in the manual, the child care worker will contact the ABC Control Center Supervisor or other identified supervisors for a decision. If a decision is still unable to be made, the Program Director will be consulted.

All SCDSS child care staff will be held accountable for carrying out policies and procedures of the program in a timely, accurate, courteous, and non-discriminatory manner.

7. Non-Discrimination

In accordance with Title VI Section 601 of the Civil Rights Act of 1964 and Title V Section 504 of the Rehabilitation Act of 1973, SCDSS will administer programs so that no person shall, solely because of race, color, national origin or qualified handicap, be:

- A. Excluded from participation in
- B. Denied the benefit of
- C. Subjected to discrimination under any program or activity administered by SCDSS.

1.2 Confidentiality of Information

1. Freedom of Information Request

All requests for information on specific clients or child care providers must be coordinated with the Office of General Counsel. A child care worker should gather the information and send it to their appropriate agency attorney.

Policy indicates that all client and provider case files are maintained by the appropriate worker for a period of three years or until all applicable audits have been completed. If an audit is in progress, all documents shall be maintained until the audit is complete. Applications for applicants who are not funded shall be maintained for 12 months. See [Retention Schedule](#) (Section 6.4)

2. Confidential Case Information

The following case information is considered confidential and must be safeguarded:

- A. All information obtained in the course of interviews with the applicant/recipient (A/R)
- B. All information obtained while verifying eligibility for the A/R
- C. Name, address, and Social Security Number (SSN) of the A/R
- D. Information on the economic, social or medical circumstances of the A/R.

3. Disclosing Confidential Information

Confidential information may be disclosed in the following situations:

- A. **Verification:** When the child care worker is attempting to verify eligibility and must disclose information limited to the facts required to determine eligibility
- B. **Federal Assistance:** When another agency administering a federal or federally assisted program, which provides needs-based assistance directly to an individual, is attempting to assist an A/R and requests information directly related to that agency's programs
- C. **Audit:** When a legislative body or designated audit body certifies the information is needed for auditing purposes
- D. **Federal Program Investigation:** When any investigation, prosecution, or criminal/civil proceeding is being conducted in connection with the administration of federal programs administered by SCDSS
- E. **Child Abuse/Neglect:** When child abuse and/or neglect is suspected
- F. **Child Care Applicant Consent:** When the applicant discloses information or when the applicant or their authorized representative request to view information in the applicant's case file.

EXCEPTION: The applicant may not view confidential medical reports from third parties nor give consent for this information to be disclosed.

1.3 Voluntary Program

The ABC Program is a voluntary program. A licensed, registered, waived, exempt and/or approved child care provider may enroll into the program as a Level A, B, or C provider. Level A and B providers voluntarily meet quality standards higher than the basic health and safety standards established by Child Care Licensing. Level C, Family,

Friend, or Neighbor, and In-home Care providers voluntarily participate in the ABC Program for payment only.

1.4 Mandated Reporter

ABC Program staff, as well as all other agency employees, are required to report any suspected abuse or neglect to the appropriate entities. The following is an excerpt of the SC Code of Laws on Mandated Reporters:

SECTION 20-7-510. Persons required or permitted to report; method; confidentiality.

(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 childcare worker in a childcare 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 20-7-490.

(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.

NOTE: Child care staff should refer any questionable situations to a supervisor.

1.5 The ABC Control Center

The ABC Child Care Control Center, hereafter called the ABC Control Center, is located at SCDSS. Staff are responsible for the:

- A. Daily operation of the ABC Program
- B. Coordination of child care eligibility
- C. Selection and payment to providers.

Toll-free lines for clients and providers are operated by ABC Control Center staff. Clients and providers may access the ABC Program by calling the toll-free telephone numbers between the hours of 8:00 a.m. - 5:00 p.m. Monday thru Friday. The toll-free lines are designed to:

- A. Provide information to a client receiving child care services.
- B. Provide information to an interested family wishing to apply for services.
- C. Provide technical assistance and resolution to a provider regarding payment information or for other situations encountered by a client or provider.

Parents may call 1-800-476-0199 for assistance and child care providers are to call 1-800-262-4416. Both lines are available Monday – Friday from 8:00 a.m. – 5:00 p.m. The ABC Control Center fax number is 1-800-310-5417.

The mailing address for the ABC Control Center is:

ABC Child Care Program
SC Department of Social Services
P.O. Box 100160
Columbia, South Carolina 29202-3160

1.6 Child Care Payables

Child Care Payables is responsible for receiving all [Service Voucher Logs](#)~ (SVL's) for payment. This area reviews each SVL for proper documentation of absences and reason codes. Properly documented SVL's are entered into the ABC Child Care Voucher System (ABC Voucher System) for payment. The payment process takes approximately 14 days to complete. A remittance advice is mailed to providers detailing the services paid for each child in attendance and reflects the amount of funds deposited to the personal banking account or JPM debit card. Providers also receive with each remittance advice a new SVL for returning for payment for children with continued services.

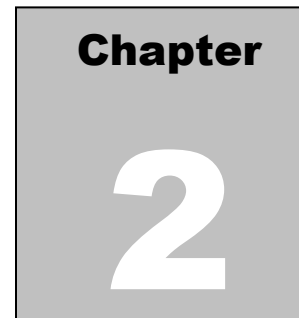
Child Care Payables is also responsible for updating and keying banking information for providers requesting direct deposits to personal accounts. Providers **MUST** complete a direct deposit form, [DSS Form 1105](#), Authorization Agreement and Enrollment Form for Electronic Vendor Payment and Remittance Advice, and send in a VOIDED check when a deposit is made to a checking account. Providers electing to have funds deposited to a savings account must have their bank complete Section 3 of the direct deposit form for

account verification. The form should be sent to Child Care Payables for entering into the E-pay system. A pre-note process is necessary in order for funds to be deposited to personal accounts. This process takes approximately 14 business days for proper verification of account information.

Child Care Payables is **NOT** responsible for the garnishment of payment due to notices of levy by other agencies such as SC Department of Revenue or the IRS. If the provider's payment is intercepted by any agency referenced above, the provider is responsible for contacting the imposing agency for negotiating the levy. The imposing agency is responsible for forwarding release of levy notices to SCDSS when garnishments are to be terminated and the imposing agency is responsible for administering any refunds due to the provider.

1.7 Accessing the ABC Program

A family interested in applying for child care assistance may access the ABC Program through the local SCDSS county offices or by contacting the ABC Control Center at 1-800-476-0199, or other identified entities. Child care assistance is based on available funding and specific eligibility criteria. Information regarding the ABC Program and ABC Program providers may be obtained from the SCDSS child care website at <http://childcare.sc.gov/>, www.abcqualitycare.org or schildcare.org.



Chapter 2

Child Care Assistance

2.1 Eligibility Requirements

1. Residency

In order to receive child care services through the ABC Program, the applicant must be a legal resident of the state of South Carolina. When residency is questionable, the applicant may be asked to submit proof of residency. Proof of residency may include a copy of one of the following:

- A. Lease agreement
- B. Utility bill
- C. Driver's license
- D. State identification card
- E. Voter registration
- F. Other documents as approved by State Office.

NOTE: Notarized statements from friends or relatives are not acceptable methods for verification of residency.

2. Age

In order to apply for child care assistance through the ABC Program, the applicant must be 18 years old or within six months of turning eighteen at the time of the application. However, this does not apply to FI and FI/CO fund sources. If the applicant does not meet the age requirements to apply for child care assistance, the minor's parent must apply for child care services in their own name and use their family size and income, or the minor's parent must sign an [emancipation statement](#).

In order to receive child care assistance through the ABC Program, the child in need of care must be within the ages of birth up to age 13, unless the child has special needs, in which services may be approved up to age 19. Some sources of funding have different age requirements.

Exceptions to the age requirements will be made on a case-by-case basis and must only be approved by designated ABC Program Staff, the ABC Control Center Supervisor or his/her designee. See [Exception Criteria for CPS and FC Child Care Cases](#) (Section 2.11.1)

3. Citizenship

A child served through the ABC Program must be a citizen of the United States or a qualified alien. An applicant for and recipient of the child care subsidy must declare that the child for whom they are applying or receiving child care subsidy for is a citizen or qualified alien. The parent's declaration that their child is a citizen or qualified alien must be accepted unless there is reason to question the validity of the declaration. If the applicant acknowledges that the child is an alien, the child care worker must verify if the child is an "eligible alien" able to receive federal benefits. If the child care worker has a suspicion that the documentation may be invalid or falsified, additional documentation should be requested. Incorrect reporting of citizenship or status will result in loss of child care eligibility even if otherwise eligible.

An applicant who is in the Family Independence (FI) Program or transitioning off of the FI Program is to be considered already verified for citizenship or eligible alien status by the State for child care purposes and will need no further verification. Verification of citizenship/alien status is required for Temporary Assistance for Needy Families (TANF); therefore, requirement has taken place.

4. Citizenship/Alien Status

When a Low-Income applicant's statement on citizenship or alien status is questionable or inconsistent with other information on the application, the child care worker will ask the applicant to provide acceptable verification of citizenship or alien status. It is the responsibility of the applicant to secure and present valid documentation.

Acceptable forms of verification include:

- A. Birth certificate
- B. INS certificate of citizenship or naturalization (U.S. nationals)
- C. Valid voter registration card from the applicant's county of residence (cards from out-of-county or out-of-state are not acceptable)
- D. U.S. passport
- E. Religious records

The following are **NOT** considered acceptable forms of verification for eligible alien status:

- A. Social Security card
- B. Driver’s license from any state
- C. Bank, credit, or check cashing cards.

The following groups of aliens may receive benefits if all other requirements are met, for up to five years from the date the status is granted. A "qualified" immigrant is defined by the Personal Responsibility and Work Opportunity Act (PRWORA), as amended, and include:

Refugee	Alien who is admitted into the U.S. as a refugee. I-94: stamped “Admitted under Section 207 of the INA” or I-551 stamped RE-6, RE5, RE7, RE8, RE9
Asylee	I-94: stamped “Granted Asylum under Section 208 of the INA.” or I-551
Cuban/Haitian Entrant	I-94 stamped “Cuban/Haitian Entrant or I-94 stamped parole status (i.e., Cubans who entered the U.S. illegally between April 15, 1980 and October 10, 1980 and Haitians who entered the U.S. illegally before January 1, 1981).
Amerasian	Alien fathered by U.S. citizen and born in Vietnam between January 1, 1962 and January 1, 1976 and close family members admitted as immigrants. I-94 is stamped: “Processed for I-551” with codes AM1, AM2 or AM3, or I-551 is stamped with codes AM6, AM7 or AM8.
Deportation Withheld	Alien whose deportation is withheld under Section 241(b) (3) or 243(h) of the INA. I-688B: Employment Authorization Card; or I-766: Employment Authorization Document
Conditional Entrant	Alien granted conditional entrant refugee status before April 1, 1980. I-94 is stamped "Refugee-Conditional Entry" and cites INA Section 203(a)(7)
Parolee	Alien granted parole for at least one year under §212(d)(5) of the INA”
Victim of severe forms of trafficking	Alien forced into prostitution, slavery, and forced labor through coercion, threats of physical violence, psychological abuse, torture and imprisonment. A victim of trafficking will have a letter of certification from the Office of Refugee Resettlement, Washington D.C. or I-94: stating admission under Section 212(d)(5)
Battered alien	Alien (whose child or parent) has been battered or subjected to extreme cruelty in the U.S. as set forth in section 431 of the PRWORA, and

	amended by section 501 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, P. L. 104-208 (IIRIRA), and amended by 5571 of the Balanced Budget Act of 1977, P. L. 105-33 (BBA), section 1508 of the Violence Against Women Act of 2000, P. L. 106-386.
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In rare instances, when none of the above has satisfied the citizenship status, the secondary verification procedures below should be followed:

- A. Complete INS Form G-845 for each applicant who is not a U.S. citizen.
- B. Copy the verification used to establish satisfactory immigration status.
- C. Attach a copy of the verification to Form G-845. The U.S Citizenship and Immigration Services (USCIS) requests the verification be stapled to Form G-845 in the upper left-hand corner using only one staple.
- D. Submit the verification and Form G-845 to USCIS at the address below:

U.S. Citizenship and Immigration Services (USCIS)
 470-490 L'Enfant Plaza East, SW
 Suite 8001
 Washington, D.C. 20024
 Attn: Immigration Status Verification Unit

- E. Review the returned Form G-845 to ensure that legal alien status is validated and document CLRC.

NOTE: When keying a case for a child where the parent is not a legal citizen, but the child is, a pseudo SSN must be created for the parent in order to process the application.

5. Establishing the Need for Child Care Services

There must be an established need for child care prior to applying for services. In order to be eligible for child care services through the ABC Program, the applicant must be working, in school, or in a training program at least 15 hours per week as determined by the child care funding source. Travel time to work, school or training is considered when determining the type of child care needed. A maximum of one hour per day is allowed; however, additional travel may be considered if documented. An FI parent may not be required to participate for a minimum of 15 hours; however, they must be in compliance with their Family Plan.

6. Family Definition

All family members are identified in order to determine the family household unit and the gross monthly income. For eligibility purposes, the family household unit is defined as the number of persons who reside in the same household and who are responsible for the financial support of the child whose eligibility for child care services is being determined. Additionally, all children in the household should be considered when determining the family household unit. The following is information on who to include and exclude when determining the family household unit:

Who **is** counted when determining the family household unit:

- A. Natural or adoptive parent or caretaker, or an individual acting in loco parentis, such as a relative or non-relative who has been granted custody or guardianship by a court of law or who has assumed full physical responsibility for a child, with or without custody
- B. Married spouse of the parent or caretaker, if residing in the same home
- C. Second parent or alleged parent of the child needing care when they are residing in the home, even if unmarried to the parent/caretaker
- D. Dependent child in the household. A dependent child is defined as an unmarried child under age 18 or under age 21 if a full-time student in secondary school or equivalent vocational/technical school

NOTE: The following only applies to Welfare Reform eligibility categories (FI, FI/CO, and TCC): A dependent child age 0-13, or 13-19 if special needs, living in the household of a caretaker/ relative, but not included in the Family Independence (FI) or Supplemental Nutrition Assistance Program (SNAP) budget, is eligible to receive child care services. (See item A above to ensure loco parentis form is completed or other documentation is available verifying why the dependent child is in the home.)

- E. Family members living temporarily away from home, i.e., military spouse, not residing in the same household due to being stationed away
- F. Stepparent
- G. Teen parent who has their own FI benefit case but resides in the household of their parent or caretaker. The teen parent and child make up their own family household unit. A teen parent must be participating in school and/or working as a part of his/her FI Family Plan.

- H. Applicant of child care who is 18 years of age or older is considered a separate household from their parent even if the applicant resides in the same house
- I. Foster child is considered a one-person family and only the child's income is counted. However, both parents must be employed to be eligible for child care services through the foster care child care funding source.
- J. Emancipated minor is defined as a minor 18 years or under whose parent has entirely surrendered the responsibility of the care and custody of the minor and the right to the minor's earnings and is under no legal obligation to support the minor. An emancipated minor with a child living in the home of their parent is counted as a separate household. This minor is not included in the FI or SNAP budgets. A minor is emancipated if they meet one of the following conditions:
 - a. The court legally released the minor from parental control.
 - b. Both parents of the minor have signed an [emancipation statement](#)~. This statement must be notarized.

NOTE: The ABC Program uses this statement for eligibility purposes only. However, this information may be made available under the Freedom of Information Act.

- c. The minor has legally married.
- d. The minor has been legally divorced or become widowed, but has not returned to parental support.

An un-emancipated minor is counted in the family size of their parent. Applications for child care will be taken in the parent's name and the parent must meet all eligibility criteria, unless the following circumstances apply:

- a. The teen parent has no parent or legal guardian whose whereabouts is known.
- b. No parent or legal guardian of the teen parent allows the teen to live in their home.
- c. The teen parent lived apart from their own parent or legal guardian for a period of at least one year before the birth of the dependent child.
- d. The physical or emotional health or safety of the teen parent or dependent child would be jeopardized if they resided in the same residence with the major parent or legal guardian.

- e. There is otherwise good cause for the teen parent or dependent child to receive assistance while living apart from the major parent, legal guardian, another adult relative, or an adult supervised supportive living arrangement.

NOTE: Documentation of good cause includes, but is not limited to, written statements from at least two corroborating persons showing that it is not in the best interest of the teen parent to live with their parent or legal guardian. One of these corroborating persons should be a professional such as a school counselor, social worker, or mental health professional.

- K. Non-related adult who is counted in the FI or Food Stamp budget should be counted in the family household unit

Who **is not** counted when determining the family household unit:

- A. Incarcerated family member, such as a parent or sibling, is not included in the family size.
- B. Same sex partnerships are not counted in the same household nor is the non-parental partner's income counted as the partnership is not recognized by South Carolina.
- C. Adults who are not married and do not consider themselves common-law spouses but reside in the same household are not considered part of the same family household unit unless they are the parents of the same child.

7. Income Definition

For eligibility purposes, gross family income is defined as the source and amount of current gross income earned by all adult family members identified in the family household unit through the receipt of:

- A. Wages
- B. Tips
- C. Salaries
- D. Commissions
- E. Piece-rate payments
- F. Cash bonuses
- G. Armed services pay, including uniform and living allowances.

Employment for child care purposes also includes subsidized employment, i.e., On-the-Job Training, VR sheltered workshop, or unsubsidized employment, including self-employment. It may also include part-time, post-secondary work-study assignments of at least 15 hours per week. A participant is considered employed if they are working at an

occupation where they are paid a wage/salary. Volunteer activity (such as a Vista Volunteer) is not considered employment. Employment income from a child under age 18 is excluded.

The income of the following individuals is counted when determining eligibility:

Individual	Special Instructions
Dependent child	Earned income of a dependent child is excluded.
Minor	Earned income of any minor is excluded.
Teen Parent Adult	All earned and unearned income of the teen adult parent is counted unless specifically excluded.
Parent in the home	All income is counted unless specifically excluded.
Caretaker relative other than child's parent	Income is counted if needs is included in the benefit calculation unless specifically excluded. If married, and caretaker relative is included in the family household unit ,~ both spouse and caretaker relative living in the home must be included in the family household unit.
Stepparent in the home	All income is counted unless specifically excluded.

The family's monthly income is calculated by adding the gross monthly income of each adult family member identified in the family household unit. Income such as child support payments or Social Security benefits for a child under age 18 should also be included. A family member living temporarily away from home must be included in the family size and their income included in the calculation. See [Family Definition](#) (Section 2.1.6)

NOTE: Overtime will be counted when it appears on at least half of the paystubs submitted with a child care application, even if the overtime pay amounts vary with each paystub.

For an applicant who receives wages weekly, the weekly salary is multiplied by 4.33 to arrive at the gross monthly income. For an applicant who receives wages every other week, the salary is multiplied by 2.16. Seasonal income, income received on a quarterly basis, or irregular income must be averaged.

The applicant must provide verification of income from work or participation in school and/or training. This verification must be submitted with the signed application before it can be processed. The child care eligibility worker may use CHIP information to verify when other documentation is not provided. Written verification of child support is not required. However, the applicant should disclose all applicable sources of income.

8. Income Inclusions

The following types of income **are** to be considered when computing the amount of gross income for eligibility purposes:

- A. **Family Independence Stipend**
Assistance payment to aid a family with a dependent child who is in the financial assistance budget. CHIP will be used to verify receipt of an FI stipend.
- B. **Alimony**
Allowance, usually ordered by the Family Court, paid to an individual by the spouse or former spouse after a legal separation or divorce or while legal action is pending. This may be verified through the court or, if paid voluntarily, by the person making payments.
- C. **Child Support**
Allowance, usually ordered by the Family Court, for the support of a child. This may be verified through the court or, if paid voluntarily, by the person making payments.
- D. **Social Security**
Social Security pensions, survivor's benefits, and permanent disability insurance benefits paid by the Social Security Administration (SSA) before deductions for medical insurance. Railroad retirement insurance benefits from the U.S. Government.
- E. **Veterans' Pensions**
Money paid periodically by the Veterans Administration to a disabled member of the armed forces or to a survivor of a deceased veteran, as well as subsistence paid to a veteran for education and on-the-job training, and "refunds" paid to a veteran as G.I. insurance premiums.
- F. **Pensions and Annuities**
Pensions or retirement benefits paid to a retired person or their survivor by a former employer or by a union, either directly or through an insurance company.
- G. **Unemployment Compensation**
Compensation received from a government unemployment insurance agency or a private or public insurance company for an injury incurred at work. The cost of this insurance must have been paid by the employer and not the individual. The length of time the individual is expected to be out of work due to injury should be included in the narrative.

H. Workers' Compensation

Compensation received periodically from a private or public insurance company for an injury incurred at work. The cost of this insurance must have been paid by the employer and not the individual. The length of time the individual is expected to be out of work due to injury should be included in the narrative.

I. Wages or Salary (Includes seasonal work/income)

Total money received for work performed as an employee, including:

- a. Wages
- b. Salary
- c. Commissions
- d. Tips
- e. Piece-rate payments
- f. Cash bonuses
- g. Armed forces pay, including uniform and living allowances.

This is to be the gross amount before deductions are made for:

- a. Taxes
- b. Bonds
- c. Pensions
- d. Insurance
- e. Union dues
- f. Similar purposes.

The best form of verification is the most recent 30 days of pay stubs. Other methods of verification include the following:

- a. Last W-2 Form or Income Tax Form
- b. Written statement from the employer on company letterhead indicating the hourly rate of pay and the number of hours worked
- c. Military Leave Earning Statement (LES). This is the only acceptable form of verification for a member of the military.

J. Self-Employment (Non-Farm)

Adjusted gross income or net income earned in self-employment in one's own business, professional enterprise or partnership. Net income means gross receipts minus expenses. Gross receipts are the value of all goods sold and services rendered. Expenses include the following:

- a. Cost of goods purchased

- b. Rent, heat, light/power
- c. Depreciation charged
- d. Wages and salaries paid
- e. Business taxes (not personal income tax)
- f. Similar costs.

The most recent income tax return is the best method of verification. If a return is not available, a copy of one of the following should be used:

- a. Receipts of purchase
- b. Records of sale
- c. Business ledger
- d. Other records or statements of expenses and profits.

K. Farm Self-Employment

Gross receipts minus expenses from the operation of a farm by a person on their own account as an owner, renter, or sharecropper. Gross receipts include the following:

- a. Value of all products sold
- b. Government crop loans
- c. Monies received under the Agricultural Stabilization Act
- d. Monies received from the rental of farm equipment to others
- e. Incidental receipts from the sale of wood, sand, gravel, and similar items.

Operational expenses include the following:

- a. Cost of feed, fertilizer, seed, and other farming supplies
- b. Cash wages paid to farm hands
- c. Depreciation charges
- d. Cash rent
- e. Interest on farm mortgages
- f. Farm building repairs
- g. Farm taxes (not state and federal income taxes).

The value of food, fuel, or other farm products used for family living is not included as part of net income. The most recent income tax return is the best source of verification. If a return was not filed or is unavailable, one of the following should be used to determine net income:

- a. Copies of receipts of purchase
- b. Records of sale

- c. Other records or statements of expenses and profits.

Farm income is usually available only at the end of the crop year, but may be prorated over the next 12 months.

L. **Dividends from Stocks and/or Bonds**

Benefits received by a person who holds shares of stock (interest in a company) or bonds (interest bearing certificates), or benefits received from profits of an insurance company with whom they have a policy, or as a result of their membership in an association which shares its profits with its members. The amount received may be documented by placing a copy of the individual's dividend statement in the record.

M. **Interest on Savings or Bonds**

Benefits accrued as a result of a savings account or bonds. This includes all such income whether paid directly or reinvested in the savings account or bonds.

N. **Income from Estate or Trusts**

Periodic receipts from estates or trust funds. This may be verified through probate court or the institution handling the trust fund.

O. **Net Rental Income**

Income from the rental of a house, store, or other property, minus expenses necessary to the upkeep of the rental property. This amount may be verified by copies of rent receipts and expense records placed in the file. Further verification should be obtained from those persons paying a rental fee to assure accuracy.

P. **Income from Boarders/Lodgers**

Income from boarders/lodgers minus expenses necessary to provide room and/or board. This may be verified in the same manner as net rental income.

Q. **Net Royalties**

This includes the following:

- a. The share of proceeds paid to the applicant as owner of a right (for example, a patent) for permission to use it or operate it
- b. The share of proceeds paid to one from whom land rich in oil or minerals is leased
- c. The share, usually a specified percentage, or proceeds from the work of a composer or writer and paid to the individual.

This amount should be verified by placing a copy of the royalty contract in the record.

R. **General Assistance**

State-funded assistance payment to the totally and temporarily disabled. This may be verified by checking the assistance payments case record.

9. Income Exclusions

The following types of income **are not** to be considered when computing the amount of gross income for eligibility purposes:

A. **Supplemental Security Income (SSI)**

Supplemental Security Income issued through the SSA and the Optional Supplement issued by SCDSS.

B. **Funds Connected with Judgments of Indian Claims**

Per capita payments or funds held in trust for any individual in satisfaction of a Judgment of the Indian Claims Commission or the United States Court Claims.

C. **Income from Property Sold**

Money received from the sale of property (such as stocks, bonds, a house, or a car) is to be disregarded unless such individual was engaged in the business of selling such property.

D. **Supplemental and Special Food Programs**

Exclude the value of supplemental food assistance under the National School Lunch Act, as amended.

E. **Payment from Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970**

F. **Children's Earnings**

No inquiry shall be made regarding the earned income of a dependent child under 18 years of age unless the child is emancipated or is a teen parent with an FI benefit case in their own name. See [Family Definition](#) (Section 2.1.6)

G. **Certain Loans and Grants**

Disregard income from loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs. Also, disregard any loans or grants to any undergraduate student for educational purposes made or issued under any program administered by the Commissioner of Education under the Higher Education Act (e.g., Pell or Carl Perkins grants or Montgomery GI Bill).

- H. **Home Products**
Disregard the value of home produce used for household consumption.
- I. **Value of Meals Received Through Special Programs**
The value of meals received through congregate dining programs, etc., is excluded regardless of funding source for such programs.
- J. **Volunteers in Services to America (VISTA) Income**
The income received by volunteers under the VISTA program must be disregarded.
- K. **Foster Care Board Payments**
These payments, including clothing allowances, are excluded from the income of both foster parents and foster children.
- L. **Earnings Received Under Job Training Partnership Act of 1983**
- M. **Special Service Supplemental Benefits for Adoption**
- N. **Lump Sum Payments from Social Security, Supplemental Security Income (SSI), Housing and Urban Development (HUD), and child support payments in arrearage**
- O. **Bank Withdrawals**
- P. **Borrowed Money**
- Q. **Tax Refunds (to include payment or refunds from Earned Income Tax Credit or Dependent Care Credits)**
- R. **Gifts**
- S. **Lump Sum Inheritances or Lump Sum Insurance Payments**
- T. **Capital Gains**
- U. **Value of SNAP Allotment**
- V. **Income from Work-Study Programs**
Income from work-study will not be counted as income.
- W. **United States Department of Agriculture (USDA) Donated Food Value.**

2.2 Verification Requirements

1. Verification Requirements

In order to be eligible for child care assistance, the applicant must be working, in school or in a training program, or permanently or temporarily disabled. If a two-parent household, both parents must be working, in school or in a training program or permanently or temporarily disabled. The applicant must verify income from employment, enrollment in school or participation in a training program. Also, an applicant who is disabled must verify income and submit a doctor's statement to verify disability. This information must be submitted with the signed application.

An applicant must be determined eligible for child care based on the number of hours per week child care is needed. In addition to the number of hours the client is working, in school or training, the actual hours at the job, school or training and travel time are considered. The hours child care is needed may not always coincide with the work hours of the parent. For example, a parent who works third shift needs to sleep during the day; therefore, child care may be approved during the day to help support the family. Study time is not considered when determining hours needed. The goal is to use a reasonable approach that supports the family's efforts to be productive. A non-welfare reform parent must need a minimum of 15 hours of child care services per week per child. An FI parent may not be required to participate a minimum of 15 hours.

When researching cases and verifying information submitted by applicants, clients, or child care providers, staff may use the internet as a resource. Searching information on general websites for verification of addresses, phone numbers, public record searches for marriage licenses, births, etc. is permissible for all child care staff and may be used when determining eligibility.

Social networking sites such as Facebook, MySpace, My Life, etc. may also be used to obtain information for the purpose of eligibility determination for approvals or denials for the ABC Program. However, searches on these sites should be limited to supervisors or their designee and should be used only for work related searches.

2. Verification of an Absent Parent

If an applicant is married but separated during the time of the application, verification will be required in order to prove separation. Legal papers verifying separation is preferred. However, in the event that court documentation is not available, the applicant may submit proof of separate residence via a lease agreement, utility bill, etc. The burden of proof is always upon the applicant.

NOTE: Notarized statements from friends or relatives are not acceptable methods for verification of an absent parent.

3. Work

An applicant is considered employed if they are working at an occupation where they are paid a wage/salary, or has a documented commitment of employment that will begin within two weeks from the application date. An applicant participating in a work-study program will be considered employed; however, their income from the work-study program is not considered. Volunteer activity is not considered employment. Substitute teaching is not considered employment unless it is a long term placement of a month or more. Verification will be required.

Additionally, a retired individual does not meet the criteria for working/school/training.

In order to meet the work criteria and receive child care services, the parent/guardian must be:

- A. Employed full-time: Average of 30 or more hours per week
- B. Employed part-time: 15 - 29 hours per week

If both parents are in the household, both parents must be working, in school, or in training. If one or both parents work only part-time, then only part-time care will be given.

NOTE: The burden of proof of income and work, school or training status is upon the applicant.

4. Verification of Work

Pay stubs from the most recent 30 days are required to verify income and work. If pay stubs are not available, a letter on company letterhead indicating the hourly rate of pay and the number of hours worked may be submitted. Tax forms may also be submitted when pay stubs are not available. Information from CHIP or other data bases may be used to verify, such as work number, PATS, or other available data base.

NOTE: For an applicant in the military, a Leave Earning Statement (LES) is the only acceptable method of verification.

5. Verification of School

An applicant is considered participating in an educational program if the program results in one of the following:

- A. High school diploma
- B. General Equivalency Diploma (GED)
- C. Associate's degree
- D. Other college degree.

An applicant attending school must submit a copy of their school schedule or other school information from available databases, such as PATS, and proof of paid registration for the term in which they are applying to the ABC Program.

NOTE: Actual class instruction time and travel time are considered; however, study time is not counted when determining eligibility and the need for care.

When a parent/guardian attends school, the child care services for which they are eligible is determined by whether they are a full-time student or a part-time student. A student who is registered in school for full-time (12 or more credit hours) will be given full-time child care services as long as they are otherwise eligible. A student who is registered in school for part-time (less than 12 credit hours) will be given half-time child care services if school attendance is the only criteria they meet, i.e., they are not also working. When a client is registered for less than 12 credit hours but has required labs, seminars or practicums for which they do not receive credit, staff may request a copy of their school schedule for consideration to receive part-time or full-time child care services.

On-line computer courses from an accredited college or university that count as credit hours leading to a degree are acceptable courses for post-secondary education. The actual hours of on-line class instruction will be calculated to determine eligibility and the need for care. Verification will be required.

Distance education/on-line courses may be countable under limited circumstances.

NOTE: Schools offering distance education must be accredited by one of the following:

- A. South Carolina Department of Education (SCDE) if located in South Carolina**
- B. Department of Education of any other state in which the program is located**
- C. US Department of Education.**

Countable hours of participation for an accredited distance education program are limited to 10 hours per week for an FI recipient. Countable hours of participation for a non-FI client must include a minimum of 15 hours per week of on-line class time.

Vocational educational training programs are provided by the following:

- A. Employment and training providers contracted by SCDSS
- B. Accredited vocational-technical schools
- C. Certificate programs at accredited secondary, proprietary schools
- D. Non-profit organizations
- E. Secondary schools that offer vocational education
- F. Post-secondary educational institutions
- G. Accredited internet-based institutions offering distance learning intended to prepare the participant for specific occupations.

No more than 10 hours per week will be counted as participation for distance learning programs unless approved by the State Administrative entity.

6. Verification of Training

An applicant is considered participating in job-training if the training is to teach marketable skills in the competitive labor market. A non-welfare reform parent must need a minimum of 15 hours of child care per week per child. An FI parent's hours of care will depend on participation required in the FI Family Plan. Verification of training will be required.

7. Verification of Self-Employment

Self-employment income is earned income received directly from one's own business, trade, or profession, instead of receiving a specified wage from an employer. **Child care may be denied or closed for a client who has been employed in the same self-employment business for at least one year without any substantial changes and is not making at least minimum wage.**

An applicant who is self-employed is required to submit a copy of their **individual** income tax return and the adjusted gross income is used in order to obtain an accurate estimate of income. Verification should be the most current federal income tax form submitted to the Internal Revenue Service (IRS). For purposes of eligibility determination, the child care worker cannot request a copy of the profit/loss statement as this is a reflection of how much that business made for the year, not how much the actual client earned.

If the applicant is newly self-employed and tax information is not available, the applicant may submit a copy of the ledger books, receipts, or statements from their clients to be considered for eligibility purposes. The burden of proof is always on the applicant.

8. Home-Based Business

A parent who works in the home (i.e., medical transcriptionist) may be eligible for assistance with child care. The child care worker must obtain verification of income from the employer, either through check stubs from the employer or a notarized declaratory statement denoting:

- A. Nature of the home-based business
- B. Hours worked per day AND
- C. Day-to-day business duties.

If self-employed, the child care worker may use tax statements (quarterly or yearly) to verify income.

9. Verification of Disability

If one or both parents are temporarily or permanently disabled, verification will be required. The applicant must submit a physician's or other health professional's statement to verify the disability along with proof of disability income. The applicant must submit a statement from the physician stating that the applicant cannot work and indicate the date that they may return to work, along with any applicable disability income. The statement should also include if the applicant is capable of caring for their own child. Temporary disability typically is a result of a short-term injury, pregnancy, etc.

A disability may be physical or mental, and must be verified by a physician or other health professional who includes:

- A. Physician assistant
- B. Nurse practitioner
- C. Psychologist
- D. Psychiatrist
- E. Physical therapist
- F. Other professional qualified to make a clinical diagnosis.

NOTE: A child care worker may use the Medical Release/Physician's Statement, DSS Form 1247, as needed to verify the client's disability.

2.3 Specific Program Criteria

A client may be eligible for more than one eligibility category. However, the eligibility category with the most stringent eligibility requirements for which the client qualifies takes priority. As a family's eligibility changes, the client may be switched from one eligibility category to another based on the client's status and availability of funds. A new application (signature required) is needed when the eligibility category changes. A parent may apply for child care services for a dependent child who resides in the caretaker's household. A client may be eligible for child care assistance if they fall within one of the following categories:

2.4 Applicant Child Care (ACC)

Applicant Child Care (ACC) is available:

- A. For up to one week to assist an applicant of the FI Program while the FI applicant conducts the initial job search OR
- B. To obtain or maintain a job during the application period. ACC may be paid for up to the 30 day application period.

NOTE: An applicant who is unable to secure child care assistance will not be mandatory for initial job search as a requirement of the FI Program.

1. Application Process for Applicant Child Care

Payment for ACC is made through the ABC Voucher System under the Applicant Child Care eligibility category. There is no client fee associated with this category.

The FI CM must send a referral to the child care eligibility worker via the [DSS Form 1269](#), Request for Support Services, with a notation explaining the need for ACC. The ABC Child Care Application, [DSS Form 3791](#), can be completed with the client by the FI CM.

The child care worker must key the application into the ABC Voucher System using the ACC eligibility category and indicate the start date needed for services in the memo field.

2. Disposition of the FI Application

Once the FI case manager (CM) has received the pending information, they will determine eligibility for FI cash assistance. If the FI benefit case is:

- A. **Approved:** Current FI policy and procedures should be followed to determine if FI child care services are needed for participation in the FI Program. If the client receiving ACC will continue to need child care services, the child care worker must request a closeout in the ABC Voucher System memo field of the ACC case. A new ABC child care application must be obtained for the FI child care category.
- B. **Denied for Other Reasons:** If denial is due to other reasons, ACC must be terminated.

2.5 Family Independence (FI)

The Family Independence Act of 1995 established the FI Program administered by SCDSS. The purpose of child care through FI is to provide the necessary child care for a family to participate in approved employment, education, or training. A fundamental goal of FI is to emphasize parental responsibility and self-sufficiency. A parent must seek employment and/or training to become self-sufficient and to support their family.

SCDSS must provide support services such as child care to enable the parent to move into employment, education or training. A parent participating in FI is not required to pay a fee to the provider. However, the parent is responsible for paying the difference in what the ABC Program pays and what the provider charges, if applicable. The FI CM will make a referral to the child care worker using the [DSS Form 1269](#), Request for Support Services. FI child care authorization may be up to 26 weeks at a time as needed for the

component in which the client is participating. Additional weeks may be added as needed, up to 52 weeks per application.

In order to receive child care through this category, the individual must meet the following criteria:

- A. Be receiving an FI stipend
- B. Be an FI participant who is either:
 - a. Working
 - b. Attending school
 - c. Attending training
 - d. Complying with the Family Plan as agreed upon with the FI CM
OR
 - e. Participating in an FI countable component OR
 - f. Attempting to start an FI countable component within two weeks.
- C. Have a need for child care for a child under age 13

NOTE: A child aged 13-19 with special circumstances may be considered for eligibility.

- D. Attempting to remedy a sanction (up to 30 days)
- E. In the case of an employed FI recipient who becomes temporarily disabled and is unable to work, they may continue to receive child care assistance as long as they remain employed and can verify that they are on leave from their employment.

1. Challenging Adults through Rehabilitation, Education and Services (CARES)

Child care may be paid for an FI client in the CARES Program. In order to be included in the CARES Program, the incapacity of the adult recipient must prevent the individual from participating in an FI work activity for a period of 90 days or more. An individual diagnosed with a physical or mental disability expected to last 90 days or more, and accepted for treatment by Vocational Rehabilitation, Department of Disabilities and Special Needs, or Mental Health, is also eligible for the CARES Program.

NOTE: A recipient who is permanently and totally disabled will be included in CARES regardless of their ability to work or participate full-time. A case in which an individual works full-time despite the fact that they are totally and permanently disabled would continue in the CARES Program (i.e., paraplegia or mental retardation does not always prohibit work activities; however, the client should remain in CARES for specialized services.)

The medical incapacity is subject to reevaluation at intervals that are specific to each recipient's circumstances, at a minimum, at annual redetermination. This interval is dependent on what has been determined by the doctor or other health professional and what is documented on the [DSS Form 1247](#), Medical Release/Physician's Statement or other verification which is completed and signed by a physician.

NOTE: Support services funds may be used to pay to have medical forms completed for a participant in the FI Program once they have been determined eligible and have been participating in the CARES Program.

Child care services may be provided to comply with the Family Plan as agreed upon by the FI CM. The FI CM must notify the child care worker if there is a change in medical capacity. FI-CARES child care authorization may be up to 26 weeks at a time. Additional weeks may be added as needed, up to 52 weeks per application.

2. FI Two-Parent Program

In order to be included in the Two-Parent program there must be two or more parents in the FI family. Casemanagement of Two-Parent cases begins with an evaluation and assessment of the adults in the family. The evaluation will be an overall picture of the strengths and growth areas within a family unit. A Family Plan will be developed with the two-parent family and will indicate the activities in which they are required to participate. Support Services, including child care is available to two-parent families in need of care.

NOTE: Any support services payments offered to participants in the FI Work Program must also be offered to participants that meet the criteria for inclusion in the Two-Parent program.

3. FI - Child Only (FI/CO)

A parent/caretaker relative who is receiving an FI benefit (FI Child Only case) for a child may be eligible to apply for FI/CO child care. These cases contain caretaker relatives, SSI parents, or disqualified parents. In two-parent families, both parents/caretakers must be working at least part-time. The following criteria must be used in determining child care eligibility:

- A. Child must be an FI or SSI recipient
- B. Parent/caretaker relative must be employed at least part-time (15 - 29 hours) at the time of application and remain employed to continue receiving services. Employment may be in conjunction with training or attending school.

EXCEPTION: A parent who receives SSI may be eligible for child care assistance if they are either employed at least part-time or participating in an activity (training or education) that will enable them to become employed in the future.

- C. Parent/caretaker relative must meet income guidelines to be eligible for FI/CO.
- D. Parent/caretaker relative must pay a fee based on their income.

An individual who meets qualifications will be eligible to receive 12 months of services and may re-apply for an additional 12 months as funding permits and as long as the child continues to receive FI benefits. The application must be filed in the name of the parent/caretaker relative and keyed into the ABC Voucher System using the FI/CO eligibility category. A parent/caretaker relative whose FI/CO case closes due to income exceeding the limit is eligible to apply for transitional child care services.

2.6 Transitional Child Care (TCC)

An individual who has received an FI benefit and whose benefit ends due to one of the following is eligible to apply for transitional child care assistance:

- A. Employment
- B. Increase in earned income
- C. Expiration of earned income disregards
- D. Waiver of earned income disregards
- E. Voluntary closure requests when excluded income exceeds the income limit
- F. 24-month FI time limit.

A parent is eligible based on meeting the income limit guidelines and the fact that they are employed at least part-time. A parent receiving child care through this category is required to pay a portion of their child care cost through a client fee paid to the provider. TCC may be authorized for up to two years.

There are four different types of transitional categories:

- A. Transitional Child Care 1 ([TCC1](#))
- B. Transitional Child Care 2 ([TCC2](#))
- C. Transitional Child Care 24 ([TCC24](#))
- D. Transitional Child Care – Full Family Sanction ([TCC/FS](#)).

1. Two-Parent Family

In a two-parent family~ one parent must be working either full-time or part-time. The parent can also attend school in conjunction with work. The second parent must be working, going to school at least part-time, or have a verified disability. If one or both parents work or attend school or training part-time, only part-time child care will be given.

NOTE: A family household unit where one parent works and the other attends only school is eligible for such assistance.

2.7 Transitional Child Care 1 (TCC1)

Eligibility for TCC1 begins the first month of FI benefit ineligibility. To receive child care through this category, the individual must:

- A. Be closed from FI due to earned income exceeding the FI income guidelines or due to voluntary withdrawal due to earned income as indicated by closure code VE
- B. Have received an FI benefit in the month immediately preceding the first month of ineligibility
- C. Have a need for child care for a child under age 13

NOTE: A child aged 13-19 with special needs may be considered for eligibility.

- D. Be working part-time or full-time (second parent may be permanently or temporarily disabled—verification required). A parent who is attending school and working at least part-time is eligible for child care assistance for both school and work. Total hours must be a minimum of 30 hours per week.
- E. Be income-eligible based on current income standards.

NOTE: TCC1 authorization may be up to 52 weeks.

The child care worker must verify the client’s transitional eligibility period using the CHIP system to research the reason for case closure/denial and the effective date of the FI closure/denial. The following CHIP closure/denial codes should be used:

Action by FI CM	CHIP Code	Code Reason
Closure	EX	Closed due to earned income
Closure	DX	Closed due to loss of disregards
Closure	CX	Closed due to child support income
Closure	TL	Closed due to FI time limit
Closure	VE	Voluntary Withdrawal Due to Earned Income
Closure	FA	Full Family Sanction

Closure	AT	Full Family Sanction
Closure	RJ	Full Family Sanction
Closure	DS	Full Family Sanction
Denial	IN	Full Family Sanction

1. Seamless Eligibility for TCC1

ABC Child Care services should be continued without interruption for a family moving from FI child care to the first year of TCC. A newly signed application from the client will not be required. To allow for continued child care services, the following steps must be completed by the child care worker:

- A. When the families' FI benefits are closed or denied (See chart in [Transitional Child Care 1 \(TCC1\)](#) Section 2.7) due to one of the following reasons, the CM must print a copy of the CAP2 and HOSU screens and forward them to the child care worker on the day the 10-day cash benefit termination notice is sent:
 - a. Earned income (EX)
 - b. Loss of disregards (DX)
 - c. 24-month time limit (TL)
 - d. Full family sanction (FA, AT, RJ, DS, IN)
 - e. Child support (CX).
- B. Upon receipt of this information, the child care worker will verify on the ABC Voucher System, if the family is currently receiving child care.
- C. When the participant is currently receiving FI child care, the child care worker will verbally contact them within two days to:
 - a. Determine if there continues to be a need for child care services
 - b. Confirm family size
 - d. Document employer information
 - e. Ensure that the client's income meets TCC1 eligibility criteria
AND
 - f. Verify provider and child(ren) needing assistance. This attempt should be documented in the case record.

NOTE: A family does not need to sign a new application and there is no need to have a new application on file. However, a copy of the original FI application must be on file for all participants.

- D. The child care worker must update the original application with the new information, if any. This should include the date the update was completed and the new application number from the ABC Voucher System.

- E. If immediate contact is made, and verification of the information in letter C is completed, the child care worker will request a closeout from the ABC Control Center. Once the closeout is the child care worker will:
- a. Insert the participant's information into the ABC Voucher System no later than 30 days from the date of the FI benefits closure, based on current data on the CAP2 and HOSU screens for the new eligibility period, AND
 - b. Authorize up to 52 weeks of child care
 - c. Ensure that the information is keyed timely and that there is no break in service between eligibility categories.

The ABC Voucher System generates the eligibility notices that are sent to the client and provider notifying them of continued eligibility.

If the child care worker is **not** able to make initial contact with the parent within five days of the request, the child care worker will request a termination of child care services through the ABC Voucher System based on the effective date of the FI benefit case closure or based on the termination policy, whichever is greater. A termination notice will be sent to the client and provider allowing for proper notice to the provider.

If the FI participant is not receiving FI child care at the time the CM sends the CHIP print screens to the child care worker, they are not entitled to seamless eligibility for TCC1. The child care worker will have the participant complete an application if child care services are needed.

2.8 Transitional Child Care 2 (TCC2)

The transitional child care, second year (TCC2), eligibility category is for:

- A. An individual whose first year of TCC1 is ending. An additional 52 weeks eligibility period may begin under TCC2 when any of the aforementioned categories end. The ABC Voucher System sends an automated notification to the parent and provider 60 days prior to services ending.

NOTE: Only part-time child care may be authorized for the second year of transitional child care, regardless of the client's work schedule.

- B. A former FI participant who was eligible to apply for TCC but failed to do so. If the participant is eligible, only the remaining months in the transitional eligibility period can be approved. The child care worker must verify the remaining transitional time period using the CHIP system.

Eligibility for child care may begin effective the first Monday after the TCC1 eligibility period has ended. TCC2 cannot be retroactive, and the participant cannot be reimbursed for any payments made prior to the established date of eligibility. If the participant does not request TCC2 until after the second 12-month eligibility period begins, only the remainder of the second 12 months may be authorized. A new application is required and income eligibility must be re-determined.

A parent receiving child care through this category is required to pay a portion of their child care cost through a client fee paid to the provider.

To receive child care through this category, the individual must:

- A. Not be receiving an FI benefit and must have been eligible for TCC1.
- B. Be working full-time or part-time (second parent may be permanently or temporarily disabled—verification required). If working and attending school, employment and education hours must be for a minimum of 30 hours per week.
- C. Have a need for child care for a child under age 13.

NOTE: A child aged 13-19 with special needs may be considered for eligibility.

- D. Be income-eligible based on current income standards.

2.9 Transitional Child Care 24 (TCC24)

1. TCC24-1

Eligibility for TCC24-1 (first year) begins the first month of FI benefit ineligibility due to time limits.

A parent receiving child care through this category is required to pay a portion of their child care cost through a client fee paid to the provider.

To receive child care through this category, the individual must:

- A. Be closed from FI benefits due to time limits.
- B. Be working full-time or part-time (second parent may be permanently or temporarily disabled—verification required)

- C. Have a need for child care for a child under age 13

NOTE: A child aged 13-19 with special needs may be considered for eligibility.

- D. Be income-eligible based on current income standards.

2. TCC24-2

The transitional child care due to time limits for second year must use child care category TCC24-2.

NOTE: Only part-time child care may be authorized for the second year of transitional child care.

2.10 Transitional Child Care – Full Family Sanction (TCC/FS)

1. TCC/FS - 1

Eligibility for TCC/FS -1 (first year) begins the first month of FI benefit ineligibility due to full family sanction. A family household member who becomes employed or increases earnings during a full family sanction and the earnings cause the family household unit to become ineligible for FI benefits may be eligible to receive child care services under TCC/FS.

To request TCC/FS during the full family sanction, the CM must:

- A. Verify new employment or increased earnings AND
- B. Complete a mini-budget to determine if income exceeds the FI gross and/or net income limit.

All available earned income disregards must be given to determine eligibility or ineligibility.

If case is income ineligible for FI benefits, the CM must:

- A. Make a referral to the child care worker on the [DSS Form 1269](#), Request for Support Services
- B. Indicate on the referral that the FI case benefits originally terminated due to full family sanction AND

- C. Indicate that the individual is now employed or has had an increase in earnings.

The child care worker must also attach a copy of the mini-budget and CAP2 screen to the [DSS Form 1269](#). The client may be eligible for seamless child care eligibility if they were receiving FI child care in order to cure their sanction. If the client was not receiving FI child care, an ABC Child Care application must be taken. An individual who qualifies may receive TCC/FS for 12 months and may reapply for an additional 12-month period based on the availability of child care funding.

2. TCC/FS - 2

A client may reapply for an additional 12-month period based on the availability of child care funding. The child care category in the ABC Voucher System for the second year is TCC/FS -2.

NOTE: Only part-time child care may be authorized for the second year of transitional child care.

2.11 Child Welfare Child Care

Child care assistance may be provided as funding is available for a family that has an open Child Protective Services (CPS) treatment case or a child in an open foster care (FC) case. Foster parents must be working. Specialized and Intensive Foster Care and Clinical Services (IFCCS) foster child care cases will also be approved on a case-by-case basis (follow exception criteria below). A child may also be in the process of being adopted, but the adoption has not been finalized. Services are provided to a child's family to prevent further abuse or neglect or to provide a stable and consistent routine for a child to compensate for stressful experiences. A child is eligible for child care through age 12. However, a foster child, 13 years old through age 18, who should not be left unsupervised or who has emotional problems may receive child care after the age of 12. Documentation should support the reasons child care is needed after age 12.

NOTE: Children placed in South Carolina from another state are not eligible for child care services through the ABC Program. It is the sending state's responsibility to provide assistance to the child.

The child's parent/caretaker or foster parent must agree to comply with the ABC Program rules and regulations and cooperate fully with the provider. Only licensed child care providers may be used for CPS and FC child care. If there is a situation in which a licensed provider cannot be obtained, an exception to the policy must be reviewed on a case-by-case basis and prior written approval must be granted by State Office. See [Exception Criteria for CPS and FC Child Care Cases](#) below (Section 2.11.1).

1. Exception Criteria for CPS and FC Child Care Cases

Child care arrangements for CPS and Foster children must be in licensed facilities enrolled in the ABC Program. However, exceptions will be made on a case-by-case basis. The Human Services (HS) worker should request exceptions in writing (via email) to Ms. Liz Smith at Liz.Smith@dss.sc.gov. The request should detail the following:

- A. Caretaker's name and SSN
- B. CPS/FC child's name and SSN
- C. Reason the particular facility is requested
- D. Worker's assessment that the facility meets the child's assessed needs
- E. Documented approval from the HS program supervisor for the child to receive child care services in a facility that is registered or exempt from regulatory requirements.

Approval for requests for exceptions are not guaranteed. Therefore, requests should be made as far in advance as possible. If the approval is granted by State Office, the child care worker must notate the approval in the memo field.

2. Application Process for CPS and FC Child Care

The HS worker will refer cases for child care to the child care worker using the [DSS Form 3004](#), Child Care Referral Form. Child care services must be authorized by the child care worker prior to the start date for services. Therefore, referrals must be made in a timely manner.

The child care worker in the county of case management (county in which the case originates) is responsible for determining eligibility for CPS and FC cases. This policy includes those cases managed through Specialized Foster Care and IFCCS. There may be situations in which the child care worker in the county where the child resides and the county of case management will need to work together to secure services needed for the child. A CPS client may receive child care for 26 weeks. A 26-week extension may be approved by the county director based on CPS child care policy.

NOTE: When a CPS case is closed or no longer active, the child care case must be terminated.

3. Child Protective Services Criteria

A parent receiving child care through this category is required to pay a portion of their child care cost through a client fee to the provider each week. If the ABC Child Care provider chosen by the parent charges more than the ABC Program can pay, the parent/caretaker is responsible for paying the difference to the provider. CPS eligibility categories are classified as either CPS-In or CPS-Out within the ABC Voucher System.

4. CPS-In

A case is considered to be a CPS-In case when the child continues to live in their own home. An application must be processed by the child care worker, and the following eligibility criteria met:

- A. The family must have an **active** CPS case managed by an HS CM.
- B. The CPS family can receive only 26 weeks of child care. An additional 26 weeks may be granted if approved by the County Director (not to exceed 52 weeks).
- C. The parent is the applicant, and all the information on the application relates to the family.
- D. The applicant does not have to meet the income guidelines or be working, in school or in training, because the service is provided in conjunction with protective services. However, income must be verified in order to assess a client fee. If the parent/caretaker refuses to provide income verification, the child care worker must enter income in the Voucher System at \$1.00 below entrance maximum in order to assess the client fee.

NOTE: CPS clients who are not working, in school, or training can receive up to full-time child care, as needed.

- E. The HS CM must provide information to the child care worker to include:
 - a. Completed [DSS Form 3004](#), Child Care Referral Form
 - b. Completed [DSS Form 3791](#), ABC Child Care Voucher System Application. **The parent must sign the application. If the parent/caretaker refuses to sign, the HS CM must sign the application.**
 - c. Verification of income.
- F. A CPS-In client must need the service for one of the following reasons:
 - a. To enable the child to remain in the home while the parent pursues rehabilitation
 - b. To reduce the detrimental effects of abuse and neglect by providing the child with developmentally appropriate experiences in the areas of physical, social, emotional, cognitive, and language development.

- G. The family must agree to pay the fee. The fee is based on family size and the family's total gross income. If the family's income is above the Income Standards when the client enters the program, the fee is assessed on the maximum entrance income. At redetermination, the fee is assessed on the maximum exit income allowed for continued eligibility, unless the family's income is lower. If the family's income is above the maximum exit income, the fee is assessed at a dollar less than the maximum exit amount.
- H. The family must comply with the ABC Program attendance policies.
- I. The child is under the age of 13 (or the child is aged 13 -19 with Special Needs).

5. CPS-Out

A case is considered to be a CPS-Out case when the child is living in the home of relative or designated caretaker.

An application must be processed by the child care worker, and the following eligibility criteria met:

- A. The family must have an **active** CPS case managed by an HS CM.
- B. The caretaker is the applicant, and all the information on the application relates to the caretaker.
- C. The applicant does not have to meet the income guidelines or be working, in school or in training, because the service is provided in conjunction with protective services. However, income must be verified in order to assess a client fee. If the parent/caretaker refuses to provide income verification, the child care worker must enter income in the Voucher System at \$1.00 below entrance maximum in order to assess the client fee.

NOTE: CPS clients who are not working, in school, or training can receive up to full-time child care, as needed.

- D. The HS CM must provide information to the child care worker to include:
 - a. Completed [DSS Form 3004](#), Child Care Referral Form
 - b. Completed [DSS Form 3791](#), ABC Child Care Voucher System Application. **The caretaker must sign the application. If the parent/caretaker refuses to sign, the HS CM must sign the application.**

- c. Verification of income.
- E. A CPS-Out client must need the service for one of the following reasons:
 - a. To enable the child to remain in the home while the parent pursues rehabilitation
 - b. To reduce the detrimental effects of abuse and neglect by providing the child with developmentally appropriate experiences in the areas of physical, social, emotional, cognitive, and language development.
- F. The family must agree to pay the fee. The fee is based on family size and the family's total gross income. If the family's income is above the Income Standards when the client enters the program, the fee is assessed on the maximum entrance income. At redetermination, the fee is assessed on the maximum exit income allowed for continued eligibility, unless the family's income is lower.
- G. The family must comply with the ABC Program attendance policies.
- H. The child is under the age of 13 (or the child is aged 13 -19 with Special Needs).

6. Foster Care Criteria

Child care services may be provided to a foster child to allow the foster parent to work. A child in a licensed group home or emergency shelter is not eligible to receive child care. An application is completed in the name of the foster child and signed by the foster parent on behalf of the foster child. Since the foster parent is caring for a child of the State, no fee is charged for child care assistance for the foster child. However, a foster parent will be responsible for the difference between what the ABC Program pays for and what the provider charges. A foster child whose case is transferred to Adoption Services remains eligible for child care benefits until the adoption is finalized by the court, as long as the foster parent and/or adoptive parent meet the eligibility criteria for the ABC Program.

NOTE: A foster parent who owns a licensed or registered family child care or group child care home or center cannot receive child care assistance to provide child care for their own foster child.

The information on the application relates to the foster child and the foster child's income. However, all foster parents must meet the working requirement. The following eligibility criteria must be met:

- A. For entrance into the program, the child's monthly gross income shall not exceed 150% of poverty based on a family size of one. The child may remain in the program, as long as the other eligibility criteria are met and the child's monthly gross income does not exceed 175% of poverty for a family of one.
- B. The foster parent must need the service in order to work. Verification of employment may be provided on company/business letterhead indicating that the parent is employed and their work hours. Actual wages do not have to be provided. If a foster child is in a two-parent foster family, both parents must be working. Documentation must be obtained for both parents.
- C. Only the child's income is used in eligibility. The case must be keyed using the foster child's actual income. If there is no income, enter \$0.
- D. The child is under the age of 13 (or the child is aged 13 -19 with Special Needs).
- E. The case is keyed using the child's name and SSN.

NOTE: If the child does not have a valid SSN, the child care worker must use the child's birth date to construct a temporary pseudo SSN.

- F. A client receiving assistance under this program can choose only licensed facilities or programs. The only exception is when the HS CM has received prior authorization from State Office ABC Program staff.

7. Specialized and IFCCS Foster Care

Child care eligibility for a child in a licensed Specialized and IFCCS foster home may be approved on a case-by-case basis. These cases must be reviewed in writing by Ms. Liz Smith in Child Care Services. Follow [Exception Criteria for CPS and FC Child Care Cases](#).

A foster parent in this category may be eligible for child care, if the foster parent meets the requirements of the FC Program, is working and the child care is appropriate. Child care can only be considered when the child is placed in a licensed home.

The referring CM is responsible for:

- A. Completing the [DSS Form 3004](#), Child Care Referral Form
- B. Completing the [DSS Form 3791](#), ABC Child Care Voucher System Application

- C. Obtaining the necessary signatures AND
- D. Verifying employment.

The child care worker in the county of case management is responsible for determining eligibility for child care. Coordination is essential so that application can be obtained and keyed before child care can begin.

8. Child Care for Baby of a Foster Child

A foster parent may receive child care assistance for the baby of a foster child when SCDSS does not have custody of the baby. The foster parent must be employed and the foster child must be attending school or be employed in conjunction with school attendance. The baby will be eligible as long as the mother (foster child) remains in foster care and the child resides in the care of the mother. The application should be keyed in the name of the foster child and all income information will be based on the foster child's income.

2.12 Non-Welfare Low-Income Families

These eligibility categories are used for an eligible client when they do not meet the criteria for:

- A. [ACC](#)
- B. [FI](#) or [FI CARES](#), [FI Two-Parent Child Care](#) or FI - Child Only ([FI/CO](#))
- C. [TCC1](#), [TCC2](#), [TCC24](#) or [TCC/FS](#)
- D. [Child Welfare Child Care](#).

If funding is available, an individual who is not eligible may be determined eligible under other funding sources as long as the following criteria are met:

- A. The applicant must need child care services in order to work or attend school or training. An exception may be made for a family where one parent is working, in school or training and the other parent is disabled, or both parents are disabled, either permanently or temporarily.
- B. The applicant needs a minimum of 15 hours of child care per week.
- C. The family's total gross income at the time of entrance into the program shall not exceed 150% of poverty based on family size. The family may stay in the program until their gross income exceeds 175% of poverty, provided they meet the other eligibility criteria.

- D. The applicant has a need for child care for a child(ren) under the age of 13 (or child aged 13 -19 with Special Needs).

2.13 Criminal Domestic Violence

This eligibility category provides child care vouchers for an individual living in a shelter to escape a domestic violence or sexual assault situation or who is receiving services from a state-funded domestic violence/sexual assault program. A parent receiving child care for this category is required to pay a portion of their child care costs through a weekly client fee paid to the child care provider. Funding for this category is limited and is for only a **lifetime maximum of 52 weeks**.

To receive child care through this category, the individual must be currently living in a domestic violence/sexual assault shelter or currently receiving services through a state-funded domestic violence/sexual assault program, and meet basic ABC Program criteria.

2.14 Head Start

Head Start provides child care wrap-around services to a parent whose child is enrolled in a Head Start program. Intake is done through the local participating Head Start program or Early Head Start program and eligibility is handled by the ABC Control Center.

2.15 First Steps

First Steps provides child care assistance to low-income families when funding is available through the local First Steps County Partnerships. Intake is done in a variety of ways through the local participating First Steps Partnerships and eligibility is handled by the ABC Control Center.

2.16 Special Needs

Special Needs provides child care assistance to a parent who has a child with a documented disability or special need and is available to children from birth to age 19. Intake is handled through one of the following entities:

- A. County [Department of Disabilities and Special Needs](#) offices
- B. [BabyNet](#) offered through the SC First Steps to School Readiness
- C. [Children's Rehabilitative Services](#) offered through DHEC

- D. [SC School for the Deaf and Blind](#)
- E. [Easter Seals](#)
- F. [Bright Start](#)
- G. [SC Autism Society](#)

The child must have a special need as identified by one of the entities above, or must have a current Individualized Education Plan (IEP) through their school, which specifies that they are receiving speech, occupational, or physical therapy. Children who have IEPs must have their child care applications submitted through a county Department of Disabilities and Special Needs office. Additionally, children with IEPs receive child care services only through the ending date listed on the IEP.

NOTE: All children with identified special needs are not automatically eligible for this fund source.

Eligibility is handled at the State Office. An applicant may be determined eligible under this category if the following criteria is met:

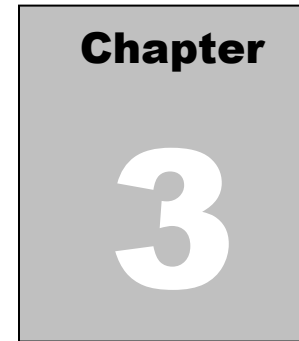
- A. Must be working, in school, in training, or disabled
- B. Must have a child with a documented disability or special need and be referred from one of the above entities
- C. Eligible children must be under the age of 19 years old
- D. Must need child care a minimum of 15 hours per week
- E. Must be 18 years old or an emancipated minor AND
- F. Must be at or below 150% of poverty.

The parent must pay a fee based on their income.

Child care is authorized only for the child who has special needs. Other children listed on the application will not be approved for services under the special needs funding.

Chapter 3

Application Process



3.1 Intake and Application

Since the passage of the South Carolina Family Independence (FI) Act, the majority of child care applications come through the county offices of the South Carolina Department of Social Services (SCDSS) which is the focal point for FI/Welfare Reform. However, when funds are available for other non-welfare low-income clients, an individual may apply for services through SCDSS, Level A & B providers, or other entities that may be identified by SCDSS.

Within the ABC Program, in addition to FI/Welfare Reform participants, certain funds are set aside and designated to serve specific target populations, which are handled by State Office. Intake for these target populations is handled as follows:

3.2 Child Care Application

The ABC Child Care Voucher System Application, [DSS Form 3791](#), is the primary document used for determining eligibility; however, other information such as pay stubs, tax forms or other written verification is critical to determining eligibility and is used in conjunction with the application. Every effort must be made to ensure that the application for child care is keyed into the ABC Voucher System database within 15 calendar days from the date the completed application is received.

Eligibility is determined at least once every 12 months and more often if:

- A. The applicant reports an increase in income.
- B. The client changes eligibility categories within that 12-month time period.
- C. There is a change in family size.
- D. A change in employment necessitates a change to full-time care for a client who is initially determined eligible for half-time care only. Changes from half-time to full-time or full-time to half-time will be effective the Monday after the change has been requested forward unless payments have not been made. See [Changes Within the Eligibility Period](#) (Section 6.10)

If the applicant meets eligibility criteria for funding under which they are applying, a determination is made that the family is eligible. When the family is eligible, all children

under age 13 within the family are eligible. However, all children may not need child care services or they may not meet the age requirements for particular funding sources. Additionally, a family may meet all eligibility requirements, but it does not ensure a family will receive child care under the ABC Program as there may be limited funding.

1. Client and Recipient Social Security Numbers

The ABC Program currently collects the client's/child's SSN on the child care application and uses the SSN as the primary client identifier in the database. Only the last four digits of the SSN are printed on any documentation that is sent out from the ABC Program. However, services will not be denied for an applicant or child who refuses to provide an SSN. In those instances, a pseudo SSN will be created.

2. Pseudo/Temporary Social Security Numbers

If the child does not have an SSN, the child care worker may create a pseudo SSN using the following process:

- A. The first three positions of the temporary SSN should be zeros.
- B. The next two positions should be the child's month of birth.
- C. The last four positions should be the child's day and year of birth.

EXAMPLE: If the birth date is 3/4/06, the temporary SSN will be 000-03-0406. In the instance of multiple births, such as twins or if another child has the same birthday, the first child is 000, the second is 001, and so forth.

Child care staff must monitor these temporary numbers and obtain the actual SSN as soon as possible. Upon receipt of the correct SSN, staff should document the memo field indicating the change has been made.

3. Temporary Absence During Child Care Eligibility Period (In Loco Parentis)

Temporary absence of the primary parent/caretaker from the home may be due to reasons related to one of the following which requires the caretaker/guardian to act [in loco parentis](#)~ for the child:

- A. Work
- B. Educational and vocational training
- C. Institutionalization
- D. Joint custody arrangement
- E. Other circumstance.

The child remains eligible for child care as long as the primary parent/caretaker's permanent residence remains in the State of South Carolina and the guardian responsible for the child has a need for child care in order to work, attend school/training. The Caretaker/Guardian must complete [DSS Form 37117](#), Guardianship/In Loco Parentis Verification

NOTE: This form or other verification of guardianship/in loco parentis status must be notarized.

Work Related Temporary Absence

If a family household member is temporarily absent from the home due to a work related assignment, including military, they are considered part of the family household unit unless a separate legal residence is established.

Temporary Absence Due to Educational/Vocational Training

An individual temporarily absent due to participation in an educational or vocational program remains eligible for child care as long as their permanent residence remains that of the child. Examples of educational/vocational training include colleges, technical schools, and training centers. If a parent/caretaker relative is the individual away at the educational/vocational facility, they remain eligible unless another relative who is caring for the child applies for benefits.

Time Frame for Reporting Permanent Absence

When it is reported that a parent/caretaker is temporarily living away from home, the guardian or person acting in loco parentis should be advised that if the parent/caretaker does not return, notification must be given to SCDSS within five days of this change.

4. Custody Verification

When custody is in question, verification may be required. Acceptable methods of verification include, but are not limited to:

- A. Court documentation/guardianship papers
- B. Signed, notarized statement from **both parents** indicating that guardianship, either permanent or temporary, has been given to the caretaker.

If in the same FS or FI budget, custody has already been verified and CHIP screens may be used as verification.

5. Signature Requirements

The child care application must be signed and dated by the applicant before the application is processed and before services are delivered. An application that is incomplete is returned to the applicant requesting the additional information. Applications are valid for 30 days from the date the applicant signs the application.

NOTE: A signed application is not required for a family moving from FI to the first year of transitional child care (TCC1), or from JUMMP/ACC to JUMMP/FI and JUMMP/TCC1 as these are treated as seamless eligibility.

3.3 Applicant Rights and Responsibilities

During the intake process, an applicant is informed of their rights and responsibilities and told that they must provide accurate information to establish eligibility. Additionally, the rights and responsibilities are on the last page of the application and the applicant signs the declaratory statement indicating that they have read the rights and responsibilities. An applicant is also informed that falsifying information for eligibility purposes will subject them to prosecution under applicable state and federal criminal statutes.

1. Applicant Rights

The applicant has the right to:

- A. Choose one of the following types of providers:
 - a. Child care center
 - b. Family child care home
 - c. Group child care home
 - d. Church facility
 - e. Neighbor, friend or relative.

NOTE: A client receiving services under Child Protective Services or Foster Care may choose only a licensed facility or program.

- B. Receive a fair hearing, regarding any decision which results in the denial or termination of services, provided that decision is not due to lack of funding. The Notice of Appeal shall be in writing to:

Individual and Provider Rights, SCDSS,
P.O. Box 1520, Columbia, SC 29202-1520.

- C. Make complaints, or discuss areas of concern or suggestions regarding the ABC Program or their child care provider by calling 1-800-763-2223.
- D. Visit their child anytime that they are in the provider's care.

2. Applicant Responsibilities

The applicant has the responsibility to:

- A. Provide current and accurate verification of **all** of the following:
 - a. Gross family income
 - b. Family size
 - c. Age of child
 - d. Employment, school or training.
- B. Report **all** changes in the following within 10 calendar days after the change occurs:
 - a. Gross family income
 - b. Family size
 - c. Address
 - d. Employment, school or training.
- C. Pay a weekly client fee based on family size and income to the provider before service delivery. A parent is responsible for the difference between the maximum amount the ABC Program pays and what the provider charges.
- D. Pay for child care services when an appeal is in process.
- E. Get approval from the ABC Control Center before transferring to another provider.
- F. Give advance notice before terminating services.
- G. Choose a child care provider within 15 calendar days from the date of the notification of eligibility.
- H. Comply with ABC Program attendance policies in using child care services.
- I. Pay for services received before or after the authorized dates of service.

NOTE: Failure to comply with these responsibilities could result in services being denied or terminated.

3.4 Child Care Income Standards

When determining if an applicant meets the income requirements for initial approval for child care services through the ABC Program, the total family size, see [Family Definition](#) (Section 2.1.6) and the total gross income for the family must be within the entrance guidelines of the Child Care Income Standards ([Appendix 1](#)). If the client is currently receiving child care services and there is not a gap in service (a week or more), the family must be within the exit guidelines to qualify.

1. Assessment of Fees

Within the ABC Program, there are [client fees](#)~ and [registration fees](#)~. The [client fee](#) covers the co-pay portion of the weekly child care costs and the [registration fee](#) is used to pay a portion of the enrollment costs to the child care provider. The ABC Program does not pay for activity or transportation fees.

Once it is determined that the client meets the income guidelines, the Child Development Fee Scale ([Appendix 2](#)) is used to determine the weekly co-pay for the client. The client fee is the fee that is to be paid by the client directly to the child care provider. The fee is per week, per child.

2. Client Fees

Client fees are based on family size and gross monthly income and are assessed according to the Child Care Fee Scale. This is a weekly fee and applies to all children receiving care. Each provider is responsible for collecting this fee in advance of service delivery. **The ABC Program assumes no responsibility for collection or payment of client fees.**

NOTE: A foster parent or client participating in the FI Program does not pay fees. However, if the providers' rate exceeds the maximum rate allowed by the ABC Program, the foster parent or FI client is responsible for paying the difference to the provider.

3.5 Eligibility Worksheet

The ABC Child Care Program Client Eligibility Worksheet, [DSS Form 37110](#), is used by state and county staff when determining eligibility for all applicants. The eligibility worksheet is a **required** tool to be used in order to provide consistent eligibility determination and **must** be attached to each application.

NOTE: Seamless eligibility of FI to TCC1 does not require a new application; however, the eligibility worksheet and supporting documentation (such as CHIP print screens) must be included in the child care case.

3.6 Notification of Eligibility

When a client is keyed into the ABC Voucher System database, an [Eligibility Letter](#) is sent to the client informing them of their eligibility. In addition to the letter of eligibility, the parent receives an eligibility packet that includes the following:

- A. Parent handbook, which includes B, C, and D
- B. Options sheet for choosing a child care provider
- C. Holiday schedule
- D. Copy of the client rights and responsibilities
- E. Connection card
- F. Earned income tax credit information.

Chapter**4**

Chapter 4

Provider Authorization

4.1 Provider Authorization/Connection

Prior to taking a child to an ABC Child Care provider, the parent must complete a connection card/fax; a pre-printed card/fax. The connection card must be signed and dated by both the client and the child care provider. Once completed, the connection card/fax must be sent to the ABC Control Center in order for the child to be connected with the selected child care provider. The provider should not begin serving the child until they receive written authorization from the ABC Program that the connection has been approved. If a provider serves a client outside the authorized period (start and stop dates), the client is responsible for the full cost of the service.

Connections are made for the Monday of the week the connection card/fax is received or for a future date of service if specified. Connections will not be backdated prior to the week of receipt unless otherwise authorized by the ABC Control Center Supervisor or other designee.

1. Parental Choice

A parent is legally and morally responsible for their child and has the right to select the child care provider of their choice. Finding suitable child care is one of the most important decisions that a parent can make. The goal of any interaction between a parent and staff is to ensure that the applicant receives adequate information to make choices that provide stable and reliable child care. A parent receiving ABC Program assistance is offered a broad range of options in addressing their child care needs. A client eligible for child care may request a listing of approved Level A & B child care providers to assist them with finding child care, or may visit childcare.sc.gov, abcqualitycare.org or scchildcare.org. A parent has the option of choosing the provider who will care for their child, whether the provider is a:

- A. Child care center
- B. Family or group day home
- C. Church or synagogue

- D. School
- E. Employer
- F. Family, Friend, and Neighbor.

2. Provider Selection

As with all child care categories, if the provider chosen is not currently enrolled in the ABC Program, the child care worker must:

- A. Send an email to designated ABC Control Center staff with the name, FEIN/SSN, and address for the provider needing enrollment paperwork.
- B. Ensure, prior to sending the email, if a new Family, Friend, and Neighbor (FFN) provider is chosen, that basic FFN criteria is met. See [Family, Friend, and Neighbor Care Providers](#) (Section 5.6.4). If a Family, Friend, and Neighbor Care (In the Child's Home) (FNI) arrangement is needed, ensure that FNI provider criteria is met. See [Family, Friend, and Neighbor Care \(In the Child's Home\) \(FNI\)](#) (Section 5.6.6), i.e., to ensure that there are at least five children from that family requiring care.

3. Client Passwords

A client is required to establish a password to be assigned to their client file. This ensures a level of security that will prevent an individual, other than the actual client, to call and obtain information about the client's child care case.

In order to create a password, the following actions are taken:

- A. Verify client's SSN in order to access the file.
- B. Verify client's mailing address.
- C. Verify at least one child's birth date.
- D. Have the client establish a six-character password upon verification of the above information. The password can be either letters or numbers, or a combination of the two. The client should refrain from using symbols or punctuation marks.

NOTE: The password is NOT case sensitive.

- E. Advise the client that if they lose or forget the password or wish to change the password at any time, they will have to supply a copy of their driver's license along with a request to change their password via mail or fax before the password can be changed and before further information can be given.

NOTE: Advise the client NOT to share their password with anyone.

- F. Proceed with the call.

For a file with an existing password:

- A. Verify client's SSN in order to access the file.
- B. Verify client's mailing address.
- C. Ask the client to verify their password.

If the password is correct: Have the client verify at least one of their child's birth dates. If the client can provide the correct date, proceed with the call.

If the password is not correct: Advise the client that they will have to supply a copy of their driver's license along with a request to change their password via mail or fax before the password can be changed and before further information can be given.

4. Maximum Care Allowed

An eligibility period is defined as a period of one calendar year (52 weeks) for which a client is determined eligible. A client may receive up to a maximum of 52 weeks of care during any one-year eligibility period. This may be full-time care, half-time care, less-than-half-time care (LHT) or a combination of the three. Oftentimes, the client may get a pro-rated number of weeks based on their particular funding source. Additionally, an applicant may have an older child who needs care only when school is out, such as during summer, spring break or a holiday. It is permissible to fund and connect only the services needed in this situation.

NOTE: LHT care is used only for the Welfare Reform (FI, TCC1, TCC2, TCC/24 and TCC/FS) child care eligibility categories. LHT care may be used in conjunction with a full-time or half-time care arrangement or it may be used alone. It cannot be used to pay the same child care provider.

5. Memo Field Documentation

The memo field is the official documentation within the ABC Voucher System database. All conversations, information, and actions regarding the specific client or child care provider should be documented with each instance and as the actions occur. The memo field is used for appeals, Freedom of Information (FOIA) requests, and to maintain historical information. The memo field is not to be used as an editorial and the information documented should be specific to each action taken on the case.

6. DSS Form 3781, Pre-Authorization Notice

To provide clients and providers written approval for child care services prior to receipt of the automated system generated official [Authorization/Connection Services Letter](#), the ABC Pre-Authorization Notice, [DSS Form 3781](#) is used by the child care worker to establish the arrangement for Welfare Reform (FI and FI/CO) and Child Welfare (CPS-IN, CPS-OUT and FC) eligibility categories. The Pre-Authorization Notice establishes the start date for services and makes the client and provider aware if there is a co-pay required. The notice is given to the client at the time the child care application is completed and the client is determined eligible. In instances where emergency placements are arranged, a copy should be mailed to the provider.

7. Registration Fees

Registration fees are set amounts established by the provider to cover costs not included in the weekly rate. The ABC Program will pay registration fees to providers up to an established program maximum per child per calendar year. Regardless of the number of different providers who may provide services to the child during the eligibility period, total registration fees paid for a child will not exceed the established program maximum for a one-year calendar period. The provider may require the client to pay a registration fee due even if the client has already used their registration fee allocation for the eligibility period. Registration fees are automated and paid on a provider's [SVL](#)~ after a child has had three consecutive paid weeks of services.

NOTE: Registration fees are not paid under the following arrangements:

- A. To a FFN provider
- B. To an FNI provider
- C. For less than half-time arrangements
- D. Other populations as determined.

8. Funding/Connecting a Child Under the Appropriate Age Group

When a child is being funded and connected to a particular child care facility, the facility may not be enrolled for the age group of the child. The ABC Program has the age groups 0-2, 3-5, 6-12 and 13-18. If during the connection process, the provider of choice is not authorized for the care type that the child is in, but the child is within six months of going into the next age group, the funding and connections can be made under the next age group.

EXAMPLE: If a child is two years old and will be three within six months and the provider of choice is not authorized for the 0-2 age group, the child can be funded and connected under the 3-5 age group.

9. Dual Funding

Dual funding is the process by which multiple children in a family are eligible under different fund sources during the same child care eligibility period. Dual funding situations are rare, but are generally used when one child in a family is eligible for special needs child care and one or more other children are eligible under another funding source. Dual funding applies to a family with multiple children only and cannot be used to add more than one fund source for the same child.

EXAMPLE: Child 01 may be eligible under Special Needs and child 02 may be eligible under FI.

When there is a need for dual funding, staff should coordinate with the ABC Control Center Supervisor or other designee at 1-800-476-0199.

10. Notice of Connection to an ABC Child Care Provider

Once the client has been connected to a particular child care provider, an Authorization/Connection Letter is mailed to the client and the selected child care provider. The letter includes the following:

- A. Client name and last four digits of the SSN
- B. Authorization period (start and stop dates)
- C. Name of child to receive the service
- D. Assessed fee
- E. Type of care
- F. Number of weeks authorized.

A client may receive more than one authorization letter if they:

- A. Change from one provider to another
- B. Receive full-time service part of the year and half-time service the remainder of the year
- C. Receive a combination of full-time, half-time or less than half-time services.

11. Children Who Do Not Connect or Reconnect to a Provider

A client has 15 calendar days to select a child care provider from the date of notification of eligibility. If a client does not choose a provider and submit a connection card, services will be terminated for never connecting. Likewise, if a client stops attending one provider and never connects to another provider, services will be terminated for failure to connect. See [Termination of a Client](#) (Section 6.11.3).

4.2 Immunizations

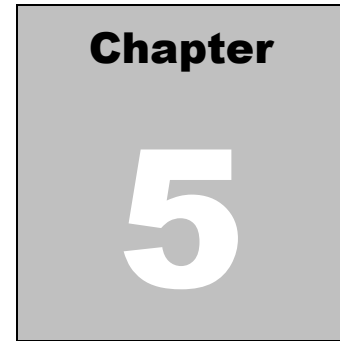
All children receiving services through the ABC Program must be age-appropriately immunized as outlined in the U.S. recommended immunization schedule; see the following links:

[Recommended Immunization Schedule for Persons Aged 0 Through 6 Years](#)

[Recommended Immunization Schedule for Persons Aged 7 - 18 Years](#)

[Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years](#)

An applicant for the ABC Program self-certifies that the child for whom they are requesting child care services has received all required immunizations. A child whose parent objects to immunizations on religious grounds or a child whose medical condition contraindicates immunization are exempt from the immunization requirement.



Chapter 5

Provider Information

5.1 Child Care Provider Definitions

1. Child Care Center (CCC)

A child care center (CCC) is a facility operating with a capacity of 13 or more children. A CCC must be licensed or approved if the program operates more than four hours per day and more than two days a week. A program that operates less than four hours per day may keep children during the week and during school vacations and holidays and be exempt from licensing.

2. Group Child Care Home (GCCH)

A group child care home (GCCH) is a facility operating with a capacity from seven to 12 children. A GCCH may care for eight children without an additional caregiver. 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. In addition, there must be an emergency backup person available who is not included in the staff-to-child ratio. Since August 25, 2000, a GCCH may not be operated in a separate building; it must be in the residence of the operator. As of September 1, 2009, all GCCH's must meet the same fire codes as a CCC, and some county zoning offices no longer allow GCCH's. A provider who resides in a mobile home should contact the State Fire Marshall's Office at 803-896-9800 to determine if the structure meets fire codes.

3. Family Child Care Home (FCCH)

A family child care home (FCCH) is a provider that may provide care for up to six children at any given time. Registration or licensure is required if a person provides care to more than one unrelated family or child on a regular basis (more than two days a week and more than four hours a day).

4. Family, Friend and Neighbor Care (FFN)

A family, friend, and neighbor (FFN) is a provider who is unregulated and is not required to meet licensing/regulatory requirements.

5.2 Required Regulatory Status

In order to enroll in the ABC Program, a provider must be appropriately regulated as required by [SC Child Care Licensing Law](#) as follows:

1. Child Care Center (CCC)

A CCC serving 13 or more children and operating for more than four hours per day is required to be licensed, whether the center is for-profit, non-profit or private. This requirement does not apply to the following:

- A. Educational facility, whether private or public, which operates solely for educational purposes in grade one or above
- B. Five-year old kindergarten program
- C. Kindergarten or nursery school or other daytime program operating no more than four hours per day and receiving children younger than lawful school age
- D. Facility operating for more than four hours a day in connection with a shopping center or service or other similar facility where the same children are cared for less than four hours a day and not on a regular basis while a parent or custodian is occupied on the premises or is in the immediate vicinity
- E. School vacation or school holiday day camp for children operating in district sessions running less than three weeks per session
- F. Summer resident camp for children
- G. Bible school normally conducted during a vacation period
- H. Facility for the intellectually disabled

- I. CCC owned and operated by a local church congregation or an established religious denomination or a religious college or university which does not receive State or federal financial assistance for child care services.

2. Group Child Care Home (GCCH)

A GCCH operating in a residence where the provider cares for at least seven but not more than 12 children, including children living in the home and children received for child care who are related to the operator, is required to be licensed.

3. Family Child Care Home (FCCH)

An FCCH operating in a residence where the provider cares for up to six children may be registered or licensed. Registration is required if a provider cares for more than one unrelated child on a regular basis (more than two days a week and more than four hours a day). An FCCH which chooses to become licensed will have to meet additional requirements.

NOTE: A child care facility which is not required to be regulated by SCDSS must have approval by SCDSS in order to participate in the ABC Program.

4. Provisional Licenses

In order to enroll in the ABC Program as a Level A or Level B provider, the provider must have a regular license. A Level A or Level B provider may remain in the ABC Program if they receive a provisional license at subsequent license renewals.

A provider who enrolls in the ABC Program as a Level C provider may have a regular or provisional license at enrollment.

5. Providers Not Eligible to be Enrolled in the ABC Program

The ABC Program will not enroll the following as providers:

- A. A significant other, (boyfriend, girlfriend, life partner, etc.) of the custodial parent to provide child care for the custodial parent's child, regardless of the significant other's residence (in or out of the child's home).
- B. A known sex offender or provider with a founded Child Protective Services (CPS) case will also not be approved to serve an ABC child. See [Denial of FFN Arrangements](#) (Section 5.6.5).

- C. A person who is employed by the South Carolina Department of Social Services within the State, Regional or County offices.

6. Dual Employment of a Child Care Provider

If the provider chosen by the parent is a State employee, verification must be obtained to ensure that the State employment hours of the provider do not coincide with the hours they are providing child care. The Level C Provider Enrollment and Agreement, [DSS Form 37101](#), must include this information.

7. When New/Updated Provider Paperwork is Required

New provider paperwork for the ABC Program is required at the following periods for all provider types:

- A. Initial enrollment
- B. Every three years thereafter
- C. Re-enrollment

EXAMPLE: When a Level A, B, or C provider has been terminated and has waited the mandatory six months to re-enroll.

- D. When a provider changes FEIN/SSN information
- E. When there is a change in ownership.
- F. When an FFN provider begins caring for an additional family or has been inactive and begins serving a new family.

5.3 Grants

1. Provider Grants

A provider may receive several types of grants from SCDSS. The type of grant a provider receives, which providers are eligible for the grants, how much the grant is, and when the provider receives it is determined by the ABC Child Care Program Monitoring staff, hereafter called ABC Program Monitoring.

When a provider receives a grant, there are different requirements regarding using the grant funds, maintaining receipts for purchases, and maintaining enrollment in the ABC Program. The specific requirements for the individual grant types will be included in the grant applications for the different types of grants.

The types of grants available are dependent on available funding, and range from initial grants for first-time enrollment in the ABC Program, to scholarship grants for attending specific training, to smoke and fire extinguisher grants for FFN providers. Federal

requirements governing the ABC funds prohibit the use of grant funds for start-up costs for child care providers.

2. Non-Compliance with Grant Terms

Providers who are given grants to include materials grants and other special one-time grants or scholarships such as computer grants, etc. must stay in the ABC Program for the period required by the grant. If the provider does not comply by staying in the ABC Program for the required amount of time, recoupment of grant funds will be initiated. If the provider still has the materials or equipment purchased with the grant funds, and if it is possible, these items may be retrieved from the provider and given to other providers.

If a provider awarded a grant does not comply with the grant requirements, and/or if funds have to be recouped, then the ABC Program reserves the right to disqualify the provider for any future grants. **This is not appealable.**

3. Recoupment of Grant Funding

If a recoupment has been initiated against the provider perhaps because of an audit, overpayment, or if the provider owes money to the Government due to an IRS lien, and funds are being recouped from the provider through their payments, then the provider will not be eligible for any grants offered at that time due to the fact that the ABC Voucher System will automatically take the grant money in payment towards the recoupment or lien. **This is not appealable.**

Failure to use grants funds properly may result in the initiation of an audit by the ABC Program.

5.4 ABC Parent/Caretaker/Guardian Who Owns a Child Care Program

An ABC parent/caretaker or guardian, to include a foster parent, who owns a licensed or registered FCCH, licensed GCCH, or center, **will not** receive child care assistance to provide child care for their own child, a child in their custody, or a foster child.

5.5 Licensing/Registration Requirements

State regulatory requirements mandate that CCCs and GCCHs be licensed and that FCCHs be licensed or registered. A CCC or GCCH owned and operated by a local church congregation or established religious denomination or religious college/university must be licensed in order to receive federal or State funds if the program operates more than four hours per day.

The SCDSS Child Care Licensing (CCL) should be contacted to report a possible violation of the law any time staff believe a provider is exceeding their licensed capacity and serving more children than allowed under State regulatory law.

1. Internal Revenue Requirements

The ABC Program complies with Internal Revenue Services (IRS) regulations and sends an IRS Form 1099, for payments made to a provider who participates in the ABC Program. Form 1099 will be mailed by January 31st of each year. A Form 1099 is sent to all child care providers, except corporations, who are paid \$600 or more by the State during the tax year. A provider should contact the IRS for more information.

Every provider, including FFN providers, is considered self-employed and is not considered an employee of the State of South Carolina. Therefore, it is the responsibility of the provider to pay applicable taxes on all money earned.

2. Provider Passwords

A provider is required to establish a password to be assigned to their provider file. This ensures a level of security that will prevent an individual, other than the actual provider, to call and obtain information about the provider's information. In order to create a password, the following actions are taken:

- A. Verify provider's FEIN or SSN in order to access the file.
- B. Verify the provider's mailing address.
- C. Have the provider establish a six-character password upon verification of the above information. The password can be either letters or numbers, or a combination of the two. The provider should refrain from using symbols or punctuation marks.

NOTE: The password is NOT case sensitive.

- D. Advise the provider that if they lose or forget the password or wish to change the password at any time, they will have to supply a copy of their driver's license and along with a request to change their password via mail or fax before the password can be changed and before further information can be given.

NOTE: Advise the provider NOT to share the password with anyone.

- E. Proceed with the call.

For a file with an existing password:

- A. Verify provider's FEIN or SSN in order to access the file.

- B. Verify the provider's mailing address.
- C. Ask the provider to verify their password.

If the password is correct, proceed with the call.

If the password is not correct: Advise the provider that they will have to supply a copy of their driver's license along with a request to change the password via mail or fax before the password can be changed and before further information can be given.

5.6 Provider Selections and Types

A provider is selected by an individual client after the client is determined eligible, funded, and notified that they may choose a provider. A client is given a wide range of child care options, including:

- A. Center-based care
- B. Family child care home (FCCH)
- C. Group child care home (GCCH)
- D. Church or synagogue
- E. School
- F. Employer
- G. Care by a Family, Friend, or Neighbor.

The client may request to receive a list of Level A and B providers to assist them with choosing an ABC Program provider, or may visit abcqualitycare.org. The client may choose a provider from the list or any provider willing to participate and enroll in the ABC Program. The provider must complete certain documents which are required before they can be authorized to serve a child and receive reimbursement. The types of providers are:

- A. Level A, B and C
- B. Family, Friend, and Neighbor Care (Out of child's home) (FNO)
- C. Family, Friend, and Neighbor Care (In the child's home) (FNI).

NOTE: Child care payments to out-of-state providers will only be made to child care centers. Out-of-state family, group or informal child care arrangements will not be authorized.

1. Reports of Abuse and Neglect

State law requires a provider to immediately report suspected child abuse or neglect to SCDSS, Department of Child Protective and Preventive Services or local law enforcement. A provider must also notify other SCDSS staff as follows when they have been reported for suspected child abuse or neglect:

- A. Level A or B provider – report to ABC Program Monitoring
- B. Level C provider – report to ABC Control Center staff
- B. Level C provider – report to ABC Control Center staff
- C. FFN provider – report to ABC Control Center staff.

A client who suspects child abuse or neglect will be directed to contact the SCDSS Department of Child Protective and Preventive Services in the county in which they reside.

2. Level A and B Providers

A Level A or B provider is a provider who:

- A. Meets standards higher than the minimum health and safety licensing requirements
- B. Has had an on-site visit by ABC Program Monitoring
- C. Has completed the necessary documents to enroll with the ABC Program.

A Level A provider is an exemplary program measured against rigorous quality standards. A facility at this level:

- A. Meets better staff-child ratios
- B. Has additional staff qualifications
- C. Receives a one-time grant at initial enrollment
- D. Receives Environment Rating Scales (ERS) assessments
- E. Is eligible for the highest grants
- F. Is eligible for higher maximum payments
- G. Is eligible for highest maximum bonus payments
- H. Is recognized as the highest ABC level
- I. Receives free training materials/resources
- J. Receives on-going technical assistance from ABC Program Monitoring staff
- K. Is placed on a county listing of child care providers that is given to potential and approved clients when requested.

A Level B provider is a program measured against quality standards beyond basic State regulations. A facility at this level:

- A. Meets voluntary ABC Program standards
- B. Is eligible for a one-time grant at initial ABC enrollment
- C. Is eligible for bonus payments
- D. Is eligible for higher payments
- E. Receives free training materials/resources
- F. Receives on-going technical assistance from ABC Program Monitoring staff
- G. Is placed on a county listing of child care providers that is given to potential and approved clients when requested.

In order to be enrolled in the ABC Program as a Level A or B provider, the following steps are taken:

- A. An interested provider contacts the ABC Control Center and indicates that they are interested in becoming enrolled in the ABC Program.
- B. ABC Control Center staff completes the ABC Program Referral and Contact Form and sends a copy of the referral form to the appropriate ABC Program Monitoring staff.
- C. Upon receipt of the referral form, the ABC Program Monitor makes contact with the provider and mails an enrollment packet.
- D. The provider completes the forms and returns the enrollment packet to ABC Program Monitoring. ABC Program Monitoring staff verify that the packet is complete and forwards it to the appropriate ABC Program Monitor based on county assignment.
- E. The ABC Program Monitor sets-up the appointment with the provider and conducts the on-site visit and completes the enrollment.
- F. ABC Program Monitoring forwards the following completed forms to the ABC Control Center:
 - a. Level A and B Provider Enrollment Form, [DSS Form 37108](#)
 - b. Level A Provider Agreement, [DSS Form 37106-1](#), or the Level B Provider Agreement, [DSS Form 37106-2](#)

- c. Level A and B Provider Rate Form, [DSS Form 37107](#)
- d. IRS Form W-9
- e. Copy of IRS Form SS-4 or IRS Letter 147-C~ if operating under a federal identification number (FEIN) OR
- f. Copy of the social security card if operating under an SSN. If the social security card is not available, a printout from the Social Security Administration (SSA) is acceptable. Other documents with the SSN will be reviewed on a case-by-case basis for acceptance.
- g. Copy of driver's license or State ID, if operating under an SSN.

Upon receipt of the completed enrollment packet, the ABC Control Center staff take the following actions:

- A. The information from the IRS Form W-9, [IRS Letter 147-C~](#), and/or IRS Form SS-4 is keyed into the SCEIS (South Carolina Enterprise Information System) in order to obtain a vendor number. A confirmation of the SCEIS vendor number is sent via email to the ABC Control Center staff. SCEIS uploads the vendor information to the STARS system at the Comptroller General's (CG's) Office.

NOTE: The provider name, I.D, and SSN/FEIN must be identical in both the CG files and the ABC Voucher System in order for payments to be made to the provider.

- B. Once the provider information has been loaded and accepted in the CG's files, the ABC Control Center keys the provider information into the ABC Voucher System. At this point, the provider is eligible to begin serving children.
- C. After an established period of time (usually within 30 days) the provider paperwork is prepped and sent for imaging.

3. Level C Providers

A Level C provider who is licensed or registered by SCDSS must complete the necessary documents to be accepted by the ABC Program. A Level C provider is participating for payments only, but agrees to follow the Participating Provider Business Procedures and established policies and procedures of the ABC Program.

In order to be enrolled in the ABC Program as a Level C provider, the following steps are taken:

- A. An interested provider contacts the ABC Child Care Control Center and indicates that they are interested in becoming enrolled in the ABC Program.
- B. A packet of information is sent to the provider.
- C. Upon receipt of the paperwork, the provider completes the following forms:
 - a. Level C Provider Enrollment and Agreement, [DSS Form 37101](#)
 - b. Level C Provider Rate Form, [DSS Form 3773](#)
 - c. IRS Form W-9
 - d. Copy of IRS Form SS-4 or [IRS Letter 147-C~](#) if the provider is operating under a FEIN OR
 - e. A copy of the social security card if operating under an SSN. If the social security card is not available, a printout from the SSA is acceptable. Other documents with the SSN will be reviewed on a case-by-case basis for acceptance
 - f. Copy of driver's license or State ID, if operating under an SSN.

Upon receipt of the completed paperwork, the ABC Control Center takes the following actions:

- A. The information from the IRS Form W-9, IRS Letter 147-C~, and/or IRS Form SS-4 is keyed into the SCEIS (South Carolina Enterprise Information System) in order to obtain a vendor number. A confirmation of the SCEIS vendor number is sent via email to the ABC Control Center staff. SCEIS uploads the vendor information to the STARS system at the Comptroller General's (CG's) Office.

NOTE: The provider name, I.D, and SSN/FEIN must be identical in both the CG files and the ABC Voucher System in order for payments to be made to the provider.

- B. Once the provider information has been loaded and accepted in the CG's files, the ABC Control Center keys the provider information into the ABC Voucher System. At this point, the provider is eligible to begin serving children

- C. A copy of the Level C Provider Business Procedures is mailed to the provider upon enrollment.
- D. After an established period of time (usually within 30 days) the provider paperwork is prepped and sent for imaging.

4. Family, Friend and Neighbor Care Providers (FFN)

The use of FFN is mandated by the Amendments to the Child Care and Development Block Grant Act of 1996. The federal regulations state that a parent eligible for child care assistance may choose an FFN child care provider.

In order to be enrolled in the ABC Program as a Family, Friend, or Neighbor child care provider, the following steps are taken:

- A. An interested provider contacts the ABC Child Care Control Center and indicates that they are interested in becoming enrolled in the ABC Program.
- B. A packet of information is sent to the provider.
- C. Upon receipt of the paperwork, the provider completes the following forms:
 - a. Family, Friend, and Neighbor Child Care Enrollment and Agreement, [DSS Form 3774](#)
 - b. Family, Friend, and Neighbor Child Care Certification, [DSS Form 3776](#)
 - c. IRS Form W-9
 - d. Picture Identification (South Carolina driver's license or identification card required).

NOTE: No out-of-state identification will be accepted.

- e. Copy of social security card for proof of social security number (SSN). If the social security card is not available, a printout from the SSA is acceptable. Other documents with the SSN will be reviewed on a case-by-case basis for acceptance.
- f. Copy of driver's license or State ID, if operating under an SSN.
- g. Copy of a completed [DSS Form 37124](#), Family, Friend, and Neighbor Central Registry Release of Information and Consent Form, on all household member 18 years or older.

Upon receipt of the completed paperwork, the ABC Control Center takes the following actions:

- A. The completed [DSS Form 37124](#) will be scanned by ABC Control Center staff and forwarded via email to the designated Child Care Licensing staff.
- B. The information from the IRS Form W-9 and social security card is keyed into the SCEIS (South Carolina Enterprise Information System) in order to obtain a vendor number. A confirmation of the SCEIS vendor number is sent via email to the Control Center staff. SCEIS uploads the vendor information to the STARS system at the Comptroller General's (CG's) Office.

NOTE: The provider name, I.D, and SSN/FEIN must be identical in both the CG files and the ABC Voucher System in order for payments to be made to the provider.

- C. Once the provider information has been loaded and accepted in the CG's files, the ABC Control Center keys the provider information into the ABC Voucher System. At this point, the provider is eligible to begin serving children.

NOTE: ABC Control Center staff may conditionally enroll the FFN child care provider into the ABC Voucher System if the Central Registry and Sex Offender results are not received when the provider has been loaded into SCEIS.

- D. A copy of the Family, Friend and Neighbor Child Care Provider Business Procedures is mailed to the provider upon enrollment.
- E. After an established period of time (usually within 30 days) the provider paperwork is prepped and sent for imaging.

It is the responsibility of SCDSS to advise clients on what to look for in choosing FFN providers. It is the client's responsibility to monitor their FFN arrangement. SCDSS explains the necessary forms and the payment procedures. Additionally, SCDSS requires FFN providers to self-certify the existence of a smoke detector and fire extinguisher in the home where the child will be served. When these basic health and safety requirements are not available, the FFN provider must purchase these items and may request reimbursement up to \$45.00. The ABC Control Center Staff must use the Family, Friend, and Neighbor Provider Health and Safety Grant Reimbursement Request, [DSS Form 3778](#), to request the reimbursement.

5. Denial of FFN Arrangements

Denial of FFN arrangements include, but are not limited to:

- A. Potential FFN provider who resides in the same household as the child approved for child care services.
- B. Any asterisked items on the FFN forms that are answered in the negative.
- C. A founded or open Child Protective Services investigation and support allegation against a provider who is known to the public (e.g., a provider is involved in an active CPS case).
- D. SCDSS has public knowledge of a criminal allegation that may jeopardize the health and safety of children, at State Office discretion.
- E. The child care worker suspects that the provider is under the influence of drugs or alcohol at the time of application or subsequently thereafter.
- F. An individual receiving ABC vouchers for their own child cannot become an FFN provider for someone else.
- G. The FFN provider requested is the child's absent parent or the parent's significant other (spouse, girlfriend, boyfriend, life partner, etc.) that resides either in or out of the home.

NOTE: If it is known that the potential FFN provider plans to have another person care for the child while they are en route from their primary employment, or other activity, the arrangement must be denied.

- H. FFN arrangement cannot be approved for a provider who is a member of the same FI/FS family household unit as the parent applying for child care services, even if a member of the FI/FS household unit has been disqualified and is not in the FI/FS budget.
- I. A person who becomes an FFN provider (or potential provider) is found to have been terminated from the ABC Program for misrepresentation as an ABC client will not be approved as an FFN provider. The child care worker will notify the provider in writing, if the arrangement is terminated or denied. If a provider is terminated or denied, payment may not be made for services rendered.

- J. Other reasons as determined appropriate based on the individual situations.
- K. Any provider or family member 18 years or older with a negative Central Registry finding or sex offender search.
- L. Any provider who is employed by the South Carolina Department of Social Services within the State, Regional or County offices.

6. Family, Friend and Neighbor Care (In the Child's Home) (FNI)

An in-home child care arrangement is care that is provided in the child's own home by a relative or non-relative child care provider who is at least 21 years old and who does not live in the same household as the child.

In-home care is affected by interaction with other laws and regulations. For example, 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 206 (A) and are therefore covered under minimum wage. As employees, FNI providers are also subject to tax requirements.

Based on these IRS Regulations, the use of an in-home arrangement is limited to:

- (1) In-home arrangement 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.

FNI providers related to the child may be approved to provide care; however, the relationship must be verified by a client statement. If relationship status is questionable, the child care worker will require verification through birth certificates, marriage license, or other legal documents. The provider must be related to the child in one of the following ways: An aunt or uncle, first generation only, sibling, grandparent or great grandparent, all of whom do not reside in the same household as the child.

NOTE: **The ABC Program will not pay for child care services to any member of the household in which the child resides.**

The same procedures for FFN providers who are providing care in their home (FNO) apply to FNI providers (who provide care in the child's home). See [Family, Friend, and Neighbor Care \(FFN\)](#) for specific criteria. (Section 5.6.4).

5.7 Three-Year Provider Agreement

Enrollment and participation in the ABC Program at any Level is strictly voluntary. Providers meeting eligibility criteria may apply for enrollment for a period of three years.

5.8 Expiration of Three-Year Enrollment Agreement

Enrollment periods/agreements are effective for a period of three years from the date signed by the provider. The provider's ABC enrollment expires on the expiration date of the agreement. **The end of the enrollment period is not appealable.**

All providers will be notified in writing 90 days prior to the expiration date of their agreement and provided an application to re-apply for a subsequent enrollment period at the same Level.

If the provider meets the eligibility criteria for a subsequent enrollment period, the provider will be offered the opportunity to voluntarily sign another three-year enrollment period/agreement.

If the provider does not meet the eligibility criteria for the Level which they applied, they will be given 30 days to apply for another Level.

NOTE: The process for subsequent enrollments for Level C providers has not been finalized.

5.9 Subsequent Enrollment Criteria

1. Providers Applying for Subsequent Enrollment Periods

Providers who have maintained a History of Compliance with regulatory requirements can apply for a subsequent three-year enrollment period. The provider must have consistently demonstrated the following eligibility criteria during the current three-year enrollment period:

- A. Level A+ (NAEYC) Providers Enrolled Before January 1, 2008:**
 - a. Must have a current regular license or approval.
 - b. Must have maintained accreditation by National Association for the Education of Young Children (NAEYC) without a break in

accreditation. (Failure to maintain NAEYC accreditation requires the provider to meet the criteria for Level A+ providers who enrolled January 1, 2008 and after or enroll at another Level.)

- c. Must have adhered to the ABC Level A mandatory standards which are inherent in the NAEYC Standards.

B. Level A (ERS) Providers Enrolled January 1, 2008 and After:

- a. Must have a current regular license or approval.
- b. Must meet the ABC Level A mandatory standards, and submitted corrective action within the required time frame, if applicable.
- c. Must meet the overall average score of 4.5 (on a 7-point scale) or higher, with a 4.0 minimum score on the interaction subscale for each age group assessed with the Environment Rating Scale (ERS) on an on-site review conducted by an ABC monitor during the current enrollment period.

C. Level B+ and B Providers:

Eligibility for subsequent enrollment is based on a summative review of the provider's performance during the previous three-year enrollment period (see Note). Factors used to determine re-enrollment eligibility include, but are not limited to repeated non-compliance with the following:

- a. Must have met 80 percent or higher compliance score during each annual review within the three-year period.
- b. Must have met the ABC Level B+ or B mandatory standards and submitted corrective action within the required time frame, if applicable.
- c. Must have had no repeated violations with the same ABC Mandatory Requirements in which corrective action had to be submitted each time, (i.e. never has training hours, Corporal Punishment Statements, CPR/FA, etc.).
- d. Must have complied with the time frames for meeting educational requirements.

NOTE: Providers who demonstrated repeated non-compliance with any of the above criteria will be staffed internally to determine re-enrollment eligibility for the Level enrolled.

NOTE: Subsequent enrollments for Level C providers have not been finalized.

5.10 Subsequent Enrollment Process

The process outlined below should be followed for providers who have maintained a History of Compliance and have consistently demonstrated the enrollment criteria and wish to apply for a subsequent three-year enrollment period:

- A. Level A+ (NAEYC) Providers Enrolled Before January 1, 2008:**
 - a. ABC Program Monitoring staff will notify providers in writing at least 90 days prior to the expiration date of the existing agreement. Providers will be sent an application to complete and return if they are interested in applying for another three-year enrollment period. The application must be returned 60 days before the end of the existing agreement.
 - b. Providers who meet the eligibility criteria will be offered the opportunity to sign another three-year agreement.
 - c. Providers currently enrolled at Level A+ (NAEYC) who do not meet the eligibility criteria will be given the reason(s) and 30 days to apply for enrollment at either Levels A, B, or C. The end of agreement date is not appealable. If the provider wishes to re-enroll as a Level A provider, they must meet the criteria established for Level A (ERS) after January 1, 2008.
- B. Level A (ERS) Providers Enrolled after January 1, 2008:**
 - a. ABC staff will notify providers in writing at least 90 days in advance of the expiration date of the existing agreement. Providers will be sent an application to complete and return if they are interested in applying for another three-year enrollment period. The application must be returned 60 days before the end of the existing agreement.
 - b. If the provider meets all the eligibility criteria, the provider will be offered the opportunity to sign another three-year enrollment agreement.

- c. Providers currently enrolled at Level A (ERS) who do not meet the eligibility criteria will be given the reason and 30 days to apply for enrollment at either Levels B or C. The end of agreement date is not appealable. If the provider chooses to apply for the same Level, they must wait six months and complete a self-study.

C. Level B+ and B Providers:

- a. ABC staff will notify providers in writing of their eligibility status for another enrollment period at least 90 days prior to the expiration date of the existing agreement. Providers will be sent an application to complete and return if they are interested in applying for another three-year enrollment period. The application must be returned 60 days before the end of the existing agreement.
- b. Providers who meet the eligibility criteria will be offered the opportunity to sign another three-year agreement.
- c. Providers currently enrolled at Level B+ or B who do not meet the eligibility criteria will be given the reason and 30 days to apply for enrollment at Level C. The end of agreement date is not appealable. To reapply for enrollment at Level B, providers must wait six months and document they have received technical assistance from a Certified Technical Assistance Provider (TAP). TAP's are certified through the Center for Child Care Career Development (CCCCD). Failure to provide this documentation renders the provider ineligible to reapply at Level B.

5.11 History of Compliance

The child care facility is required to have and maintain a History of Compliance with regulatory requirements in order for the facility to enroll and maintain enrollment as a Level A or B facility in the ABC Program.

1. History of Compliance Definition

History of Compliance is defined as:

- A. No frequent or multiple deficiencies or a significant event *posing substantial threat to the health or safety of a child that involve supervision, compliance with ratios, or health and safety violations.*
- B. At least one caregiver with a Cardiopulmonary Resuscitation (CPR) certification and pediatric first aid certification who is on-site at all times when a child is in care.

2. Definition of Terms

History of Compliance terms are defined as follows:

- A. **Frequent** is having three or more violations that pose a substantial threat to a child's health and safety within a six-month period of time.
- B. **Multiple** is having three or more different violations that pose a substantial threat to a child's health and safety within a six month-period of time.
- C. A **significant event** is characterized as, but not limited to: any one-time environmental condition, situation, or occurrence that poses a substantial threat to the health and safety of a child.
- D. A **substantial threat** to the health and safety of a child is any action, condition, or event that results in a child being placed in impending danger or harm.

Conditions that could pose a substantial threat may include, but are not limited to:

- a. A child being left alone in the facility
- b. Sewer backed up in the facility
- c. No water in the facility
- d. No heat or air conditioning in the facility in extreme weather conditions
- e. Fire alarm disconnected
- f. Lack of supervision resulting in a child leaving the facility unnoticed
- g. Lack of supervision resulting in a child left at another location, such as a restaurant, zoo, etc.
- h. A child removed due to abuse or neglect by Child Care Licensing (CCL), OHAN, or Child Protective Services staff
- i. Smoking in the facility by staff
- j. Exceeding the facility capacity or staff-child care ratios defined by CCL.

5.12 Process for Determining History of Compliance

1. Process for Determining Compliance for Enrollment for Levels A and B

The following process should be used when determining compliance for Level A and B enrollment:

- A. Upon receipt of the enrollment application, ABC Program Monitoring management will consult with CCL to determine if the provider meets History of Compliance.
- B. If the provider meets the definition of History of Compliance, the enrollment process will continue.
- C. If the provider fails to meet the definition, ABC Program Monitoring management will staff the provider to verify History of Compliance is not met. The enrollment application will be denied and the provider will be notified to reapply when history has been clear for six consecutive months.

2. Process for Ongoing Monitoring for Levels A and B

The following process should be used to monitor ongoing Level A and B providers:

- A. ABC Program Monitoring management will continually monitor enrolled providers to determine if History of Compliance is maintained. This will be done via copies of deficiency letters received from CCL, documentation of visits by ABC Program Monitors, and information shared through the monthly Action Team meetings between CCL and the ABC Program.
- B. If a provider fails to meet the definition of History of Compliance, a warning letter will be sent to the provider outlining the violations and reiterating the policy of the ABC Program regarding History of Compliance.
- C. The provider will be referred to the Child Care Services Action Team for discussion.
- D. If the provider receives any further violations after receipt of the warning letter, the provider will be staffed internally by the ABC Program Monitoring Manager, ABC designee, provider's ABC Program Monitor

and ABC Policy Person. Based on the staffing, one of two actions may occur:

- a. Initiate termination of provider's enrollment OR
- b. Offer the provider a Corrective Action Plan (CAP).

3. Process for Offering a Corrective Action Plan (CAP)

A CAP may be offered if the following criteria are met:

- A. The provider has met History of Compliance in the past with licensing regulations (no other periods of being out of compliance).
- B. There are no other major deficiencies that impact the health and safety of the children served.
- C. The provider has a clear ABC history consisting of good scores/mandatory standards met.
- D. The provider meets regulatory requirements (has a regular License versus provisional License, which means there are no Licensing deficiencies).

If a Corrective Action Plan is offered, it will include:

- A. A timeline for the CAP. The period for a CAP is 90 days from the date the CAP is signed by the provider.
- B. Immediate correction of the problem.
- C. Outline of the specific areas of non-compliance.
- D. Provisions for increased monitoring of the provider by ABC and/or CCL (if applicable).
- E. Action to be taken by ABC Program Monitoring if the CAP is not met.
- F. Signatures of the provider, the provider's ABC Program Monitor and ABC Program Monitoring management.
- G. Statement indicating the provider is not eligible for any bonus or grant opportunities until the CAP is successfully completed.

Once the CAP is completed:

- A. ABC Program Monitoring management will contact the provider via telephone with conditions of the CAP, and, if possible, schedule a conference to discuss and sign the CAP.
- B. If the provider is unable to schedule a conference, ABC Program Monitoring will mail the CAP, along with a cover letter.
- C. The provider must sign the CAP within the designated time frame indicated in the letter.
- D. If ABC Program Monitoring does not receive the signed CAP within the designated time frame, the agency will attempt one more contact via telephone to secure the signed CAP.
- E. If the CAP is not received within the second designated time frame, the ABC Program will initiate termination of the provider.

5.13 Corrective Action

During monitoring visits, if it is found that providers have deficiencies that require corrective action (other than History of Compliance), it is the intent of the ABC Program to give providers sufficient time to make the corrections in order to maintain their enrollment in the ABC Program.

When deficiencies/violations identified at an ABC child care facility are ***not life threatening or do not pose an immediate and substantial threat to the health and/or safety of the children enrolled***, the provider will be given an opportunity to correct the deficiencies/violations.

The following outlines the process for allowing providers to submit corrective action:

- A. **First Notice to Provider:** Upon the occurrence of a monitoring visit, if deficiencies are found, the monitor will leave the provider a Site Report which outlines the deficiencies found, what needs to be submitted, and the time frame for the corrective action to be submitted. The time frame is always 15 working days from the date of the visit. If the ABC Program Monitor is unable to leave a Site Report on the day of the visit for whatever reason, upon return to the office, the Site Report is to be mailed to the provider and the 15 working days begins upon the provider's receipt of the Site Report.
- B. **Second Notice to Provider:** The ABC Program Monitor turns the monitoring report in to the ABC designee who prepares the report with a cover letter that goes to the provider. If all corrective action has been received within the required time frame, the provider's letter indicates that

all corrective action has been received and the provider's report is finalized and filed. However, if the provider has not submitted any or all required corrective action within the required time frame, a second written notice is sent to the provider with their report. The letter indicates what has or has not been received and gives the provider another 15 working day time frame to submit the corrective action. The report is held in a pending file until all corrective action is received and the report is finalized.

- C. **Third and Final Notice to Provider:** Anytime during or at the end of the second 15 working day time frame, if all corrective action has been received, the provider will receive a letter indicating that all corrective action has been received, and the report is finalized and filed. However, if the provider has not submitted any or all required corrective action within the required time frame, a third and final written notice is sent to the provider by certified mail. This letter indicates what has or has not been received and gives the provider an additional 15 working days to submit all corrective action and indicates that failure to comply will result in the termination process being initiated. If all corrective action is received within the third 15 working days, the provider receives a letter indicating such and the report is finalized.
- D. **In-House Staffing:** If the provider still has not complied by submitting the required corrective action by the deadline of the third and final notice, the provider is staffed by the ABC Program Monitoring Manager or ABC designee, provider's ABC Program Monitor and ABC Policy Person to ensure that policy has been followed before proceeding with the final course of action regarding the provider's continued ABC enrollment.

During the staffing, the decision can be made to:

- A. **Extend Time for Correction:** In cases where the provider has made reasonable efforts to comply, but may be lacking a piece of documentation, the ABC Program Monitoring Manager has the option to contact the provider by phone and discuss the situation and explain to the provider what is still needed and give an additional time frame, no more than two weeks. This could be situations where the provider needed to submit a corrective action plan for hand washing, which is easily done, or submit copies of signed educational plans, etc. Only one extension may be granted to a provider.
- B. **Terminate:** If the deficiencies/violations are still not corrected at the end of the extension period, the enrollment termination process may be initiated.

- C. **Reclassify:** If the deficiencies/violations are still not corrected at the end of the extension period, reclassification may be initiated, if the provider meets the criteria for reclassification.

Any further consideration for extenuating circumstances must be approved by the Director of Child Care Services or designee.

NOTE: In the event the ABC Program terminates a provider's enrollment during the three-year enrollment period, and the Appeals Office upholds the provider, any outstanding corrective action not affected by the appeal must be submitted.

5.14 Maximum Payment Rates

The ABC Program establishes the maximum payment rates every two years through the Market Rate Survey.

Maximum rates are categorized by provider type, care type and by rural or urban designations. Although the maximum rates change every two years, a provider must submit rate increases in order to receive the new higher rates.

5.15 Second Child Discounts

A second child discount is established by provider at the time of enrollment. The discount is an amount (percentage) of discount applied to a family with multiple children receiving care with the same provider. The second child discount is applied to all children **except** the youngest. Therefore, a family with four children will have the second child discount applied to the oldest three children. All ABC providers do not elect to have second child discounts. A second child discount offered to a private paying client must be offered to ABC clients. When a second child discount is applied, it will remain in effect until the connection ends, the child transfers to another provider, or eligibility ends.

5.16 Provider Rate Changes

1. Rate Increases

A child care provider may increase the child care rates they charge at any time during their enrollment within the ABC Program. The rate increase does not automatically go into effect for all children. Rate increases apply to:

- A. Foster children
- B. All children connected with a Level A provider

- C. Connections made for a client after the effective date of the increase for:
 - a. Level B providers
 - b. Level C providers
 - c. Family, Friend, and Neighbor providers.

2. Rate Increases for Level A and B Child Care Providers

A provider who increases their child care rates may request a rate increase form at any time. The following steps are taken when increasing child care rates:

- A. The provider must call the ABC Program Monitoring staff to request a Level A and B Provider Rate Form, [DSS Form 37107](#).
- B. The rate increase form is sent to the child care provider.
- C. The form is completed by the provider and returned to ABC Program Monitoring with the required documentation, which is:
 - a. A copy of the provider's published/written child care rates, (i.e., written fee policy, parent handbook with rates included)
 - b. Any correspondence given to parents notifying them of the rate increase.

NOTE: The rate increase will not be processed without this information.

- D. The provider will receive written notification of the outcome of the request for a rate increase. The rate increase form is forwarded to the designated ABC Control Center staff to be updated in the ABC Voucher System.
- E. Once approved, and the ABC Voucher System is updated, the rate increase will not immediately take effect for a client currently being served by the provider. The payment rate will remain the same until the client's eligibility period is re-determined. If the client continues to select the provider, then the new payment rate will be effective for the client with the date of the new eligibility period.

EXCEPTION: Foster children and children connected to Level A providers are the only recipients immediately connected at the new rate.

- F. Any new client selecting the provider on or after the date of the rate increase will be paid at the new rate.

- G. If the provider charges more than the maximum allowed by the ABC Program, only the maximum will be paid. The provider may require the client to pay the difference.

3. Rate Increases for Level C and Family, Friend, and Neighbor Child Care Providers

A provider who increases their child care rates may request a rate increase form at any time. The following steps are taken when increasing child care rates:

- A. The provider must call the ABC Child Care Control Center to request a Level C Provider Rate Certification Form, [DSS Form 37107](#), or FFN Child Care Enrollment and Agreement Form, [DSS Form 3774](#).
- B. The rate increase form is sent to the child care provider.
- C. The form is completed by the provider and returned to the ABC Control Center. Control Center staff updates the information in the ABC Voucher System.
- D. Once approved, and the ABC Voucher System is updated, the rate increase will not immediately take effect for a client currently being served by the provider. The payment rate will remain the same until the client's eligibility period is re-determined. If the client continues to select the provider, then the new payment rate will be effective for the client with the date of the new eligibility period.

EXCEPTION: Foster children and children connected to Level A providers are the only recipients immediately connected at the new rate.

- E. Any new client selecting the provider on or after the date of the rate increase will be paid at the new rate.
- F. If the provider charges more than the maximum allowed by the ABC Program, only the maximum will be paid. The provider may require the client to pay the difference.

4. Rate Decreases for All Levels

When a provider has a rate decrease, the decrease will immediately apply to all children connected to the provider and all future connections.

NOTE: The same procedures as outlined in Rate Increases will be followed with the exception that all rate decreases will be effective immediately without regard to the client's eligibility period.

5.17 Records

A provider should establish good record keeping methods and maintain all documentation in an orderly fashion. Records should be kept for a period of three years or until all applicable audits have been completed. If an audit is in progress, all documents shall be maintained until the audit is complete.

The following records **are required to be kept on-site and will be reviewed** during regular monitoring visits, audits, or as needed to resolve discrepancies:

1. Attendance

- A. Daily attendance records must be maintained for each child served through the ABC Program.
- B. Attendance may be documented in several different ways, which include the following:
 - a. Recording days and actual hours of attendance or absences in a roll book or log sheet, to include the USDA Log Sheet
 - b. Using sign-in/sign-out sheets OR
 - c. Using computer logs, etc.

IMPORTANT NOTE: If the provider uses sign-in/sign-out sheets, and the parent fails to sign-in and also sign-out, the SCDSS Auditors may recoup funds.

- C. The child's name on the attendance must match the name on the SVL. **The child's given name, not a nickname, should be recorded.**
- D. Records must match the absences reported on the SVL submitted for the period. Providers must accurately report all absences on the SVL indicating "0" for the hours attended and the absence reason code or the actual number of hours attended daily (whole numbers only).
- E. **A provider who does not maintain daily attendance or accurate records may be required to repay funds if the provider cannot provide documentation that the child attended the program.**
- F. Daily attendance records may be requested to resolve a discrepancy between two different providers when a child's date of attendance is in question.

2. Service Voucher Log (SVL)

- A. A provider must maintain copies of the submitted SVL on-site for a period of three years or longer, if in an audit.

NOTE: Providers who participate in the On-line SVL system must keep a paper copy of the submitted SVL.

- B. The provider should review the SVL against the Provider's Remittance Advice.

3. Client/Child Records

An individual file should be kept on-site for each child enrolled through the ABC Program. Information should include, but not be limited to, the following:

- A. Parent name and child's complete name
- B. SSN of the parent and child.

NOTE: It is helpful to cross-reference each child's file with other children from the same family, especially when the last names are different.

- C. ABC Authorization/Connection Letter which describes the following:
 - a. Client's name and name of the child
 - b. Amount of billing
 - c. Start and stop dates
 - d. Client fee amount (if applicable)
 - e. Type of care.
- D. Correspondence from the ABC Program related to the client.

5.18 Adverse Actions by the ABC Program

Adverse actions taken by the ABC Program towards providers may include:

- A. Termination of Provider Enrollment
- B. Reclassification.

1. Termination of Provider Enrollment by the ABC Program

The ABC Program will initiate termination of an ABC child care provider's enrollment agreement if the provider fails to comply with the requirements of the ABC Program and criteria to maintain enrollment at the Level enrolled. To maintain enrollment in the ABC

Program at any level, a provider is required to meet regulatory requirements and attendance and payment documentation requirements at all times.

EXCEPTION: See [Reclassification](#). (Section 5.21)

If enrollment is terminated for cause, the provider cannot reapply at any level for six months following the date the appeals process has ended.

NOTE: If the process results in termination of the provider's enrollment, the termination date should be effective the first Monday following 10 working days (excluding weekends and holidays) after notification that the appeals process has ended.

A child care facility's enrollment will be terminated as an ABC provider for, but not limited to, the following reasons:

2. Process for Incomplete Applications

In order for a potential client to apply for child care services, or for a potential provider to apply for enrollment as an ABC provider in the ABC Child Care Program, certain required forms and documentation must be submitted. (See Chapter 3 [Application Process](#) and Section 5.6 [Provider Selections and Types](#)). If all of the required forms and documents are not submitted with the child care application or the provider enrollment forms, the ABC Control Center staff will send the applicant (client or provider) an Incomplete Letter, which will indicate the information that is needed. The Incomplete Letter will include a deadline (15 calendar days from the date of the letter) for submission of the missing information. The applicant (client or provider) must submit the missing information by close of business on the 15th calendar day.

3. Denials for Incomplete Applications

Failure to return the requested information by the deadline will result in the denial of child care services for the client or the denial of the enrollment for the provider. The potential client or provider will be sent a denial letter, which will indicate that the application was denied due to non-submission of missing information by the deadline given in the Incomplete Letter. Both client and provider applicants may request a fair hearing regarding the denial of their application for the ABC Program.

4. Failure to Meet Regulatory Requirements

If the provider's regulatory status is revoked, denied, or suspended, or an injunction is issued to close the facility, the provider's enrollment will be terminated. The termination of enrollment process shall be initiated immediately.

If a provider is under appeal with Child Care Licensing (CCL) and deficiencies or violations are found that ***are life threatening or pose an immediate and substantial threat to the health and/or safety of the children enrolled***, the Child Care Services Director can make the decision to remove all ABC children from the facility during the appeals process. If an injunction is issued to close the facility by CCL, then the children will be removed immediately.

5. Failure to Maintain History of Compliance

History of Compliance is defined as having:

- A. No frequent (three or more within six months) deficiencies *posing substantial threat to the health or safety of a child that involve supervision, compliance with ratios, or health and safety violations*.
 - a. **Maintaining Staff-Child Ratios Requirements** – Providers shall at all times maintain staff-to-child ratios. When it has been determined a provider has failed to meet the required staff:child ratios three or more times during any six-month period, the termination of enrollment process will be initiated.
 - b. **Maintaining Supervision Requirements** – Providers shall at all times maintain supervision requirements. When it has been determined that a provider has failed to meet supervision of children requirements three or more times during any six-month period, the termination of enrollment process will be initiated.
 - c. **Maintaining Regulatory Capacity** – Providers shall at all times maintain the facility's regulatory capacity. When it has been determined a provider has exceeded the regulatory capacity at a facility three or more times during any six-month period, the termination of enrollment process will be initiated.
 - d. **Maintaining Health and Safety Regulations** - Providers shall at all times maintain health and safety regulations. When it has been determined that the provider has received multiple violations which affect the health and safety of children, the termination of enrollment process will be initiated.

- B. No multiple (three or more within six months) deficiencies *posing substantial threat to the health or safety of a child that involve supervision, compliance with ratios, or health and safety violations.*
 - a. **Maintaining a Combination of Ratios, Supervision, Regulatory Capacity, or Health and Safety** – When it has been determined a provider has failed to meet a combination of ratios, supervision, regulatory capacity requirements or health and safety (#a, b, c, and d above) during any on-site visit, or individually for three or more times during any six month period (i.e., first violation ratios, second violation supervision, third violation ratios), the termination of enrollment process will be initiated.
- C. At least one caregiver with cardiopulmonary resuscitation (CPR) certification and pediatric first aid (FA) certification who is on-site at all times when a child is in care.
 - a. **Meeting CPR/First Aid Certification** – Providers shall at all times have one caregiver with CPR and FA on-site. When it has been determined that a provider has failed to meet the CPR/First Aid Certification coverage at a facility three or more times during any six-month period, the termination of enrollment process will be initiated.
- D. Maintaining History of Compliance in which **no** significant event occurs that poses a substantial threat to *the health or safety of a child that involve supervision, compliance with ratios, or health and safety violations.*

6. Failure to Maintain Required Program Assessment Scores

Program assessment scores are required to be maintained as indicated for the following providers:

A. Level A Providers:

The minimum score required for enrollment and to maintain enrollment is: an average score of 4.5 on the Environment Rating Scales (ITERS-R, ECERS-R, and/or SACERS) appropriate for each age group of children in randomly selected classrooms. Additionally, each classroom observed must earn a minimum score of 4.0 on the Interaction Subscale.

B. Level B Providers:

- a. The minimum score required for enrollment and to maintain enrollment is: 1) Center-based = 80 percent for each age group 2) Family/Group = 80 percent overall.

- b. If a center-based facility scores less than 65 percent in all age groups or a Family/Group facility scores less than 65 percent overall during an on-site ABC Level B Child Care Standards assessment, the termination of enrollment process shall be initiated with that review.
- c. If a center-based facility is enrolled for more than one age group and any age group scores less than 65 percent, de-enrollment of the age groups scoring less than 65 percent shall be initiated upon the first visit.
- d. If a center-based facility is enrolled for more than one age group and any age group scores **at least** 65 percent, but less than the 80 percent required, then two more assessments will be conducted for that age group. If after three assessments, the score is still below 80 percent, the de-enrollment process of the age groups not meeting the 80 percent requirement shall be initiated upon the third visit.

7. Failure to Maintain National Association for the Education of Young Children (NAEYC) Accreditation (Level A Only)

Level A National Association for the Education of Young Children (NAEYC) providers enrolled in the ABC Program prior to January 1, 2008, were grandfathered into Level A based on current accreditation by NAEYC. A grandfathered Level A provider may remain a Level A provider as long as they maintain their NAEYC Accreditation. Should they lose their accreditation for any reason, providers will be given 30 days to apply for whatever Level best suits them. Upon receipt of the provider's completed application, the ABC Program will have 90 - 150 days to complete the applicable on-site assessment depending on the size of the program, scheduling constraints, and/or provider circumstances.

NOTE: Level C does not require an on-site assessment prior to enrollment. If the provider does not make application within the prescribed time frame, the termination of enrollment process will be initiated.

8. Use of Corporal Punishment

The ABC Program defines corporal punishment as *the use of physical force to the body as a discipline measure. Physical force to the body includes but is not limited to spanking, slapping, biting, and shaking.*

If the owner/operator of the facility administers corporal punishment, termination of facility enrollment will occur on the first offense.

If staff in a child care center uses corporal punishment, and the corporal punishment was not condoned by the owner/operator, the provider should be given an opportunity to take appropriate corrective action. If appropriate action is taken, termination of enrollment will not occur.

If further instances of corporal punishment are used at the facility within any 12-month period, the termination of enrollment process will be initiated.

NOTE: A Level C provider must comply with CCL regulations in regards to corporal punishment. Violations of the regulations may result in termination from the ABC Program.

9. OHAN Findings

If a staff's name at an ABC facility is entered into the Central Registry, and the perpetrator is not barred from the facility, the termination of enrollment process will be initiated immediately. For Family/Group facilities, the termination of enrollment process will be initiated immediately. The Child Care Services Director may make a decision to remove all ABC children from the facility during the appeals process.

10. Failure to Submit Required Corrective Action

If a provider does not correct the deficiencies/violations within the time frame allowed (including any extension of time allowed for correction), the termination of enrollment process may be initiated.

NOTE: In the event the ABC Program terminates a provider's enrollment during the three-year enrollment period, and the Appeals Office upholds the provider, any outstanding corrective action not affected by the appeal must be submitted.

11. Facility Moves

If the facility moves to another location, and the new location does not meet regulatory requirements, the termination of enrollment process will be initiated.

12. Failure to Provide Child Care Services at Enrolled Address

Providers must notify the ABC Program in advance of days the facility will be temporarily closed, or if the facility is moving or permanently closing.

When an unannounced on-site visit is conducted at an ABC facility during the hours the facility should be in operation, and services cannot be verified on the day of the visit, the ABC Program will provide written notification by certified mail to the provider that if services cannot be verified during the next unannounced on-site visit, the termination of enrollment process will be initiated.

If a second visit is conducted and services cannot be verified (i.e. no one is there or comes to the door), the termination of enrollment process shall be initiated.

When an unannounced on-site visit is conducted and there is no evidence of child care services being offered at the enrolled address (i.e., looks abandoned, no furniture inside, wood over windows, grass overgrown, etc.) or if information is obtained from reliable sources (i.e., DSS personnel, CCR&R personnel, etc.) that the provider is operating at another address, or that a child is being served at an address which the provider is not authorized, and this is verified by the ABC Program, the termination of enrollment process shall be initiated upon that visit. Funds will be recouped for the period of time when services could not be verified.

13. Providing Service at a Location Other than the Enrolled Address OR Other than the Site the Child is Connected To

Per the Provider Agreement, providers are authorized only to serve a child at the site which is enrolled and has been approved by the ABC Program. When a child is served at a location that has not been approved by the ABC Program, this potentially places that child in harm. For example, the other location may not be a licensed facility where health and safety codes are met. Additionally, the ABC Program is paying for a higher quality of care at the enrolled location and thus cannot guarantee the quality of care at locations other than the enrolled site.

A child must be served at the location for which they have been connected. If the provider has two or more locations enrolled, they may not switch or transport a child between locations without notifying the ABC Control Center for authorization. A child will appear on the SVL for the location in which they have been connected. When it is verified that a child is being served at a location other than the enrolled address, the termination of enrollment process will be initiated.

14. Failure to Respond to Attempts by ABC Staff to Reach the Provider

If a provider has an ABC child currently connected, and there are three documented attempts within a period of 15 days (excluding weekends and holidays) by the ABC Program to reach the provider, by phone, letter, e-mail, and/or on-site visit and there is no response by the provider, the termination of enrollment process shall be initiated. Funds will be recouped for the period of time when services could not be verified.

15. Failure to Operate During Stated Hours of Operation

If there are three documented incidents of non-compliance with the stated hours of operation during any 12-month period, the termination of enrollment process may be initiated.

16. Failure to Maintain LAN (Local Area Network) Phone Service

Providers are required to have LAN phone services where an ABC child is being served. Cell phones are not permitted as the primary/sole phone service. When it becomes known to the ABC Program that a provider does not have LAN phone services at a facility where ABC child care services are provided, the provider should be given 30 days to secure LAN phone services. If the provider does not secure LAN phone services within the 30 days, or if it is documented that the provider did not have active LAN phone services two times within any 12-month period, the termination of enrollment process may be initiated.

NOTE: FFN providers are the only providers allowed to have cell phones as the sole phone source.

17. Misuse of ABC Grant Funds

If a provider uses ABC grant funds on purchases other than its approved use and the provider does not reimburse the ABC Program within the time frame given for reimbursement (including any extension of time approved), the termination of enrollment process may be initiated. Recoupment of the funds will also be initiated.

18. Fraud

If a provider intentionally makes a false statement or misrepresentation regarding a material fact or fails to disclose a material fact that results in obtaining, attempting to obtain, or continuing to receive ABC funds which the provider would not otherwise qualify to receive, the termination of enrollment process will be initiated. Funds will be recouped for the period of time when the provider did not qualify for the funds.

19. Owner/Operator or Director Guilty of Fraud in a State-Funded or Federally-Funded Program

If an owner/operator is found guilty of committing fraud in another state-funded or federally-funded program, the termination process will be initiated. If a director is found guilty of committing fraud in another state-funded or federally-funded program and the director is retained in the capacity as director of the facility, the termination of enrollment process will be initiated.

20. Failure to Maintain ABC Documentation Requirements

If a provider is cited three times for the same record keeping violations during any 12-month period, the termination of enrollment process may be initiated. The violations can be noted by the ABC Program Staff, the DSS Audit Staff or CCL.

21. Verbal or Physical Abuse of ABC Staff

If a provider curses or yells at any ABC Program staff, the provider will be sent a certified letter after the first offense. The letter will describe the incident and inform the provider that another such incident will result in termination being initiated. If a second offense occurs, the termination of enrollment process will be initiated. If the provider threatens, or physically assaults any ABC Program staff during the course of conducting ABC business, the termination of enrollment process will be initiated.

22. Refusal to Allow ABC Representative Access to the Facility

If a provider refuses to allow an ABC staff on the premises or in the building of an enrolled child care facility, and the ABC staff is on official ABC business during the stated operating hours of the facility and the provider is open for business, the provider will be sent a certified letter after the first offense, describing the incident and notifying the provider that as a result of the incident:

- A. Any available bonus or grant for the review period is forfeited, AND
- B. If ABC staff are denied access during any future visits, the termination of enrollment process will be initiated.

If a second incident occurs, the termination of enrollment process will be initiated.

23. Smoking in a Facility

If a provider has three documented incidents of violating Public Law 103-227, Part C, Environmental Tobacco Smoke Act, also known as the Pro-Children Act, which prohibits smoking in any indoor facility used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 years, the provider will be terminated within 10-working days' notice, excluding the weekends and holidays, to the provider and clients.

5.19 Process for Terminating a Provider Enrollment

The following shall occur when the ABC Program is initiating termination of an ABC provider's enrollment:

1. Life-Threatening or Substantial Threat of Harm

When there are life-threatening issues at an ABC enrolled facility, the termination of enrollment process shall be initiated immediately and CCL shall be notified. Life-threatening issues include, but are not limited to the following:

- A. Sewer backed up in facility
- B. No water in the facility
- C. Over-heated facility
- D. Fire alarm disconnected
- E. A child seriously injured or death due to lack of supervision or negligence by staff
- F. Lack of supervision resulting in a child leaving the facility unnoticed
- G. Lack of supervision resulting in a child being left at another location
- H. A child removed due to abuse or neglect by staff
- I. Ratios exceeded by 25 percent or more, etc.

If the termination of enrollment process results in termination, the termination of enrollment should be effective immediately after the appeals process ends. The Child Care Services Director may make a decision to remove all ABC children from the facility during the appeals process.

2. Non-Life-Threatening Situations

If the reason for the termination of enrollment is **not** determined to be life threatening and does not pose an immediate and substantial threat to the health and/or safety of the child, termination of enrollment notices should be effective the first Monday after 10 working days (excluding weekends and holidays) from the date the final termination notice is mailed to the provider, unless a different time frame is otherwise noted in this document.

This allows for mail delivery of the notices and time for the families to make other child care arrangements.

3. Notification to Child Care Staff

If termination of enrollment results after the appeals process, the ABC Program Monitoring Designee will send an e-mail to notify the ABC Control Center of the final decision to terminate enrollment and the effective enrollment termination date.

4. First Notification to Provider from ABC Program Monitoring

A written letter, prepared by the ABC Program Monitoring Designee and signed by the Child Care Services Director or Designee, will be sent by certified mail to the provider notifying the provider of the ABC Program's intent to terminate enrollment. The letter will include, at a minimum:

- A. Notice that the termination of enrollment process is being initiated
- B. Reason for the termination of enrollment
- C. Current number of ABC children connected and receiving services from the provider
- D. Information regarding the provider's right to file an appeal within 30 days and the process for filing an appeal
- E. Contact person and information in case the provider has questions.

5. Appeals

The ABC Program Monitoring office will track the termination of enrollment of providers to determine if the provider files an appeal within the 30-day time frame allowed for filing an appeal.

The ABC Child Care System Liaison will notify the ABC Program Monitoring office if an ABC Level C provider files an appeal.

Once ABC Program Monitoring receives notification that a provider has filed an appeal, the ABC Program Monitoring Designee will enter this information into the ABC Voucher System, so that no new ABC children can be connected during the appeals process.

If a provider does file an appeal (regardless of the ABC level), the *Provider Appeals and Hearing Process* should be followed.

If during the appeals process the violations are life-threatening or pose an immediate and substantial threat to the health and/or safety of the children enrolled, the Director of Child Care Services may make a decision to remove all ABC children from the facility.

6. Final Notification to Provider from ABC Program Monitoring

If the ABC Program prevails after the appeals process has ended, ABC Program Monitoring will send a letter to the provider to notify them of the final decision to terminate enrollment. The letter will include, at a minimum:

- A. Effective termination of enrollment date
- B. Waiting period for re-enrollment
- C. Statement that payment will not be made for care provided to a child remaining in the facility after the date of termination of enrollment
- D. Contact person and information in case the provider has questions.

7. Final Notification to the Clients and the Provider from the ABC Control Center

After receiving the final notification from ABC Program Monitoring that a facility is being terminated, the ABC Voucher System will send a letter to all ABC clients connected to the facility, notifying them that the facility's enrollment is being terminated and that the ABC Program will not pay for services after the termination of enrollment date.

The ABC Control Center will send a final notice to the provider at the same time the ABC Control Center sends the letter to the clients, notifying the provider of the facility's termination of enrollment from the ABC Program and the last date payment will be made to the facility on behalf of ABC clients.

Parents will be given an opportunity to select another ABC facility for their child. A listing of all Levels A and B facilities available in the county will be available upon request from the parents.

Parents may choose to remove their child from the facility prior to the official termination of enrollment date, but must call the ABC Control Center to receive prior approval. If any ABC parents continue to choose the provider after the official termination of enrollment date, the parents will be responsible for full payment to the provider after the termination of enrollment date.

8. Referral Resources to Assist Clients

The ABC Program should make every effort to assist clients in finding other child care arrangements.

9. Provider Files

A copy of all e-mails, notices and other related documents will be placed in the provider's files as applicable. The provider's file will be placed in a terminated status.

5.20 Exceptions to the Process for Terminating a Provider Enrollment

The detailed steps in Section 5.19, [Process for Terminating a Provider Enrollment](#), are not taken when proceeding with the termination of a providers' enrollment. However, a termination letter is generated by the ABC Voucher System upon termination in the following situations:

- A. **Provider has no current ABC children and has closed the program or vacated the facility and did not notify the ABC Program.**

Example: ABC Program Monitoring conducts unannounced visit and finds facility abandoned. The ABC Program will attempt to reach the provider by phone. If unsuccessful, then a letter will be mailed notifying the provider that they must contact ABC Program Monitoring within five working days of receipt of the letter or the file will be closed. If no response is received, then the file will be closed. Should a provider reopen at another location and wish to apply for enrollment, they must wait six months before they can reapply.

- B. **Provider has no current ABC children connected and the ABC Program cannot reach anyone either at the facility (on-site) or by phone during the normal hours of operation.**

ABC Program Monitoring will send a letter notifying the provider that they must contact ABC Program Monitoring within five working days of receipt of the letter or their file will be closed. If there is no response by the provider, the file will be closed and the provider must wait six months before they can reapply.

C. Facility Ownership Changes

A provider must immediately notify the ABC Program of any changes in ownership of the facility. A change in ownership invalidates the enrollment agreement as it is not transferable. It also invalidates the DSS License or Registration. Agreements are non-transferable. The provider's file will be placed in a closed status. The new owner may apply for enrollment at any level desired by completing the application process and meeting the enrollment requirements.

The provider must notify ABC Program Monitoring at least 30 days prior to the sale.

VERY IMPORTANT NOTE: It is extremely crucial to notify ABC Program Monitoring of the sale of the facility so that payment under the provider's TAX ID number can be stopped. If the provider fails to do this and the new owner continues to receive the SVLs and submits them, payment will continue to be made under the original provider's TAX ID, and thus the original provider is responsible for payment of taxes due. The ABC Program cannot be held responsible when providers fail to notify the ABC Program of the sale. Providers should NOT send this notification in with their last SVL, but must call or write ABC Program Monitoring directly.

NOTE: The following terminations are not appealable:

5.21 Reclassification

Reclassification is the process whereby providers are moved from a higher quality Level to a lower Level within the ABC Voucher System.

Reclassification may be initiated by the ABC Program during the provider's three-year enrollment agreement or the provider may request this in writing at any time. Providers may appeal reclassification only if initiated by the ABC Program during the three-year enrollment period. When reclassification occurs, providers remain in the ABC Program and may accept vouchers; however, the payment rate is adjusted at the end of the appeal period. If the provider requests reclassification, the payment rate is adjusted upon the change of Levels.

NOTE: Providers are not eligible for reclassification if they fail to meet the History of Compliance or regulatory requirements.

The following are the reasons that a provider may be reclassified:

- A. Provider at Level A or B moves facility and new location does not have a regular license (only provisional) required for enrollment of new location.

- B. Provider scores are below the required scores (but at least 65 percent) for the Level enrolled after three consecutive visits.
- C. Provider cannot meet the mandatory standards, i.e. education, training hours due to health reasons or personal circumstances (spouse or family member ill or dying).
- D. Level A providers with NAEYC Accreditation lose their accreditation.

1. Process for Reclassification

The following process should be used when a provider is reclassified:

- A. Provider will be staffed internally to determine if criteria is met for reclassification.
- B. Provider will be mailed certified letter regarding intent to offer reclassification because provider does not meet the criteria to remain at current Level. Appropriate Level paperwork will be included in the letter with a deadline to return the paperwork.
- C. If the provider fails to return the paperwork by the deadline, termination of enrollment will be initiated and the termination process followed.
- D. If the paperwork is returned and the provider is enrolled at another Level, ABC Program Monitoring will place the provider's file for the original Level in a closed status.

5.22 Voluntary Termination by the Provider

Providers may voluntarily request to end their enrollment/agreement at any time with the ABC Program at any level by notifying the ABC Program in writing or through a documented telephone contact.

Voluntary termination of a provider's enrollment agreement is not appealable. If the provider requests to voluntarily end their enrollment agreement, and then later requests to rescind the termination of their agreement, the ABC Program is under no obligation to do so, particularly if the provider's file has been terminated in the ABC Voucher System. The provider may not reapply for enrollment at any level for a period of six months from the effective date of termination.

Providers who have received a grant must stay in the ABC Program for the period required by the grant, or the grant funds will be recouped.

5.23 Re-Enrollment

1. Waiting Period for Re-Enrollment of Terminated Enrollments

When the ABC Program terminates a provider's enrollment during the three-year enrollment period, and the provider does not request an appeal, the provider must wait six months after the effective date of the termination before applying for enrollment at any level.

In the case where the provider requests an appeal and the Appeals Office does not uphold the provider in the appeal, the provider must wait six months after the date the final appeals decision is issued before applying for enrollment at any level.

If the provider requests to appeal any decision, and then withdraws the request, the six months would begin upon notification that the appeal process has ended.

See [Enrollment/Re-Enrollment Exceptions](#) (Section 5.24).

2. Waiting Period for Provider Who Voluntarily Terminates Enrollment

Providers who voluntarily terminate enrollment must wait six months before re-applying for enrollment at any level.

3. Waiting Period When Provider is Not Eligible for Subsequent Enrollment Agreement

Level A providers who are not eligible for a subsequent enrollment agreement must adhere to the following guidelines before reapplying for enrollment:

- A. **Level A (NAEYC) providers** enrolled prior to January 1, 2008, who are not eligible for a subsequent three-year enrollment agreement have 30 days to apply for any Level. If the provider wishes to reapply as a Level A provider, they must meet the requirements established for Level A (ERS) providers after January 1, 2008.
- B. **Level A (ERS) providers** enrolled after January 1, 2008, who are not eligible for a subsequent three-year enrollment agreement will have 30 days to apply for Level B or Level C. However, should they wish to reapply for Level A again, they must wait six months and complete a self-study.

Level B providers who are not eligible for a subsequent three-year enrollment agreement will have 30 days to apply for enrollment at Level C. If the provider wishes to reapply as a Level B, they must wait six months and receive technical assistance from a Certified Technical Assistance Provider (TAP). TAP's are certified through the Center for Child Care Career Development (CCCCD). Failure to provide this documentation will render the provider ineligible to re-enroll at Level B.

NOTE: Subsequent enrollments for Level C providers have not been finalized.

4. Exemption of Waiting Period

If extenuating circumstances exist, ABC Program management may grant an exemption of the six-month wait for applying for enrollment, if recommended by Program Monitoring staff or the Control Center, as applicable. No exemption will be granted for providers who are terminated for failure to maintain History of Compliance with regulatory requirements.

5.24 Enrollment/Re-Enrollment Exceptions

The following are reasons a provider is ineligible to participate or re-enroll in the ABC Program at any level:

1. Death of a Child

Any institution or its principals who have contributed to the death or serious injury of a child by failing to comply with minimum health and safety regulations (defined as SC Child Care regulations) is ineligible to participate in the ABC Program at any level.

2. Fraud

Any institution or its principals who have been convicted of fraud are ineligible to participate in the ABC Program at any level.

3. Falsified Documents

Institutions or principals who falsify or misrepresent official, legal documents (i.e., birth certificates, degrees, transcripts, etc.), or other ABC Program documents (SVL, attendance records) and submit to agency representatives are ineligible to participate in the ABC Program at any level.

4. Administrative or Judicial Determination of Abuse and/or Neglect

Any institution or its principals who abuse or neglect a child and/or whose name has been entered into the Central Registry cannot be enrolled as long as the perpetrator continues to be employed and/or present at the facility.

5. Ineligibility to Participate in Publicly Funded Programs

Any institution or its principals who are ineligible for any other publicly funded program due to the above criteria are prohibited from participating in the ABC Program at any level. However, this prohibition does not apply if the institution or principal has been fully reinstated in, or determined eligible for, that program, including the payment of any debts owed.

5.25 Amendments to a Provider's File

A provider's file may be amended at any time. An amendment can be initiated by the provider, Program Monitoring, and/or the child care worker or ABC Control Center staff. **The provider must notify the following appropriate program area of any changes or amendments that need to be made to their enrollment:**

- A. Level A or B providers – Contact ABC Program Monitoring
- B. Level C and FFN providers – Contact ABC Control Center staff

NOTE: Changes should not be sent with the SVL.

Amendments may occur for, but are not limited to, the following reasons:

1. Adding or Deleting Additional Age Group

A provider may request to add another age group not previously authorized if they are currently providing child care services for that age group (Level A and B) or at any time for Level C and FFN. To request an additional age group, the provider must:

- A. Contact the appropriate program area and request an additional age group be added.
- B. Meet regulatory requirements for the age groups served.

For Level A and B, a provider may request to add half-time or full-time for an age group for which they are already authorized without a visit being required. Level C and FFN can add at any time.

A provider or the ABC Program may delete an age group under the following circumstances:

- A. A provider should request to delete an age group if they are no longer serving an age group or does not want to be authorized for that age group.
- B. The ABC Program may delete an age group if it is determined that the provider is no longer serving that age group or is not meeting regulatory requirements for that age group.

2. Change in Facilities Regulatory Status

The provider must notify the appropriate program area if one of the following occurs:

- A. Provider changes from Family to Group
- B. Provider changes from Family or Group to a Center
- C. Provider changes from a Group to a Family
- D. Provider changes from Center to a Family or Group

NOTE: The provider must notify the appropriate program area immediately if their registration or license is revoked or the application for renewal is denied by CCL.

3. Change in Name of Child Care Facility

If the provider changes the name of the child care facility, the provider must:

- A. Notify the appropriate program area in writing
- B. Submit new enrollment and agreement under the new name, which can be requested from the appropriate program area.

4. Change in Director of Child Care Facility

If there is a change in the director of the child care facility, a provider must:

- A. Notify the appropriate program area in writing or by phone.

Level A and B providers must:

- A. Submit documentation [i.e. degree, CDA, diploma, etc.] showing that the new director meets the qualifications outlined in the Child Care Standards

- B. If needed, submit signed educational plan indicating the director will obtain approved credential, certificate, diploma, or degree within three years. An educational plan can be obtained from ABC Program Monitoring.

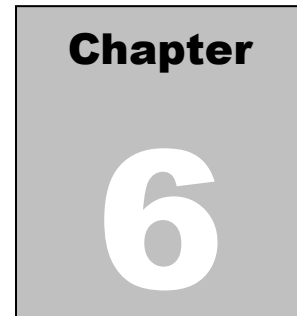
5. Change in Mailing/Payment Address or Phone Numbers

If there is a change in the facility address where services are provided [other than the provider has moved], such as a change because of 911 or payment address, or phone number, the provider must:

- A. Notify the appropriate program area in writing.
- B. Submit a signed W-9 Tax form which can be requested from the appropriate program area. The W-9 is used for address changes only.

6. Working Telephone

If there is a change in the facility phone number where services are being delivered, the provider must notify the appropriate program area in writing or by phone. (The provider must maintain a working LAN telephone at all times, at the facility where services are being delivered. Non-published numbers are not allowed. FFN providers are the only providers allowed to have cell phones as the sole phone source.



Chapter 6

Case Management

6.1 Absences

1. Allowable Absences

A child is allowed a maximum of 31 absences per 52 weeks of care that are funded and connected. If the child is authorized for less care, they will receive a pro-rated share of allowable absences based on the number of weeks of services received. See Scale of Allowable Absences ([Appendix 5](#)). A client receives the Scale of Allowable Absences in their eligibility packet once they have been determined eligible and have been keyed into the ABC Voucher System. When a client applies at a county office, they are given this information at that time. Services may be terminated if the child exceeds the allowable number of absences. When a family is authorized to receive child care, it is assumed the family needs these services and will use it on a daily basis. If there are legitimate reasons for a child to be absent, the client and/or the provider may seek a waiver of excessive absences. If no waiver is granted, the absences will count and the child will be terminated when they exceed their allowable absences.

A provider is paid the weekly rate for the child even when absences occur. A child may have individual weekly scheduled days when they attend the facility. Failure to attend on these days must be reported as an absence.

EXAMPLE: A parent may work three 12-hour shifts on Monday, Tuesday and Thursday and decide to keep the child at home on Wednesday and Friday when they are not scheduled to work. The child would not be considered absent these two days (Wednesday and Friday); however, if the child failed to attend on the other days, they would be considered absent.

EXAMPLE: A parent/child is authorized for half-time care and attends the provider only three days a week. The two days of the week that the child does not attend the provider are not considered to be absences. Those days are reported as NSD (Not a Service Day) and are automatically waived.

Once a child exceeds the number of allowable absences, they will be terminated and a system generated letter will be sent to the client and the provider. The following absence codes should be used:

ABS CODE	ABS DESC
COV	Child had court-ordered visitation
DEC	Child is deceased
FCL	Facility closed
FNL	Child on funeral leave
HOS	Child out with serious injury/illness/hospitalization
MOV	Child moved out of county/state
NLA	Child no longer attends
NSD	Not a service day for the child
SIK	Child out sick
VAC	Child on vacation
CNS	Child never started the facility

2. Waiver of Absences

The ABC Control Center will be responsible for the waiver of any absences. ABC Control Center staff are responsible for the review and determination of good cause for waiver requests for all absences.

An absence will be waived only when good cause has been determined. Good cause exists if circumstances prevent the child from attending the child care provider. All situations are different and the ABC Control Center staff must use prudent judgment in determining whether or not good cause exists and be able to justify any waiver determination. A client statement may be accepted in the absence of other documentation such as a doctor's statement, court papers, etc. Examples of good cause include, but are not limited to:

- A. Illness of child or custodial parent (with or without doctor's statement)

NOTE: If the child is chronically ill, possibly secure a statement from the physician.

- B. Child's absence from the home, i.e., visits to the absent parent or other relative. If applicable, obtain a copy of the court order for court-ordered visitation.

NOTE: If known prior to the child being absent, the child care worker should make contact with the provider to determine if the provider will be holding a slot for the child. If so, the child care worker should request a start/stop date for the child care services.

All documentation to support a waiver is to be maintained in the client's file, and an entry placed in the client's memo field indicating the date and reason for the absence. When a client is terminated based on excessive absences, a system generated letter is sent to the client and the provider. Proper termination notice will be given. When a client/child is terminated for excessive absences, the client or the provider have until the date of the termination to submit any documentation to request waivers of absences to the ABC Control Center. Documentation submitted after the termination date will not be reviewed. When documentation is submitted prior to the termination date, staff will review it to determine if any absences can be waived. If absences can be waived and the child is below the allowable absences after the waivers, their services will be reinstated back to the original authorization of services, and the termination will be reversed.

Any child terminated for excessive absences may not be allowed to receive additional child care services for a period of six months.

EXCEPTION: Welfare Reform and Child Welfare clients may not be required to wait six months before receiving additional services.

6.2 Stop and Start Dates

A parent may need to have a break in care in situations where the child is with a non-custodial parent for court ordered visitation, vacation, hospitalization, etc. for a period of a week or more. The parent may ask the provider to hold the child's slot during the time the child is away. The provider may bill for only 10 consecutive absences before dropping the child from their center. However, the provider may agree to insert a stop and start date for the child when the duration of the absence is known. By inserting a stop and start date, an absence does not count against the child and the child is allowed to start back with the provider at the agreed upon time. Both the parent and the provider must agree to this arrangement prior to the extended absence.

6.3 Breaks in Work, School or Training

When a client stops working or attending school or training, for whatever reason, they must notify the ABC Control Center within 10 calendar days of the date the change occurred. The client will be allowed to continue receiving child care services for 30 calendar days from the date they stopped working/school/training. The ABC Control Center staff will terminate the child care services effective the first Monday after the 30th calendar day from the break, and the Denial/Termination letter will be sent to the client and the provider.

If the client obtains employment, or begins school or training during the 30-day period, they must submit documentation to the ABC Control Center in order for eligibility to be re-determined. If the client is determined to be eligible, the termination will be

overturned and the client will be authorized for the child care services for which they were originally authorized.

If the client does not obtain employment, or begin school or training during the 30-day period, or does not contact the ABC Control Center during the 30-day period to inform staff about new employment/school/training, the termination will stand and child care services will end as of the date of termination.

If, when the client notifies the ABC Control Center, it has been 30 days or more since the client stopped working or attending school or training, then child care services will be terminated for the client effective the first Monday after 10 working days from the date of notification.

NOTE: The exception to this policy occurs if a client has a break in employment/school/training due to a disability or medical leave. See [Verification of Disability](#) (Section 2.2.9).

6.4 Retention Schedule

All client and provider case file material including, but not limited to the following, shall be maintained by the child care worker for a period of three years or until all applicable audits have been completed:

- A. Child care referral
- B. ABC Child Care application
- C. Wage/school verification
- D. Eligibility worksheet
- E. Letters
- F. Written communications
- G. Forms
- H. Agreements, etc.

If an audit is in progress, all documents shall be maintained until the audit is complete. Child care applications for applicants who are denied and who are subsequently not funded shall be maintained for 12 months.

6.5 Transfers from One Provider to Another

A client may transfer from one provider to another provided the client contacts the ABC Control Center either by phone or in writing and receives approval prior to the transfer. The effective date of transfer is the first Monday following the seventh working day after the day the ABC Control Center receives the phone call or receives the written notice. State holidays and weekends are not considered work days in counting the seven days.

A client may transfer from one provider to another through the following process:

- A. A client must notify the ABC Control Center either by telephone or in writing and receive approval prior to the transfer.
- B. The effective date of the transfer will be the first Monday following the seventh working day after the ABC Control Center receives the phone call or written notice from the client requesting the transfer.

To determine the effective date of transfer, the day the ABC Control Center receives the phone call or written notice is considered day one of the notice. See EXCEPTION below. The child care worker begins counting seven working days from that date. In counting the seven days, State observed holidays [i.e. 4th of July, Labor Day, etc.] or weekends are not included, as they are not considered working days. Whatever date the seventh working day falls on, the transfer date will be the following Monday.

EXAMPLE: A request is made on Wednesday. Counting seven working days beginning with Wednesday, the working day would fall on Thursday of the next week. The transfer date would be the next Monday following this Thursday.

EXCEPTION: *If notification is received on a Thursday, then Friday is counted as day one. If notification is received any other day of the week (Monday, Tuesday, Wednesday or Friday), that same day is always counted as day one.*

When a client requests a transfer from an FFN/FNI provider, the connection will be ended the first Sunday following the request. No notice is required to the FFN/FNI provider.

- C. Notice may be waived under unusual circumstances if sought by the client and approved by a supervisor. The ABC Control Center will notify the provider if the waiver is approved.
- D. The previous provider will not be paid after the start date is established for the new provider. **THE ABC PROGRAM WILL NOT PAY TWO PROVIDERS FOR THE SAME WEEK, unless the parent also has a less than half-time arrangement.**
- E. The previous provider will be notified in writing via a Transfer Letter of the client's last authorized day of service.

SPECIAL NOTE: A client with unpaid fees at the time of the transfer will still be allowed to transfer. It is the responsibility of the provider to ensure client fees are paid timely.

NOTE: Exceptions to this policy may be granted by the ABC Control Center Supervisor or designee when extenuating circumstances exist.

6.6 Early Releases

A provider may voluntarily choose to release a child from their facility. In doing so, the provider forfeits future payments. When extenuating circumstances exist and a parent needs to be released from a provider prior to a given transfer date, the ABC Control Center Supervisor or designee may grant the early release if deemed appropriate. If an early release is not granted and the client removes the child prior to the transfer date, the client will be responsible for payment to the new provider until the transfer/re-connection date.

6.7 Transfers of Foster and Child Protective Service Clients

Only a CPS/FC Casemanager may authorize the transfer of a CPS or Foster Care child. There may be extenuating circumstances which require immediate actions from the CPS/FC Casemanager, which may include an effective transfer date that does not follow the seven-day notice rule. CMs must be aware of the provider's notice policy and is required to give the provider as much notice as possible before moving the CPS/Foster child. A child care payment may be made for a CPS/Foster child requiring an out-of-state placement where the care is provided by a child care center.

6.8 Notifying Clients and Providers of Transfers

When a client is approved to transfer, the previous provider will be notified of the client's last authorized day of service (always a Sunday) via a Transfer Letter. The Transfer Letter will be sent to the client and the provider from whom the client is transferring. The client is instructed at the time they request a transfer that in order for services to be authorized for a new provider, the ABC Control Center must receive a connection card in advance of the client starting services with the new provider. If the new provider begins serving the client before the effective date of transfer, the client is responsible for the full cost of the services prior to authorization.

6.9 Client Moves to Another County

When a client moves to another county, the child care worker in the former county must terminate the child care and ensure that the proper termination procedures are followed. If

[early release](#) from the former provider is granted, the child care worker must document this in the memo field. If there is time remaining in the approved eligibility period or the FI benefit case is transferred to the new county, a new application must be processed in order to continue child care services.

6.10 Changes Within the Eligibility Period

A client is required to report all changes within their family household unit within 10 calendar days of the date the change occurs. Not all changes require a re-determination of eligibility. However, a new application is required and a re-determination is necessary when:

- A. The change causes the client to change from one eligibility category to another.
- B. The change causes an increase in the client fee.
- C. There is a change in the family size (such as having additional children).
- D. A change in employment necessitates a change to full-time care for a client who is initially determined eligible for half-time care only. Changes from half-time to full-time or full-time to half-time will be effective the Monday after the change has been requested forward unless payments have not been made.
- E. A client moves to another county.

Changes in address, telephone numbers or income that do not increase the client fee will not require a new application, but the changes should be made in the ABC Voucher System and documented in the memo field. If the change causes the client to be ineligible, services are terminated the first Monday following the 10th working day after the ABC Control Center is notified.

In those instances where eligibility is being re-determined and a new application is needed, if the child is eligible for continued care under their applicable funding source, up to 52 weeks of care will be given. If the change occurs and the child is not eligible for an additional 52 weeks under the current funding source, only the remaining units in the current eligibility period will be available in the client's new eligibility period.

6.11 Termination of Services to Clients

1. When a Provider Stops Serving a Client

A provider has a right to stop serving a client or child if either is disruptive to the program or does not comply with the provider's established policies. The provider must notify the client and the ABC Control Center by calling the provider line at **[800-262-4416]** before discontinuing services to the client. The following applies when a provider wants to stop serving a client:

- A. The reason for discontinuing services must be included, i.e. failure to pay fees, parent does not pick child up on time, or child displays disruptive behavior, etc.
- B. The connection will end the last day of the service week, (always a Sunday) in which the provider asked the client to leave.
- C. The client should be notified by the provider (preferably in writing) a minimum of three working days in advance of the effective date of the discontinuation of services.
- D. The client should be allowed to finish any week in which the provider has billed for the client.

NOTE: Failure to allow the child to finish the week of service may result in an early release being granted; payment will be forfeited for the week of care due to the provider not providing the availability of services.

2. Termination by the ABC Program

The ABC Control Center may terminate a client's child care services at any time during the client's eligibility. Once a decision has been reached to terminate services, the provider will receive written verification through the following process:

- A. If termination of services is initiated by the child care worker or the ABC Control Center, the provider and client will be notified in writing that the services are being terminated and all payments for services rendered after the termination date become the client's responsibility.
- B. Proper notice (10 days from the date of determination) will be given to both the parent and the provider of the effective termination date.

3. Termination of a Client

Services are terminated when a client or child is no longer eligible to receive ABC child care services or no longer wants the service. This may come at any time during the eligibility period. When the client becomes ineligible, the entire family becomes ineligible and services are terminated. When a child becomes ineligible for reasons such as reaching age 13, or exceeding the allowable absences, services are terminated for that child only. County child care workers must request the termination by documenting the request in the memo field and 67 the case.

Reasons for terminations include, but are not limited to:

- A. The client/child is no longer eligible. This includes, but is not limited to, the following:
 - a. The client/child does not meet specific eligibility criteria or requirements.
 - b. The client's income exceeds Income Standards.
 - c. The child reaches age 13.
 - d. The child does not live with the client.
- B. The client intentionally submits false information.
- C. The client moves out of state.
- D. The child exceeds allowable absences.
- E. The client/child no longer needs services.
- F. The client did not select a provider within 15 calendar days of notification of eligibility.
- G. The client moves from one county to another. In these situations, the client's services are terminated by the former county.

NOTE: A situation where a client is terminated from a particular provider for not following a facility's policy does not constitute a termination from the ABC Program.

When the ABC Control Center is notified that a client and/or recipient needs to be terminated, the following procedure is followed:

- A. On the date that a termination of a client or recipient is determined necessary, the child care worker starts counting 10 working days

(excluding weekends and holidays), with day one being the next day. The effective date of termination will be the first Monday following the 10th working day from the date of determination.

- B. A termination within the ABC Voucher System will not be backdated. If a request is made for termination that has not followed the 10-working day notice rule, ABC Control Center staff will change the effective date to reflect the 10-working day notice.
- C. A client who is terminated for excessive absences will not be approved for child care services for six months from the effective date of termination. When a termination for excessive absences is required, if the client's end of eligibility is 30 days or less from the day the determination is made that the child has exceeded allowable absences, the termination will not be completed. In those instances, the client will be allowed to continue receiving services for that child until the end of the eligibility period.

NOTE: If the client is currently funded through FI, CPS, or FC at the time of termination, SCDSS may request services again for that client prior to the end of the six months period. The records of a client whose services are reinstated by SCDSS will continue to reflect all absences accrued during the current eligibility period.

For a Welfare Reform (WR) client, recommendations for termination or reinstatement of services will be coordinated between the child care worker and the ABC Control Center. When a WR client has exceeded the allowed number of absences, the ABC Control Center staff will initiate the termination of services to the child, or the entire family as deemed appropriate. This will also include a child who is funded under the CPS or FC set-aside. The ABC Control Center staff will inform the appropriate child care worker in the county SCDSS office the day the determination is made.

4. Notifying Client and Provider of Termination

When a decision to terminate a client/child is reached by the ABC Control Center, the client and provider will be mailed a Denial/Termination Letter that reflects the effective date of termination. The termination notice is intended to:

- A. Give the client time to make other arrangements outside of the ABC Child Care Program
- B. Give program staff adequate time to process the paperwork
- C. Allow timely notification to the client and provider of the termination before the effective date of termination.

The effective date of termination is the first Monday following the 10th working day from the date of determination. (Holidays and weekends are not considered work days.) The client is also sent a notice regarding his/her right to request a fair hearing.

6.12 Client Complaints

During intake, an applicant is informed that they may make a complaint related to child care provided through the ABC Program by calling 1-800-763-2223. A client is encouraged to report concerns or complaints about the following:

- A. A provider whom the client suspects of violating minimum licensing standards
- B. A provider whom the client suspects is not providing quality child care, as defined by the ABC Program Standards.

When a call is received, it is logged-in and maintained. A substantiated complaint is:

- A. Made available to the public upon request.
- B. Placed in the provider's permanent file maintained by ABC Program Monitoring.
- C. Forwarded to the ABC Control Center for necessary action when it results in the provider being terminated from the ABC Program.

ABC Program Monitoring staff in Columbia answers the complaint line and encourages clients to notify SCDSS Child Care Licensing (CCL) when a provider is suspected of violating minimum licensing standards. ABC Program Monitoring also follows up with CCL and notifies the ABC Control Center when a provider's license has been suspended or revoked. A provider will be removed from the enhanced provider list and the vendor agreement will be terminated, suspended, or denied if a provider is not in good standing with CCL.

ABC Program Monitoring determines appropriate action after a complaint is investigated. Investigations may include unannounced on-site visits.

6.13 End of Service Notification

Sixty days prior to a client's services ending, the client and provider receive an end-of-service notice that indicates the last day of ABC child care services. Additionally, the last day of ABC service for a child also appears on the remittance advice which the provider receives when they are paid.

EXCEPTION 1: A child must be connected for more than 60 days of services in order for an end-of-service notice to be generated.

EXCEPTION 2: If services are backdated and the last day of service has already passed, no end of service notice will be generated.

6.14 Close Outs

A close out is requested only when a client is moving from one eligibility category to another. A close out shortens the existing eligibility period so a new application may be entered.

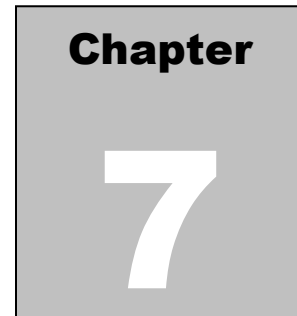
6.15 System Generated Letters

The ABC Voucher System generates letters to inform applicants of action taken regarding their ABC child care services; they are the official documentation for clients and providers. These letters include:

- A. **Eligibility Letter** – This letter is produced when an applicant’s child care application has been keyed into the ABC Voucher System. The letter informs the applicant that the application has been approved, and the child for whom child care services has been requested has been approved.
- B. **Authorization/Connection Letter** – This letter is generated after the ABC Control Center has connected a client’s child to a specific provider. The letter includes:
 - a. Name of provider to whom the child has been connected
 - b. Start and stop dates of the connection to that provider
 - c. Client fee amount to be paid for each child connected
 - d. Rate to be paid the provider for each child
 - e. Total number of weeks each child is connected.
- C. **Services End Letter** – This letter is produced 60 days before the end of a child’s last connection, or the end of the child’s eligibility period, whichever comes last. The letter informs the client and the provider of record that the child’s services are scheduled to end on the date listed, and that the ABC Program is not responsible for any payments for the child after the date indicated.
- D. **Termination Letter** – This letter is generated the day after a client or a child is terminated in the ABC Voucher System. The letter includes:
 - a. Name of child to be terminated
 - b. Reason for the termination
 - c. Effective date of the termination.

A copy of the letter is sent to the client and to the provider of record.

- E. **Provider Termination Letter** - This letter is generated the day after a provider is terminated in the ABC Voucher System. It includes the effective date of the termination and the reason for the termination.
- F. **Client Notice of Provider Termination** – This letter is generated for the client who was connected to a provider who has been terminated in the ABC Voucher System. The letter informs the client of the effective termination date and notifies them of the need to select a new provider.
- G. **Transfer Letter** – This letter is generated when a client is transferring their child from one provider to a new provider. It gives the effective date of the transfer and the name of the child being transferred. A copy of the letter is sent to the client and to the provider of record.



Chapter 7

Payment Information

7.1 Payment Information

The ABC Program reimburses the child care provider directly for services rendered to an eligible client. No payments are remitted directly to the client.

Prior to serving the first ABC child, the provider must be enrolled in the ABC Program. The provider must also submit a connection card or fax to the ABC Control Center or SCDSS must notify the ABC Control Center of the start/stop dates for a child so the connection can be made. Once the initial connections have been made, the Service Voucher Log (SVL) will be generated and sent to the provider. The SVL is the official billing document for the ABC Program. It should be reviewed, completed, and signed by the provider and returned promptly after receipt to ensure timely payment. After the first SVL is generated, the provider receives another each time a payment for reimbursement is mailed. SVL's will continue to generate as long as the provider has active connections which have not been paid.

1. Payment Methods

All providers must submit the SVL before payment can be remitted. There are three different payment methods:

- A. **Direct Deposit:** Direct deposit is offered to all providers. However, the provider must elect to enroll in the direct deposit method. The provider must submit a direct deposit form, [DSS Form 1105](#), along with a voided check to enroll. Once approved to receive their payments via direct deposit, the provider will no longer receive a paper check. However, the SVL and remittance advice forms will continue to be mailed to the provider with every payment cycle.

If a provider is receiving direct deposit payments from another State agency, the child care payments will be made into that same account and may not be changed unless the account is changed with the originating State agency.

If at any time during their enrollment a provider needs to change their account information, they must call the ABC Control Center and must submit a written request along with a new direct deposit form, [DSS Form 1105](#), and a voided check to do so. The pre-note process will take place again and the provider may receive a paper check.

- B. **Debit Card:** Payments on debit cards are offered only to providers operating under a social security number (SSN). Providers operating under a federal identification number (FEIN) cannot be paid via debit. An SSN provider automatically defaults to the debit card payment method upon enrollment.

If a provider receiving child care payments from the ABC Program loses or misplaces their JP Morgan debit card, they must call JP Morgan at 1-866-682-4273 to request a new card.

- C. **Check:** A provider may choose to receive a paper check. In order to do this, the provider must submit a written request to Child Care Payables requesting to be paid by paper check and must indicate the reason why they do not want direct deposit.

Unless the provider is receiving a CAPSS payment or FI benefit via the debit card, the provider may choose to receive a paper check. In order to do this, the provider must submit a written request to Child Care Payables requesting to be paid by paper check and must indicate the reason why they do not want their child care payments via the debit card.

2. Requests for Payment

A request for payment will be honored only after the provider has been authorized to serve the child. Each authorization gives the dates within which a provider may bill. It is the provider's responsibility to maintain this information and bill for only eligible weeks. If a child misses a week due to vacation or illness, the provider may bill for the week, but must report those absences on the SVL. If the provider closes for a week or longer (summer, etc.), the provider must notify the ABC Control Center at least one month in advance, and **must not** bill for that period unless private pay parents are charged as well. A provider is not to bill for a child who has missed 10 consecutive days. If the child does not return on the 11th day, ABC Control Center staff will end the connection on the Sunday following the 10 consecutive absences. The provider can notify the ABC Control Center by making a note on their SVL, calling the provider line, or by sending a letter to the ABC Control Center.

Completing an SVL correctly the first time will ensure payment within 10-14 working days after receipt of the information.

NOTE: Payments over one year old will not be honored.

The provider cannot submit the SVL until the last service date listed on the SVL. An SVL submitted prior to the ending date on the SVL will be returned to the provider and payment will be delayed.

3. Hand-Delivered SVL's

A provider may hand-deliver their completed, signed, original SVL to the drop box located at State Office SCDSS. Child Care Payables staff pick up from the drop box daily. A hand-delivered SVL is processed with all other payments. Delivering the SVL to the drop box does not guarantee a quicker payment. Payment should still be expected to be made within 10-14 working days from the date of receipt.

4. Payment Instructions

Payment is expected to take from 10 to 14 working days from receipt of the completed, signed, original SVL. A provider is asked and expected to wait until the 14th working day before calling about reimbursement. The provider is reimbursed by a paper check, direct deposit, or debit card transfer for services delivered. See [Payment Methods](#) (Section 7.1.1) along with the applicable Remittance Advices, and the next SVL, if appropriate.

A provider receives a Provider Remittance Advice with each reimbursement received. The Provider Remittance Advice identifies the client, child, and payment amount for each transaction making up the payment total. A provider is expected to match the Provider Remittance Advice against the provider's copy of the SVL to ensure proper payment for each transaction.

There are four types of remittance advice forms:

- A. **Paid Remittance Advice:** This form indicates which clients and weeks were paid.
- B. **Rejected Remittance Advice:** This form indicates which clients and weeks were not paid and the reason.
- C. **Adjusted Remittance Advice:** This form indicates if funds were deducted from the provider's check, the amount, and the reason. An adjusted remittance advice is sent only when there have been adjustments to the provider's payment due to overpayments.
- D. **Grant Remittance Advice:** This form indicates the amount of the grant paid.

The provider may call the ABC Control Center (1-800-262-4416) with any questions regarding payment problems, and/or questions about transactions that did not process.

5. Provider Check Pickup

A provider is not allowed to pick up a paper check reimbursement unless extenuating circumstances are present, as determined by ABC Control Center staff and/or Child Care Payables.

6. Provider Adjustments

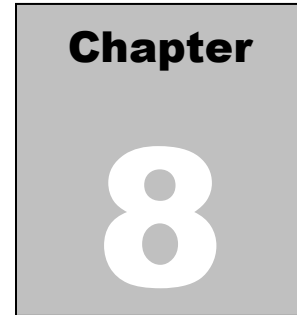
Provider payments will be adjusted when necessary to correct errors made by the payment agency or the service agency. The types of provider adjustments are:

- A. **Receivable Adjustment:** The process of collecting over-payment made to a provider. In this case, funds will be taken back for the specific period requested. The connection will be deleted or shortened once the adjustment is complete.
- B. **Partial Receivable Adjustment:** The process of collecting a portion of the over-payment made to a provider. In this case, one would process the adjustment for the difference between full-time and half-time care. The connection will not change; it will still reflect a full-time connection, but the difference between the full-time and half-time rate will be taken from the provider's payment.
- C. **Partial Payable Adjustment:** The process of paying a provider for an under-payment. In this case, one would process the adjustment for difference between half-time and full-time care. The connection will not change; it will still reflect a half-time connection, but the provider would receive the difference between the half-time and full-time rate.
- D. **Payable Adjustment:** The process of paying a provider for services due that cannot be paid under the normal SVL payment process.

The payment to a provider who owes money and has active connections will be deducted from future reimbursements until the debt has been satisfied.

7. Tax Liens and Levies

If an ABC provider does not pay their applicable state or federal taxes, a lien or levy may be imposed on their ABC reimbursements by the Internal Revenue Service and/or the State Revenue Department through the Comptroller General's Office. The provider's reimbursement will continue to be garnished until the unpaid amount of taxes has been recouped.



Chapter 8

Fair Hearings

8.1 Appeals/Fair Hearings

1. The Client Appeal

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. Lack of funding or the natural ending of services at the end of an eligibility period are not negative actions taken by the ABC Program and will not be allowed to be reasons a client requests an appeal. In instances where a client requests an appeal based on lack of funding or ending of services, the appeal will be dismissed. **Client appeal hearings are held by the agency that makes the decision that the client is appealing.**

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 client/applicant or a person acting on their behalf, such as a 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 an appeal process, the client is responsible for paying for their own child care arrangements. ABC child care services will resume if the decision is in favor of the client.

2. Appeals/Fair Hearings

If a client or provider disagrees with any decision that results in the denial or termination of their ABC Program services, they may request a fair hearing before SCDSS. If the client or provider wishes to appeal the decision, they must notify SCDSS in writing, postmarked within 30 days of receiving a service denial notice or termination letter. The notice of intent to appeal should be directed to:

**South Carolina Department of Social Services
Individual and Provider Rights
P.O. Box 1520
Columbia, South Carolina 29202-1520**

If notice of intent to appeal is not submitted to SCDSS within the 30 day period, the right to challenge the denial or termination will be lost and the decision will become final.

3. Provider Appeals

A provider has the right to request a fair hearing regarding any negative action taken by the ABC Program. Negative actions include, but are not limited to termination from the ABC Program and de-enrollment of a specific care type. The provider must request the fair hearing within 30 days of the negative action by submitting the request in writing to the Division of Individual and Provider Rights (DIPR). Upon receipt of the request, DIPR will schedule the fair hearing and coordinate with SCDSS legal staff as well as the provider and the provider's legal representative as appropriate. ABC Program Monitoring staff are responsible for representing the ABC Program at fair hearings for:

- A. Level A providers
- B. Level B providers.

State Office Child Care Services staff are responsible for representing the ABC Program at fair hearings for:

- A. Level C providers
- B. FFN providers
- C. FNI care providers.

4. Connecting Clients During an Appeal

No new ABC clients will be allowed to connect to an ABC facility during an appeal with SCDSS, the ABC Program or Child Care Licensing. A provider may continue serving a child who is currently connected unless the health and/or safety of the child is jeopardized. However, if a provider is currently caring for a child and the services come up for renewal, or the family is determined to be eligible for extended weeks of care and the provider is under an appeal, the family will have to find alternative child care arrangements.

5. Staff Roles in Appeals/Fair Hearings

When a client requests a fair hearing as a result of a negative action, DIPR will notify the ABC Program. ABC staff are responsible for sending a copy of the denial or termination letter to DIPR.

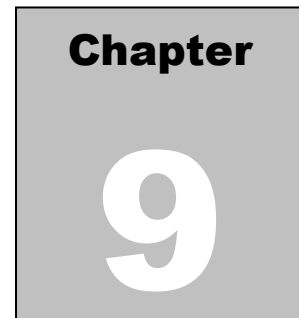
When DIPR schedules the fair hearing for the client, a copy of the letter will be sent to either the State Office or the county SCDSS office, depending on which office initiated the negative action. The appropriate staff is responsible for:

- A. Completing a summary of the situation that led to the negative action
AND
- B. Submitting a copy of the summary, application and supporting documentation to DIPR and the client prior to the scheduled date of the fair hearing.

This information must be completed and sent timely so that DIPR and the client receive it in advance of the scheduled fair hearing date.

A fair hearing will be scheduled via the telephone unless the client requests a face-to-face hearing. On the date of the fair hearing, the appropriate county or State Office staff is responsible for attending the face-to-face hearing or for calling DIPR at (803) 898-8080 before the scheduled telephone hearing. The appropriate staff will represent SCDSS at the hearing, and will be responsible for presenting the facts and situation which led to the negative action which resulted in the denial or termination of the client's child care services.

After the fair hearing, DIPR will send a letter containing the decision of the hearing officer to the client and to the appropriate SCDSS staff person. If the negative action is upheld, no further action is necessary. However, if the negative action is reversed, the staff person is responsible for reinstating child care services for the affected client/child through the end of the existing eligibility period.



Chapter 9

Fraud/Improper Payments

9.1 Misuse of Services

1. Reporting/Investigating Misuse

When circumstances exist that cause a provider or another individual to suspect a client or provider is inappropriately receiving ABC child care services, it should be reported to the ABC Control Center at 1-800-262-4416.

2. Misuse of Services

The client must report and verify the following changes within 10 calendar days of the date the change occurs:

- A. Income
- B. Family size
- C. Address
- D. Employment/educational training status
- E. Change in hours of employment/training/education
- F. Assistance grant
- G. Other circumstances that affect eligibility.

The client is subject to termination of child care assistance and/or prosecution if the client willfully fails to report any changes and continues to receive services for which they are not eligible.

Any individual who provides incorrect information or misrepresents the facts for the purpose of obtaining or attempting to obtain child care services from the ABC Program will be subject to sanctions administered by SCDSS.

3. Determination of Misuse

During the application process, the client is informed that it is their responsibility to provide correct information when the application is completed. Additionally, the client is given a copy of the Applicant Rights and Responsibilities that emphasizes the need for accurate information. Further, the service application includes a statement which must be signed by the client. In signing this statement, the client declares that the information contained within the application is true to the best of their knowledge. The information provided by the client is the basis for determining client intent of misuse of services.

If it is determined that a client intentionally misrepresented themselves, the client will be terminated for life and will not be allowed to apply or receive child care services through the ABC Program.

9.2 Improper Payments

According to the Improper Payments Act of 2002, SCDSS is required to annually review the ABC Program and identify activities which may be susceptible to significant improper payments and submit a report to the federal authorities on the actions taken to reduce improper payments. To this end, there will be a yearly sampling of the ABC child care client cases for review of improper authorizations which could lead to improper payments. These cases will be reviewed to determine if the client was properly authorized for ABC services. Cases in which it is determined a client was not properly authorized will be forwarded to the appropriate child care worker so that the client can be terminated from the ABC Program.

The ABC Program also has controls in place to address an improper payment to a provider. The system adjustment process recoups overpayments to a provider from their next ABC payment. The adjustment process also creates payable adjustments to a provider if the ABC Program underpays a provider for child care services.

9.3 Fraud

The ABC Program receives reports of potential fraud through our 1-800 phones lines and the agency Fraud Hotline. Reports are researched and actions taken as appropriate to terminate child care services.

The ABC Program is required by federal regulations to recover child care payments that are the result of fraud. These payments shall be recovered from the party responsible for committing the fraud. The current system adjustment process addresses recoupment of payments to a provider.

Appendix 1

**CHILD CARE INCOME STANDARDS
OCTOBER 1, 2012 – SEPTEMBER 30, 2013**

Note: A client must have income within the range in the entrance column in order to enter the program. A client will become ineligible when his income exceeds the income in the exit column.

FAMILY SIZE	GROSS FAMILY INCOME			
	MONTHLY		ANNUALLY	
	ENTRANCE	EXIT	ENTRANCE	EXIT
1	\$0 – 1,396	\$1,629	\$0 – 16,755	\$19,548
2	\$0 – 1,891	\$2,207	\$0 – 22,695	\$26,478
3	\$0 – 2,386	\$2,784	\$0 – 28,635	\$33,408
4	\$0 – 2,881	\$3,362	\$0 – 34,575	\$40,338
5	\$0 – 3,376	\$3,939	\$0 – 40,515	\$47,268
6	\$0 – 3,871	\$4,517	\$0 – 46,455	\$54,198
7	\$0 – 4,366	\$5,094	\$0 – 52,395	\$61,128
8	\$0 – 4,861	\$5,672	\$0 – 58,335	\$68,058
9	\$0 – 5,356	\$6,249	\$0 – 64,275	\$74,988
10	\$0 – 5,851	\$6,827	\$0 – 70,215	\$81,918
11	\$0 – 6,346	\$7,404	\$0 – 76,155	\$88,848
12	\$0 – 6,841	\$7,982	\$0 – 82,095	\$95,778
13	\$0 – 7,336	\$8,559	\$0 – 88,035	\$102,708
14	\$0 – 7,831	\$9,137	\$0 – 93,975	\$109,638
15	\$0 – 8,326	\$9,714	\$0 – 99,915	\$116,568
16	\$0 – 8,821	\$10,292	\$0 – 105,855	\$123,498

Note: Entrance is based on 150% of poverty, and exit is based on 175% of poverty.

APPENDIX 2**CHILD DEVELOPMENT FEE SCALE**

The following chart effective October 1, 2012 through September 30, 2013 lists participant fees according to family size and monthly income:

NOTE: The participant fee is per child, per week and must be assessed for all child care eligibility categories with the exception of FI and Foster Care.

Family Size	Monthly Income	Participant Fee	Family Size	Monthly Income	Participant Fee
1	\$0 – 466	\$6.00	2	\$0 – 631	\$6.00
	467 – 931	\$11.00		632 – 1,261	\$11.00
	932 – 1,164	\$14.00		1,262 – 1,576	\$14.00
	1,165 – 1,396	\$17.00		1,577 – 1,891	\$17.00
	1,397 – 1,629	\$20.00		1,892 – 2,207	\$20.00
3	\$0 – 796	\$6.00	4	\$0 – 961	\$6.00
	797 – 1,591	\$11.00		962 – 1,921	\$11.00
	1,592 – 1,989	\$14.00		1,922 – 2,401	\$14.00
	1,990 – 2,386	\$17.00		2,402 – 2,881	\$17.00
	2,387 – 2,784	\$20.00		2,882 – 3,362	\$20.00
5	\$0 – 1,126	\$6.00	6	\$0 – 1,291	\$6.00
	1,127 – 2,251	\$11.00		1,292 – 2,581	\$11.00
	2,252 – 2,814	\$14.00		2,582 – 3,226	\$14.00
	2,815 – 3,376	\$17.00		3,227 – 3,871	\$17.00
	3,377 – 3,939	\$20.00		3,872 – 4,517	\$20.00
7	\$0 – 1,456	\$6.00	8	\$0 – 1,621	\$6.00
	1,457 – 2,911	\$11.00		1,622 – 3,241	\$11.00
	2,912 – 3,639	\$14.00		3,242 – 4,051	\$14.00
	3,640 – 4,366	\$17.00		4,052 – 4,861	\$17.00
	4,367 – 5,094	\$20.00		4,862 – 5,672	\$20.00

CHILD DEVELOPMENT FEE SCALE (Cont'd.)

Family Size	Monthly Income	Participant Fee	Family Size	Monthly Income	Participant Fee
9	\$0 – 1,786	\$6.00	10	\$0 – 1,951	\$6.00
	1,787 – 3,571	\$11.00		1,952 – 3,901	\$11.00
	3,572 – 4,464	\$14.00		3,902 – 4,876	\$14.00
	4,465 – 5,356	\$17.00		4,877 – 5,851	\$17.00
	5,357 – 6,249	\$20.00		5,852 – 6,827	\$20.00
11	\$0 – 2,116	\$6.00	12	\$0 – 2,281	\$6.00
	2,117 – 4,231	\$11.00		2,282 – 4,561	\$11.00
	4,232 – 5,289	\$14.00		4,562 – 5,701	\$14.00
	5,290 – 6,346	\$17.00		5,702 – 6,841	\$17.00
	6,347 – 7,404	\$20.00		6,842 – 7,982	\$20.00
13	\$0 – 2,446	\$6.00	14	\$0 – 2,611	\$6.00
	2,447 – 4,891	\$11.00		2,612 – 5,221	\$11.00
	4,892 – 6,114	\$14.00		5,222 – 6,526	\$14.00
	6,115 – 7,336	\$17.00		6,527 – 7,831	\$17.00
	7,337 – 8,559	\$20.00		7,832 – 9,137	\$20.00
15	\$0 – 2,776	\$6.00	16	\$0 – 2,941	\$6.00
	2,777 – 5,551	\$11.00		2,942 – 5,881	\$11.00
	5,552 – 6,939	\$14.00		5,882 – 7,351	\$14.00
	6,940 – 8,326	\$17.00		7,352 – 8,821	\$17.00
	8,327 – 9,714	\$20.00		8,822 – 10,292	\$20.00

APPENDIX 3

MAXIMUM PAYMENT ALLOWED

ABC CHILD CARE VOUCHER SYSTEM

EFFECTIVE OCTOBER 1, 2011 – SEPTEMBER 30, 2013

ABC CHILD CARE VOUCHER SYSTEM					
MAXIMUM PAYMENT ALLOWED					
EFFECTIVE OCTOBER 1, 2011 – SEPTEMBER 30, 2013					
Care Type	Maximum Weekly Urban Rate	Maximum Weekly Rural Rate	Quality Incentive Bonus	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
LEVEL AA – HIGHEST ACHIEVING CHILD CARE CENTERS (NAC)					
Age 0 through 2 Full Time	\$130	\$97	\$20	\$150	\$117
Age 0 through 2 Half Time	95	65	10	105	75
Age 3 through 5 Full Time	124	93	20	144	113
Age 3 through 5 Half Time	85	67	10	95	77
Age 6 through 12 Full Time	125	85	20	145	105
Age 6 through 12 Half Time	60	55	10	70	65
Special Age 0 through 2 Full Time	150	117	20	170	137
Special Age 0 through 2 Half Time	115	85	10	125	95
Special Age 3 through 5 Full Time	144	113	20	164	133
Special Age 3 through 5 Half Time	105	87	10	115	97
Special Age 6 through 12 Full Time	145	105	20	165	125
Special Age 6 through 12 Half Time	80	75	10	90	85
Special Age 13 through 18 Full Time	145	105	20	165	125
Special Age 13 through 18 Half Time	80	75	10	90	85
LEVEL A - ENVIRONMENTAL RATING SCALE CENTERS (ERS)					
Age 0 through 2 Full Time	\$130	\$97	\$10	\$140	\$107
Age 0 through 2 Half Time	95	65	5	100	70
Age 3 through 5 Full Time	124	93	10	134	103
Age 3 through 5 Half Time	85	67	5	90	72
Age 6 through 12 Full Time	125	85	10	135	95
Age 6 through 12 Half Time	60	55	5	65	60
Special Age 0 through 2 Full Time	150	117	10	160	127
Special Age 0 through 2 Half Time	115	85	5	120	90
Special Age 3 through 5 Full Time	144	113	10	154	123
Special Age 3 through 5 Half Time	105	87	5	110	92
Special Age 6 through 12 Full Time	145	105	10	155	115
Special Age 6 through 12 Half Time	80	75	5	85	80
Special Age 13 through 18 Full Time	145	105	10	155	115
Special Age 13 through 18 Half Time	80	75	5	85	80
LEVEL BB – HIGH SCORING ENHANCED CHILD DAY CARE CENTERS (EPC)					
Age 0 through 2 Full Time	\$112	\$85	\$10	\$122	\$95
Age 0 through 2 Half Time	75	54	5	80	59
Age 3 through 5 Full Time	100	80	10	110	90

ABC CHILD CARE VOUCHER SYSTEM

MAXIMUM PAYMENT ALLOWED

EFFECTIVE OCTOBER 1, 2011 – SEPTEMBER 30, 2013

Care Type	Maximum Weekly Urban Rate	Maximum Weekly Rural Rate	Quality Incentive Bonus	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
Age 3 through 5 Half Time	68	53	5	73	58
Age 6 through 12 Full Time	85	75	10	95	85
Age 6 through 12 Half Time	50	50	5	55	55
Special Age 0 through 2 Full Time	132	105	10	142	115
Special Age 0 through 2 Half Time	95	74	5	100	79
Special Age 3 through 5 Full Time	120	100	10	130	110
Special Age 3 through 5 Half Time	88	73	5	93	78
Special Age 6 through 12 Full Time	105	95	10	115	105
Special Age 6 through 12 Half Time	70	70	5	75	75
Special Age 13 through 18 Full Time	105	95	10	115	105
Special Age 13 through 18 Half Time	70	70	5	75	75
LEVEL B - ENHANCED CHILD CARE CENTERS (ECR)					
Age 0 through 2 Full Time	\$112	\$85	\$5	\$117	\$90
Age 0 through 2 Half Time	75	54	5	80	59
Age 3 through 5 Full Time	100	80	5	105	85
Age 3 through 5 Half Time	68	53	5	73	58
Age 6 through 12 Full Time	85	75	5	90	80
Age 6 through 12 Half Time	50	50	5	55	55
Special Age 0 through 2 Full Time	132	105	5	137	110
Special Age 0 through 2 Half Time	95	74	5	100	79
Special Age 3 through 5 Full Time	120	100	5	125	105
Special Age 3 through 5 Half Time	88	73	5	93	78
Special Age 6 through 12 Full Time	105	95	5	110	100
Special Age 6 through 12 Half Time	70	70	5	75	75
Special Age 13 through 18 Full Time	105	95	5	110	100
Special Age 13 through 18 Half Time	70	70	5	75	75
LEVEL C – PARTICIPATING LICENSED CHILD CARE CENTERS (LRC)					
Age 0 through 2 Full Time	\$105	\$83	\$0	\$105	\$83
Age 0 through 2 Half Time	66	50	0	66	50
Age 3 through 5 Full Time	90	75	0	90	75
Age 3 through 5 Half Time	60	50	0	60	50
Age 6 through 12 Full Time	78	70	0	78	70
Age 6 through 12 Half Time	49	47	0	49	47
Special Age 0 through 2 Full Time	125	103	0	125	103
Special Age 0 through 2 Half Time	86	70	0	86	70
Special Age 3 through 5 Full Time	110	95	0	110	95
Special Age 3 through 5 Half Time	80	70	0	80	70
Special Age 6 through 12 Full Time	98	90	0	98	90
Special Age 6 through 12 Half Time	69	67	0	69	67
Special Age 13 through 18 Full Time	98	90	0	98	90
Special Age 13 through 18 Half Time	69	67	0	69	67
LEVEL NR – EXEMPT/WAIVERED HIGH SCORING ENHANCED CHILD CARE CENTERS (EBB)					
Age 0 through 2 Full Time	\$112	\$85	\$10	\$122	\$95
Age 0 through 2 Half Time	75	54	5	80	59
Age 3 through 5 Full Time	100	80	10	110	90
Age 3 through 5 Half Time	68	53	5	73	58

ABC CHILD CARE VOUCHER SYSTEM

MAXIMUM PAYMENT ALLOWED

EFFECTIVE OCTOBER 1, 2011 – SEPTEMBER 30, 2013

Care Type	Maximum Weekly Urban Rate	Maximum Weekly Rural Rate	Quality Incentive Bonus	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
Age 6 through 12 Full Time	85	75	10	95	85
Age 6 through 12 Half Time	50	50	5	55	55
Special Age 0 through 2 Full Time	132	105	10	142	115
Special Age 0 through 2 Half Time	95	74	5	100	79
Special Age 3 through 5 Full Time	120	100	10	130	110
Special Age 3 through 5 Half Time	88	73	5	93	78
Special Age 6 through 12 Full Time	105	95	10	115	105
Special Age 6 through 12 Half Time	70	70	5	75	75
Special Age 13 through 18 Full Time	105	95	10	115	105
Special Age 13 through 18 Half Time	70	70	5	75	75
LEVEL NR – EXEMPT/WAIVERED ENHANCED CHILD CARE CENTERS (EXB)					
Age 0 through 2 Full Time	\$112	\$85	\$5	\$117	\$90
Age 0 through 2 Half Time	75	54	5	80	59
Age 3 through 5 Full Time	100	80	5	105	85
Age 3 through 5 Half Time	68	53	5	73	58
Age 6 through 12 Full Time	85	75	5	90	80
Age 6 through 12 Half Time	50	50	5	55	55
Special Age 0 through 2 Full Time	132	105	5	137	110
Special Age 0 through 2 Half Time	95	74	5	100	79
Special Age 3 through 5 Full Time	120	100	5	125	105
Special Age 3 through 5 Half Time	88	73	5	93	78
Special Age 6 through 12 Full Time	105	95	5	110	100
Special Age 6 through 12 Half Time	70	70	5	75	75
Special Age 13 through 18 Full Time	105	95	5	110	100
Special Age 13 through 18 Half Time	70	70	5	75	75
LEVEL NR - EXEMPT/WAIVERED PARTICIPATING CHILD CARE CENTERS (EXT)					
Age 0 through 2 Full Time	\$105	\$83	\$0	\$105	\$83
Age 0 through 2 Half Time	66	50	0	66	50
Age 3 through 5 Full Time	90	75	0	90	75
Age 3 through 5 Half Time	60	50	0	60	50
Age 6 through 12 Full Time	78	70	0	78	70
Age 6 through 12 Half Time	49	47	0	49	47
Special Age 0 through 2 Full Time	125	103	0	125	103
Special Age 0 through 2 Half Time	86	70	0	86	70
Special Age 3 through 5 Full Time	110	95	0	110	95
Special Age 3 through 5 Half Time	80	70	0	80	70
Special Age 6 through 12 Full Time	98	90	0	98	90
Special Age 6 through 12 Half Time	69	67	0	69	67
Special Age 13 through 18 Full Time	98	90	0	98	90
Special Age 13 through 18 Half Time	69	67	0	69	67
LEVEL BB – HIGH SCORING ENHANCED GROUP CHILD CARE HOMES (EPG)					
Age 0 through 2 Full Time	\$87	\$70	\$20	\$107	\$90
Age 0 through 2 Half Time	57	45	10	67	55
Age 3 through 5 Full Time	80	70	20	100	90
Age 3 through 5 Half Time	55	45	10	65	55
Age 6 through 12 Full Time	75	65	20	95	85

ABC CHILD CARE VOUCHER SYSTEM

MAXIMUM PAYMENT ALLOWED

EFFECTIVE OCTOBER 1, 2011 – SEPTEMBER 30, 2013

Care Type	Maximum Weekly Urban Rate	Maximum Weekly Rural Rate	Quality Incentive Bonus	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
Age 6 through 12 Half Time	45	45	10	55	55
Special Age 0 through 2 Full Time	107	90	20	127	110
Special Age 0 through 2 Half Time	77	65	10	87	75
Special Age 3 through 5 Full Time	100	90	20	120	110
Special Age 3 through 5 Half Time	75	65	10	85	75
Special Age 6 through 12 Full Time	95	85	20	115	105
Special Age 6 through 12 Half Time	65	65	10	75	75
Special Age 13 through 18 Full Time	95	85	20	115	105
Special Age 13 through 18 Half Time	65	65	10	75	75
LEVEL B - ENHANCED GROUP CHILD CARE HOMES (EGP)					
Age 0 through 2 Full Time	\$87	\$70	\$5	\$92	\$75
Age 0 through 2 Half Time	57	45	5	62	50
Age 3 through 5 Full Time	80	70	5	85	75
Age 3 through 5 Half Time	55	45	5	60	50
Age 6 through 12 Full Time	75	65	5	80	70
Age 6 through 12 Half Time	45	45	5	50	50
Special Age 0 through 2 Full Time	107	90	5	112	95
Special Age 0 through 2 Half Time	77	65	5	82	70
Special Age 3 through 5 Full Time	100	90	5	105	95
Special Age 3 through 5 Half Time	75	65	5	80	70
Special Age 6 through 12 Full Time	95	85	5	100	90
Special Age 6 through 12 Half Time	65	65	5	70	70
Special Age 13 through 18 Full Time	95	85	5	100	90
Special Age 13 through 18 Half Time	65	65	5	70	70
LEVEL C – PARTICIPATING LICENSED GROUP CHILD CARE HOMES (LRG)					
Age 0 through 2 Full Time	\$83	\$70	\$0	\$83	\$70
Age 0 through 2 Half Time	53	45	0	53	45
Age 3 through 5 Full Time	75	65	0	75	65
Age 3 through 5 Half Time	52	45	0	52	45
Age 6 through 12 Full Time	70	65	0	70	65
Age 6 through 12 Half Time	45	40	0	45	40
Special Age 0 through 2 Full Time	103	90	0	103	90
Special Age 0 through 2 Half Time	73	65	0	73	65
Special Age 3 through 5 Full Time	95	85	0	95	85
Special Age 3 through 5 Half Time	72	65	0	72	65
Special Age 6 through 12 Full Time	90	85	0	90	85
Special Age 6 through 12 Half Time	65	60	0	65	60
Special Age 13 through 18 Full Time	90	85	0	90	85
Special Age 13 through 18 Half Time	65	60	0	65	60
LEVEL BB - ENHANCED LICENSED FAMILY CHILD CARE HOMES (EPF)					
Age 0 through 2 Full Time	\$94	\$70	\$20	\$114	\$90
Age 0 through 2 Half Time	62	50	10	72	60
Age 3 through 5 Full Time	85	65	20	105	85
Age 3 through 5 Half Time	65	45	10	75	55
Age 6 through 12 Full Time	75	65	20	95	85
Age 6 through 12 Half Time	50	36	10	60	46

ABC CHILD CARE VOUCHER SYSTEM

MAXIMUM PAYMENT ALLOWED

EFFECTIVE OCTOBER 1, 2011 – SEPTEMBER 30, 2013

Care Type	Maximum Weekly Urban Rate	Maximum Weekly Rural Rate	Quality Incentive Bonus	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
Special Age 0 through 2 Full Time	114	90	20	134	110
Special Age 0 through 2 Half Time	82	70	10	92	80
Special Age 3 through 5 Full Time	105	85	20	125	105
Special Age 3 through 5 Half Time	85	65	10	95	75
Special Age 6 through 12 Full Time	95	85	20	115	105
Special Age 6 through 12 Half Time	70	56	10	80	66
Special Age 13 through 18 Full Time	95	85	20	115	105
Special Age 13 through 18 Half Time	70	56	10	80	66
LEVEL B - ENHANCED REGISTERED FAMILY CHILD CARE HOMES (EFY)					
Age 0 through 2 Full Time	\$94	\$70	\$5	\$99	\$75
Age 0 through 2 Half Time	62	50	5	67	55
Age 3 through 5 Full Time	85	65	5	90	70
Age 3 through 5 Half Time	65	45	5	70	50
Age 6 through 12 Full Time	75	65	5	80	70
Age 6 through 12 Half Time	50	36	5	55	41
Special Age 0 through 2 Full Time	114	90	5	119	95
Special Age 0 through 2 Half Time	82	70	5	87	75
Special Age 3 through 5 Full Time	105	85	5	110	90
Special Age 3 through 5 Half Time	85	65	5	90	70
Special Age 6 through 12 Full Time	95	85	5	100	90
Special Age 6 through 12 Half Time	70	56	5	75	61
Special Age 13 through 18 Full Time	95	85	5	100	90
Special Age 13 through 18 Half Time	70	56	5	75	61
LEVEL CC – PARTICIPATING LICENSED FAMILY CHILD CARE HOMES (LFH)					
Age 0 through 2 Full Time	\$87	\$70	\$0	\$87	\$70
Age 0 through 2 Half Time	60	45	0	60	45
Age 3 through 5 Full Time	80	65	0	80	65
Age 3 through 5 Half Time	50	40	0	50	40
Age 6 through 12 Full Time	70	65	0	70	65
Age 6 through 12 Half Time	43	36	0	43	36
Special Age 0 through 2 Full Time	107	90	0	107	90
Special Age 0 through 2 Half Time	80	65	0	80	65
Special Age 3 through 5 Full Time	100	85	0	100	85
Special Age 3 through 5 Half Time	70	60	0	70	60
Special Age 6 through 12 Full Time	90	85	0	90	85
Special Age 6 through 12 Half Time	63	56	0	63	56
Special Age 13 through 18 Full Time	90	85	0	90	85
Special Age 13 through 18 Half Time	63	56	0	63	56
LEVEL C – PARTICIPATING REGISTERED FAMILY CHILD CARE HOMES (RFH)					
Age 0 through 2 Full Time	\$82	\$65	\$0	\$82	\$65
Age 0 through 2 Half Time	55	40	0	55	40
Age 3 through 5 Full Time	75	60	0	75	60
Age 3 through 5 Half Time	45	40	0	45	40
Age 6 through 12 Full Time	65	60	0	65	60
Age 6 through 12 Half Time	40	36	0	40	36
Special Age 0 through 2 Full Time	102	85	0	102	85

ABC CHILD CARE VOUCHER SYSTEM

MAXIMUM PAYMENT ALLOWED

EFFECTIVE OCTOBER 1, 2011 – SEPTEMBER 30, 2013

Care Type	Maximum Weekly Urban Rate	Maximum Weekly Rural Rate	Quality Incentive Bonus	Maximum Weekly Urban Payment Allowed	Maximum Weekly Rural Payment Allowed
Special Age 0 through 2 Half Time	75	60	0	75	60
Special Age 3 through 5 Full Time	95	80	0	95	80
Special Age 3 through 5 Half Time	65	60	0	65	60
Special Age 6 through 12 Full Time	85	80	0	85	80
Special Age 6 through 12 Half Time	60	56	0	60	56
Special Age 13 through 18 Full Time	85	80	0	85	80
Special Age 13 through 18 Half Time	60	56	0	60	56
LEVEL NA – FAMILY, FRIEND AND NEIGHBOR CARE- PROVIDED IN THE CHILD’S HOME (IHC)					
Age 0 through 2 Full Time	\$45	\$45	\$0	\$45	\$45
Age 0 through 2 Half Time	27	27	0	27	27
Age 3 through 5 Full Time	42	42	0	42	42
Age 3 through 5 Half Time	27	27	0	27	27
Age 6 through 12 Full Time	42	42	0	42	42
Age 6 through 12 Half Time	22	22	0	22	22
Special Age 0 through 2 Full Time	65	65	0	65	65
Special Age 0 through 2 Half Time	47	47	0	47	47
Special Age 3 through 5 Full Time	62	62	0	62	62
Special Age 3 through 5 Half Time	47	47	0	47	47
Special Age 6 through 12 Full Time	62	62	0	62	62
Special Age 6 through 12 Half Time	42	42	0	42	42
Special Age 13 through 18 Full Time	62	62	0	62	62
Special Age 13 through 18 Half Time	42	42	0	42	42
LEVEL NA – FAMILY, FRIEND AND NEIGHBOR CARE –PROVIDED OUT OF THE CHILD’S HOME (SAC)					
Age 0 through 2 Full Time	\$45	\$45	\$0	\$45	\$45
Age 0 through 2 Half Time	27	27	0	27	27
Age 3 through 5 Full Time	42	42	0	42	42
Age 3 through 5 Half Time	27	27	0	27	27
Age 6 through 12 Full Time	42	42	0	42	42
Age 6 through 12 Half Time	22	22	0	22	22
Special Age 0 through 2 Full Time	65	65	0	65	65
Special Age 0 through 2 Half Time	47	47	0	47	47
Special Age 3 through 5 Full Time	62	62	0	62	62
Special Age 3 through 5 Half Time	47	47	0	47	47
Special Age 6 through 12 Full Time	62	62	0	62	62
Special Age 6 through 12 Half Time	42	42	0	42	42
Special Age 13 through 18 Full Time	62	62	0	62	62
Special Age 13 through 18 Half Time	42	42	0	42	42

7/25/11

APPENDIX 4

Urban/Rural County Designation

For the purpose of establishing the maximum payment rates paid by the ABC Program, each county is designated as either a rural or urban county. The maximum payment rates for urban counties are slightly higher than those for rural counties. A county is designated as either urban or rural based on specific criteria as identified by the SCDSS. The following urban/rural designations apply:

Urban		Rural		
Aiken	Greenville	Abbeville	Greenwood	Saluda
Allendale	Horry	Calhoun	Hampton	Union
Anderson	Lexington	Chester	Jasper	Williamsburg
Bamberg	Marion	Chesterfield	Kershaw	
Barnwell	Marlboro	Clarendon	Lancaster	
Beaufort	Pickens	Colleton	Laurens	
Berkeley	Richland	Darlington	Lee	
Charleston	Spartanburg	Dillon	McCormick	
Cherokee	Sumter	Edgefield	Newberry	
Dorchester	York	Fairfield	Oconee	
Florence		Georgetown	Orangeburg	

APPENDIX 5 Scale of Allowable Absences

The following provides information on allowable absences for childcare arrangements.

52 Weeks of Care	= 365 Days	= 31 Days of Absences
50 Weeks of Care	= 350 Days	= 30 Days of Absences
38 Weeks of Care	= 260 Days	= 23 Days of Absences
33 Weeks of Care	= 231 Days	= 20 Days of Absences
13 Weeks of Care	= 91 Days	= 8 Days of Absences
12 Weeks of Care	= 84 Days	= 7 Days of Absences

***** TO FIGURE APPROPRIATE NUMBER OF ALLOWABLE ABSENCES:**

- 1) Convert weeks of care to days
- 2) Multiply days by .086 (which equals number of excused absences).

Example * 9 weeks of care is 63 days (9 x 7 = 63)

* 63 days x .086 = 5.41

* 9 WEEKS OF CARE = 63 days = 5 DAYS ABSENCES

Glossary

ABC Child Care Control Center: (ABC Control Center):

The authorized child care voucher system management center that is available to provide assistance to clients and providers, and to handle child care applications, funding and connecting.

Providers call: 1-800-262-4416 for notification requirements and/or questions concerning ABC Voucher Program procedures.

Parents call: 1-800-476-0199 for any questions.

ABC Child Care Program (ABC Program):

The South Carolina statewide child care assistance program funded by the Child Care and Development Fund (CCDF), Social Services Block Grant (SSBG) and State match.

ABC Child Care Program Monitoring (ABC Program Monitoring):

The entity that enrolls, monitors, and provides technical assistance to providers enrolled in the ABC Program, and makes all changes to a provider's file. There are two offices of ABC Program Monitoring; one located in Columbia and one in Greenville.

ABC Child Care Voucher System (ABC Voucher System):

Automated child care eligibility system used to process the child care application, connect children to providers, and make payments to the providers.

Absence:

When the child is **not** present (absent all day) at the provider's facility during the service unit (week) either due to illness, vacation, or court-ordered non-custodial visitation or for other known or unknown reasons.

ACC:

Applicant Child Care

A/R:

Applicant/Recipient

Adjustments:

Adjustments are made to payments to a provider that has been over paid or under paid for a particular timeframe. There are four types of adjustments:

- 1) Receivable Adjustment: The process of collecting an over-payment made to providers. In this case, funds will be taken back for the specific period requested. The connection will be deleted or shortened once

adjustment is complete.

- 2) **Partial Receivable Adjustment:** The process of collecting a portion of the over-payment made to providers. In this case one would actually process the adjustment for the difference between FT and HT care. The connection will not change; it will still reflect a FT connection but the difference between the FT and HT rate will be taken from the provider's payment.
- 3) **Partial Payable Adjustment:** The process of paying a provider for under-payment. In this case one would actually process the adjustment for difference between HT and FT care. The connection will not change; it will still reflect a HT connection but the provider would receive the difference between the HT and FT rate.
- 4) **Payable Adjustment:** The process of paying a provider for services due that cannot be paid under the normal SVL payment process.

Authorized Service Period:

The specific time frame that child care services are authorized to a client and a specific provider.

BBA:

Balanced Budget Act

Billing Rate:

The provider's weekly service rate minus any applicable client fee, and any discount for a second child.

Care Type:

The age groups 0-2, 3-5, 6-12 or 13-19 when special needs in which the provider has enrolled with the ABC Program. Providers cannot offer services to ABC clients or receive payment for service in a care type in which they have not been enrolled.

CCC:

Child Care Center

CCDF:

Child Care Development Fund

CCL:

Child Care Licensing

CDC:

Child Development Center

Center-based Care:

Facility licensed by SCDSS to serve 13 or more children.

Child:

The recipient of child care services.

Child Care Payables Department:

The area that is responsible for overseeing the receipt, tracking and processing of all child care payments for the ABC Program. This area is also known as Fiscal or Child Care Expenditures.

Child Name:

The first and last name of the child that is eligible to receive child care services.

Child Number:

The client's Social Security number plus the two digit code 01, 02, etc. assigned to the child. It identifies the child for the purpose of payment and system activities.

Providers should never change the assigned child number.

CHIP:

Client History Information Profile

Client/Client Name:

An individual who has met the eligibility criteria and is funded for child care. The client is listed on the SVL by the initial of their first name and their last name.

Example: S. Jones

Client Fee:

That portion of the provider's weekly service rate (cost) which is based on the client's family size and income, and paid by the client directly to the provider. The fee amount is established by SCDSS on the basis of family size and gross family income.

Client Number/ID:

The client's Social Security Number (SSN). This number identifies all client activity in the system. The on-line SVL will list only the last four digits of the SSN.

Client Termination of Eligibility:

Action taken when the client is no longer eligible for services. Once notified that the client is terminated, the provider is not eligible for payment for services. Proper notice is always given when terminating child care services.

CM:

Casemanager

CPS:

Child Protective Services

Connection:

A start and stop date (linked to a specific provider) within the ABC Voucher System.

Connection Card:

The blue card or fax that must be completed by both the client and the child care provider and submitted to the ABC Control Center for approval prior to the child starting the facility.

DIPR:

Division of Individual and Provider Rights

Drop/Transfer:

The date indicated by the provider of when a child stopped attending the facility or moved to another child care provider.

Eligibility Period:

The potential amount of time for which a client can receive child care services. Eligibility periods are for 52 weeks and may be shortened based on the client's individual eligibility needs.

Emancipation Statement:

A NOTARIZED statement signed by both parents stating that the parents have entirely surrendered the responsibility of the care and custody of the minor and the right to the minor's earnings and is under no legal obligation to support the minor. The ABC Program uses this statement for eligibility purposes only. However, this information may be made available under the Freedom of Information Act.

End Date:

The last date of service authorization.

ERS:

Environment Rating Scales

Facility Cost:

The cost a provider charges all parents for a week of child care. Note: Parents are responsible for the difference between the facility cost and the amount paid by the ABC Program, plus any applicable client fee.

Family Child Care Home (FCCH):

Home registered or licensed by SCDSS to serve no more than six children.

Family Household Unit:

Term used by the ABC Child Care Program to refer to an FI Benefit Group (BG). Per the FI Policy Manual, a BG is considered the group of individuals whose income, resources, and/or needs impact the eligibility and amount of benefits in an FI case. BG members include sanctioned and disqualified individuals, as well as Family Cap children.

Family Independence (FI):

Child care assistance provided to current FI stipend clients to encourage participation in approved employment, education, or training activities. These requirements are met through the Family Independence Program in South Carolina in an effort to emphasize parental responsibility and self-determination.

Family Independence Stipend:

A monthly payment made to a family who meets the required eligibility standards; previously referred to as Welfare or AFDC.

FEIN:

Federal Identification Number

FI CARES Program:

Family Independence Challenging Adults Through Rehabilitation, Education and Services Program.

FI/CO:

Family Independence Child-Only

Fiscal/Child Care Expenditures:

The area that is responsible for overseeing the receipt, tracking and processing of all child care payments for the ABC Program. This area is also known as Child Care Payables.

FLSA:

Fair Labor Standards Act

FOIA:

Freedom of Information Act

Foster Care (FC):

Children who are in the custody of SCDSS, and placed out of their home by and/or under the supervision of SCDSS.

Full-Time Care:

Thirty or more hours of child care service provided during one week. There is no outer limit for full-time care.

Funded:

Any child for whom dollars have been allocated in their name.

GED:

General Equivalency Diploma

Group Child Care Home (GCCH):

Home or building licensed by SCDSS to serve no more than 12 children.

Half-Time Care:

Less than thirty (30) hours, but more than fifteen (15) hours of child care service provided during one week.

HS:

Human Services

HUD:

Housing and Urban Development

IFCCS:

Intensive Foster Care and Clinical Services

IHC:

In-Home Child Care

IIRIRA:

Illegal Immigration Reform and Immigration Responsibility Act

In Loco Parentis:

In the position or place of a parent.

IRS:

Internal Revenue Service

LES:

Leave Earning Statement

Less than Half-Time Care (LHT):

Less than fifteen (15) hours of child care services provided during a week. No registration fee is allowed for this care-type. This care-type only applies to Welfare Reform participants (**FI, TCC1, TCC2, TCC/24, and TCC/FS**) receiving subsidized child care and can be used in conjunction with a full or half-time connection and may be used alone. It cannot be used in conjunction with F/T or H/T to pay the same provider.

Letter 147-C

IRS Form; EIN Previously Assigned. The taxpayer and/or their authorized representative must call the IRS Business and Specialty Tax Line at 1-800-829-4933 to request the Letter 147-C, EIN Previously Assigned. A practitioner may call the Practitioner Priority Service (PPS) Line at 1-866-860-4259 for verbal confirmation. A faxed or written verification will not be provided to the practitioner calling PPS.

Level A:

Exemplary programs measured against rigorous quality standards.

Level B:

Programs measured against quality standards beyond basic state regulations.

Level C:

Programs meeting basic licensing regulations (health & safety).

OHAN:

Out-of-Home Abuse and Neglect

Maximum Rate:

Maximum weekly rates established by SCDSS on the basis of a market rate survey of urban and rural counties, type of facility, and care types.

Processed:

When a payment has gone through the payment process.

Provider:

An authorized child care group, home, or center-based facility or a non-regulated care arrangement provided by family, friends, or neighbors to care for eligible children with the ABC Program.

PROWA:

Personal Responsibility and Work Opportunity Act

Provider Number:

The Federal Employer Identification Number [FEIN] or Social Security Number (SSN) of the provider. This number identifies the provider for purposes of payment, tracking and reporting.

Registration Fee:

A fee most providers charge to client's participating in a child care program. This fee covers program costs not included in the service rate i.e., insurance, materials, supplies. This fee may not exceed the fee charged to private-paying children in the child care program. Registration fees are automatically paid based on registration information submitted by the provider at initial enrollment. A provider is not eligible for a registration fee for clients receiving less than half-time care. The provider may require the client to pay the fee if the client has used up their allocation for registration fees.

Remittance Advice:

A document included with the provider's check. There are three different types:

- 1) Paid Remittance Advice: indicates what clients and weeks were paid
- 2) Rejected Remittance Advice: indicates which clients and weeks were not paid and the reason
- 3) Adjusted Remittance Advice: indicates if funds were deducted from the provider's check, the amount, and the reason. An Adjusted Remittance Advice is sent only when there have been adjustments to the provider's payment due to overpayments.

SAC:

Self-Arranged Child Care

SCDE:

South Carolina Department of Education

SCDSS:

South Carolina Department of Social Services

Second Child Discount:

The second child discount is a discount that is determined by the provider at enrollment to apply to families with multiple children. The second child discount applies to all children in the family **except** the youngest.

Service Codes:

Those codes assigned to identify the type of payment being made to the provider, i.e. CS for client services, RF for registration fees, and GR for grants.

Service Cost:

The provider rate as reflected in the ABC Voucher System.

Service Unit:

One week of child care [Monday - Sunday]. A service unit may be for half-time, full-time, or less than half-time child care.

Service Voucher Log [SVL]:

A pre-printed payment request form used to process payments to providers for eligible clients.

SNAP:

Supplemental Nutrition Assistance Program

SSA:

Social Security Administration

SSBG:

Social Services Block Grant

SSI:

Supplemental Security Income

SSN:

Social Security Number

Start Date:

The date services are authorized to begin by SCDSS or the ABC Program/ABC Control Center staff.

Stop Date:

The last date of service authorization. Services are not paid past this date.

TANF:

Temporary Assistance for Needy Families

TCC:

Transitional Child Care

TCC/FS:

Transitional Child Care/Full Family Sanction.

Two-Parent Family:

A Benefit Group (BG) in which two or more parents are included in the family as defined in the FI Policy Manual.

USCIS:

United States Citizenship and Immigration Services

USDA:
United States Department of Agriculture

VISTA:
Volunteers in Service to America

Week:
Monday through Sunday

FORMS

THE FOLLOWING FORMS AND LETTERS ARE FOR REFERENCE ONLY

**PLEASE CONSULT THE MASTER FORMS INDEX
FOR THE ORIGINAL FORM**

DSS Form 1105	Authorization Agreement and Enrollment Form for Electronic Vendor Payment and Remittance Advice
DSS Form 1247	Medical Release/Physician's Statement
DSS Form 1269	Request for Support Services
DSS Form 3004	CPS/Foster Care Child Care Referral Form
DSS Form 3772	Client Rights and Responsibilities
DSS Form 3772 SPA	Client Rights and Responsibilities (Spanish Version)
DSS Form 3773	Level C Provider Rate Certification Form
DSS Form 3774	FFN Child Care Enrollment Agreement Form
DSS Form 3776	FFN Child Care Certification
DSS Form 3778	Health and Safety Grant Reimbursement Request
DSS Form 3781	Pre-Authorization Notice
DSS Form 3791	ABC Child Care Application
DSS Form 3791 SPA	ABC Child Care Application (Spanish Version)
DSS Form 37101	Level C Provider Enrollment Form and Agreement
DSS Form 37102	Level C Business Procedures
DSS Form 37103	FFN Provider Business Procedures
DSS Form 37104	Parent Handbook
DSS Form 37105	Level A and B Provider Business Procedures
DSS Form 37106-1	Level A Provider Agreement
DSS Form 37106-2	Level B Provider Agreement

DSS Form 37107	Level A and B Provider Rate Form
DSS Form 37108	Level A and B Provider Enrollment Form
DSS Form 37109	Fair Hearing Process
DSS Form 37110	Client Eligibility Worksheet
DSS Form 37117	Guardianship/In Loco Parentis Verification
DSS Form 37124	FFN Central Registry Release of Information and Consent Form
Transfer Letter	
Services End Letter	
Provider Termination Letter	
Eligibility Letter	
Authorization/Connection Letter	

What's New

What's New - Vol 017 Effective 10.01.12

Manual Section 2.11 Section has been revised to update the verbiage in the Note regarding child care assistance for Child Welfare cases and to reiterate that it is the sending state's responsibility to provide assistance to the child when a child is placed in South Carolina from another state.

Manual Section 5.1.2 Section has been revised to state that as of September 1, 2009, a GCCH provider must meet the same fire codes as a CCC provider, and that some county zoning offices no longer allow GCCH providers. Also, a provider who resides in a mobile home needs to contact the State Fire Marshal's Office to determine if the structure meets fire codes.

Manual Section 5.6 Section has been revised to state that a child care payment may be made for a CPS/Foster child who requires an out-of-state placement where the care is provided by a child care center. Out-of-state family, group or informal child care arrangements will not be authorized.

Manual Section 6.7 Section has been revised to state that a child care payment may be made for a CPS/Foster child who requires an out-of-state placement where the care is provided by a child care center.

Appendix 1 The Child Care Income Standards chart has been updated to reflect the current income limits which are effective October 1, 2012 through September 30, 2013.

Appendix 2 The Child Development Fee Scale has been updated to reflect the current participation fees which are effective October 1, 2012 through September 30, 2013.

What's New - Vol 016 Effective 08.01.1

Manual Section 1.4 Section has been revised to include a Note which states that child care staff should refer any questionable situations regarding suspected abuse or neglect of a child to a supervisor.

Manual Section 2.1.1 Section has been revised to include a Note which states that notarized statements from friends or relatives are not acceptable methods for verification of residency.

Manual Section 2.1.6 Section has been revised to clarify the Note by adding that the loco parentis form or other documentation must be available to verify why a dependent child who is not in the FI or SNAP budget is in the home when determining who is in the family household unit.

Manual Section 2.1.7 Section has been revised to state that the child care worker may use CHIP information to verify income information when other documentation is not provided.

Manual Section 2.2.1 Section has been revised to clarify policy regarding the use of internet and social networking sites when researching cases, verifying information and determining eligibility.

Manual Section 2.2.2 Section has been revised to include a Note which states that notarized statements from friends or relatives are not acceptable methods for verification of an absent parent.

Manual Section 2.2.7 Section has been revised to state that child care may be denied or closed for a client who has been employed in the same self-employment business for at least one year without any substantial changes and is not making at least minimum wage.

Manual Section 2.4.1 Section has been revised to state that the ABC Child Care Application, DSS Form 3791, should be completed with the client by the FI CM, and not by the child care worker.

Manual Section 2.5 Section has been revised to state that an FI parent is responsible for paying the difference in what the ABC Program pays and what the provider charges, if applicable. Likewise, FI child care may be authorized up to 26 weeks at a time; additional weeks may be added up to 52 weeks per application.

What's New - Vol 016 Effective 08.01.12 (Cont'd.)

Manual Section 2.5.1 Section has been revised to state that FI-CARES child care may be authorized up to 26 weeks; additional weeks may be added up to 52 weeks per application.

Manual Section 2.5.3 Section has been revised to state that in FI/CO two-parent families, both parents/caretakers must be working at least part-time.

Manual Section 2.8 Section has been revised to include a Note which states that only part-time children may be authorized for the second year of Transitional Child Care (TCC2) regardless of the client's work schedule.

Manual Section 2.9.2 Section has been revised to include a Note which states that only part-time child care may be authorized for the second year of Transitional Child Care (TCC24-2).

Manual Section 2.10.2 Section has been revised to include a Note which states that only part-time child care may be authorized for the second year of Transitional Child Care (TCC/FS-2).

Manual Section 2.13 Section has been revised to state that funding for the criminal domestic violence category is limited and is only for a lifetime maximum of 52 weeks.

Manual Section 3.2.2 Section has been revised to state that staff should document the memo field as soon as possible once an actual SSN has been received.

Manual Section 3.2.4 Section has been revised to state that when custody is in question, CHIP screens may be used as verification.

Manual Section 3.2.5 Section has been revised to indicate that a signed application is not required for a family moving from JUMMP/ACC to JUMMP/FI and JUMMP/TCC1 as these are treated as seamless eligibility.

Manual Section 3.6 Section has been revised to state that the parent handbook contains the options sheet for choosing a child care provider, a holiday schedule, and a copy of the client's rights and responsibilities.

What's New - Vol 016 Effective 08.01.12 (Cont'd.)

Manual Section 4.1 Section has been revised to include the ABC Program website addresses: childcare.sc.gov, abcqualitycare.org, and scchildcare.org as resource guides that a client may use to help find quality child care.

Manual Section 4.1.10 Section has been revised to state that the Authorization/ Connection letter includes the client name and the last four digits of the client's SSN.

Manual Section 4.1.11 Section has been revised to clarify that the termination policy relating to children who do not connect to a provider also applies to children who do not reconnect to a provider.

Manual Section 5.2.5 Section has been revised to include a person who is employed by SCDSS within the State, Regional or County offices as an individual who is not eligible to be enrolled in the ABC Program.

Manual Section 5.6.5 Section has been revised to include a person who is employed by SCDSS within the State, Regional or County offices as an individual who is not eligible to be a Family, Friend, or Neighbor provider in the ABC Program.

Manual Section 5.16.3 Section has been revised to include the Child Care Enrollment and Agreement Form, DSS Form 3774, as a form that a Level C Family, Friend or Neighbor provider may request from the ABC Child Care Control Center when wishing to increase their rates.

Manual Section 5.18.2 Section entitled 'Process for Incomplete Applications' has been added to clarify policy regarding the time frame in which a potential client or provider must follow when applying for enrollment in the ABC Program.

Manual Section 5.18.3 Section entitled 'Denials for Incomplete Applications' has been added to clarify policy regarding the denial of child care services when a client or provider fails to submit a completed application package within the deadline.

Manual Section 6.3 Section has been renamed from 'Interrupted Activities' to 'Breaks in Work, School or Training' and has been revised to clarify the termination policy relating to when a client stops working or attending school or training.

Table of Contents has been updated to include a **Forms** sections.

What's New - Vol 015 Effective 04.01.12

Manual Section 2.16 Section has been revised to clarify the policy regarding the Special Needs application process for parents whose child has a documented disability or special need. Child care may only be authorized for the child with the disability or special need; other children who are listed on the application who do not have a documented disability or special need will not be approved for services under the special needs funding.

Manual Section 2.7 Section has been revised to add a new CHIP closure code for transitional child care (first year).

Please review Chapter 5, Provider Information, in its entirety for significant revisions, specifically Manual Section 5.6.4, which relates to Central Registry and Sex Offender checks required for Family, Friend and Neighbor providers.

Manual Section 5.6.4 Section has been updated to include a Note which clarifies policy regarding the use of internet and social networking sites when researching cases, verifying information and determining eligibility.

Manual Section 6.1.1 Section has been revised to state that when a waiver has not been granted for an allowable absence, the absence will count and the child will be terminated when the number of allowable absences is exceeded. A second Example is also provided to illustrate what is considered an allowable absence when a parent/child is authorized for half-time care.

Manual Section 6.1.2 Section has been revised to clarify the policy when a client/child is terminated for excessive absences and the client or the provider wishes to submit documentation which may show that the absences in question should be allowed. Documentation submitted after the termination date will not be reviewed.

Manual Section 9.1 Section has been updated to clarify the reporting process when potential fraud is suspected.

What's New - Vol 014 Effective 10.01.11

Manual Section 2.1.4 Section has been revised to clarify the Note to state that when a child care worker is keying a case for a child(ren) where the parent is not a legal citizen, but the child(ren) is, a pseudo SSN must be created for the parent in order to process the application. The child care worker must no longer use the oldest child's SSN.

Manual Section 2.10.1 Section has been added to clarify that eligibility for TCC/FS-1 begins the first month of FI benefit ineligibility due to full family sanction.

Manual Section 2.10.2 Section has been added to clarify that a client who completes TCC/FS-1 may reapply for an additional 12-month period based on the availability of child care funding. The child care category for the second year is TCC/FS-2.

Manual Section 2.11.4 Section has been revised to state that in a CPS-In case, a family can receive only 26 weeks of child care. An additional 26 weeks may be granted if approved by the County Director (not to exceed 52 weeks). A Note has also been added to state that CPS clients who are not working, in school, or training can receive up to full-time child care as needed. Finally, if the family's income is above the maximum exit income in a CPS-In case, the fee is assessed at a dollar less than the maximum exit amount.

Manual Section 2.11.5 Section has been revised to state that in a CPS-Out case, a client who is not working, in school, or training can receive up to full-time child care as needed.

Manual Section 4.1.7 Section has been revised to state that registration fees are automated and paid on a provider's SVL~ after a child has had three consecutive paid weeks of services.

Manual Section 5.1.4 Section has been retitled and revised to state that Self-Arranged Child Care (SAC) is now referred to as Family, Friend, and Neighbor Care (FFN) and to clarify the two types of FFN care: 1) Child care provided in the home of the *family member, friend or neighbor* is coded as FNO in the ABC Voucher System; 2) Child care provided in the home of the *child* is coded as FNI in the ABC Voucher System. Policy regarding In-home Child Care (IHC), unregulated child care provided in the child's home, now falls under FNI criteria. **All references to SAC have been changed to FFN; all references to IHC have been changed to FNI.**

What's New - Vol 014 Effective 10.01.11 (Cont'd.)

Manual Section 5.6.4 Section has been retitled and revised to state that Self-Arranged Child Care (SAC) is now Family, Friend and Neighbor Care (FFN).

Manual Section 5.6.5 Section has been retitled and revised to reflect that former policy regarding the denial of SAC arrangements applies to the denial of FFN arrangements.

Manual Section 5.6.6 Section has been retitled and revised to state that policy regarding In-Home Care (IHC) applies to Family, Friend, and Neighbor Care (In the Child's Home) (FNI).

Manual Section 5.8 Section has been revised to state that when a second child discount is applied, it will remain in effect until the connection ends, the child transfers to another provider, or eligibility ends.

Manual Section 6.9 Section has been added to clarify termination procedures a child care worker should take when a client moves to another county.

Manual Section 6.10 Section has been revised to add that when a client moves to another county, a new application is required and a re-determination is necessary.

Manual Section 6.11.3 Section has been revised to state that when a client or child is no longer eligible for services, the county child care worker must request the termination by documenting the request in the memo field and 67 the case.

Appendix 1 has been updated to list the current Child Care Income Standards which are effective October 1, 2011 through September 30, 2012.

Appendix 2 has been updated to list the current Child Development Fee Scale which is effective October 1, 2011 through September 30, 2012.

What's New - Vol 013 Effective 09.01.11

Chapter 3, Application Process, has been reformatted to provide a clearer understanding of the application process and its relevance to the program purpose. Sections are entitled as follows:

- 3.1 Intake and Application
- 3.2 Child Care Application
- 3.3 Applicant Rights and Responsibilities
- 3.4 Child Care Income Standards
- 3.5 Eligibility Worksheet

Chapter 4, Provider Authorization, is a new chapter which incorporates policy previously found in Chapter 3. Sections are entitled as follows:

- 4.1 Provider Authorization/Connection
- 4.2 Immunizations

Chapter 5, Provider Information, includes policy previously found in Chapter 4. Sections are entitled as follows:

- 5.1 Child Care Provider Definitions
- 5.2 Required Regulatory Status
- 5.3 Grants
- 5.4 ABC Parent/Caretaker/Guardian Who Owns a Child Care Program
- 5.5 Licensing/Registration Requirements
- 5.6 Provider Selections and Types
- 5.7 Maximum Payment Rates
- 5.8 Second Child Discounts
- 5.9 Provider Rate Changes
- 5.10 Records
- 5.11 Termination of a Provider's Enrollment
- 5.12 Re-enrollment
- 5.13 Amendments to a Provider's File

The remaining chapters have been renumbered as follows:

Chapter 6, Case Management

Chapter 7, Payment Information

Chapter 8, Fair Hearings

Chapter 9, Fraud/Improper Payments

What's New - Vol 012 Effective 08.01.11

Manual Section 3.2 Section has been revised to change the link for Pseudo/Temporary Social Security Numbers.

Manual Section 2.1.9 Section has been revised to state that children's earnings are excluded when computing gross income for eligibility purposes UNLESS the child is emancipated or is a teen paren with an FI benefit case in his/her own name.

Manual Section 2.1.9 Section has been revised to add the Montgomery GI Bill to the list of loans or grants which are excluded when calculating an undergraduate student's income for eligibility purposes.

Manual Section 2.6.1 Section has been revised to clarify the criteria a Two-Parent Family must follow in order to qualify for part-time child care assistance.

Manual Section 2.11 Section entitled **Low-Income Applicant Child Care (LIACC)** has been deleted as the agency no longer has funding available for this eligibility category. Sections 2.12 through 2.17 are now 2.11 through 2.16.

Manual Section 2.11.6 Section has been revised to state that a foster care case must be keyed using the foster child's actual income. If there is no income, then a zero dollar amount (\$0) should be entered.

Manual Section 3.4.2 Section has been revised to change the acronym for less-than half-time care from LTHT to LHT. The Glossary has also been updated to reflect this change.

Manual Section 4.6.4 Section has been revised to remove verbiage stating that the ABC Program authorizes services to an eligible client who chooses an SAC provider and that the name, address, and telephone number of the local SCDCSS office will be given to those clients who are interested in using an SAC provider.

The section has also been revised to include verbiage stating that a client's request for an SAC provider for all funding sources is processed through the ABC Control Center, except CPS/FC cases, unless an exception is approved.

Manual Section 4.6.5 Section has been revised to state that a potential SAC provider(s) must be denied when he/she resides in the same household as the child approved for child care services. The verbiage stating that if a child care worker cannot validate the need for child care services, the arrangement will not be approved has been removed.

What's New - Vol 011 Effective 11.01.10

Please review Chapter 2, specifically Sections 2.5.3 and 2.9, for important changes to the following eligibility categories: FI-Child Only (FI/CO) and Transitional Child Care (TCC24).

Manual Section 2.5.3 Item C has been revised to remove verbiage regarding a parent/caretaker relative's temporary or permanent disability and how the disability related to FI/CO child care eligibility.

Manual Section 2.7 Item A has been revised to state that with regards to TCC1 eligibility, an individual's case must be closed (rather than terminated) from FI due to earned income exceeding FI income guidelines. The CHIP Closure Code chart has also been updated to clarify the CHIP codes and reasons for closure/denial actions.

Manual Section 2.8 Item A has been revised to state that the eligibility category TCC2 is for an individual whose first year of TCC and TCC/FS (no longer TCC24) is ending.

Manual Section 2.9 Section has been revised to remove verbiage regarding TCC24 employment criteria and to distinguish between TCC24-1 and TCC24-2.

Manual Section 3.7 Section has been revised to include information about the use of the DSS Form 3781, Pre-Authorization Notice.

Manual Section 4.6.6 Section has been revised to clarify that an in-home child care provider must be at least 21 years of age and cannot live in the same household as the child. Additionally, the ABC Program will not pay for child care services to any member of the household in which the child(ren) reside(s).

DSS Form 3781 has been revised. It is a Pre-Authorization Notice for use by the child care workers in the county, if necessary, to give child care providers a child care start date. Frequently, providers ask for written approval that a child(ren) has been approved for child care services through the ABC Program. If the provider requires written authorization prior to receipt of the official Authorization/Connection Letter generated by the ABC Voucher System, then this notice may be used. This should be helpful when providers need to accept a child(ren) for emergency placement, such as CPS or Foster Care child care arrangements.

The new ABC Child Care Application, DSS Form 3791, will be in the master forms index November 1, 2010. This application will be used for all child care categories entered into the ABC Child Care Voucher System.

The DSS Form 37110 and DSS Form 37111, Eligibility Worksheets, are being merged into one form. Effective November 1, 2010, all child care staff will use the DSS Form 37110, Client Eligibility Worksheet.

DSS Form 3782 is no longer available.

What's New - Vol 010 Effective 10.01.10

References to Protect-In and Protect-Out have been changed throughout the manual to CPS-In and CPS-Out, respectively, to correlate with changes recently made to the ABC Voucher System

Appendix 1 The Child Care Income Standards chart has been updated to reflect the effective dates of October 1, 2010, through September 30, 2011. Please note the federal government extended the 2010 Federal Poverty Guidelines; therefore, the income guideline amounts did not change this year.

Appendix 2 The Child Development Fee Scale has been updated to reflect the effective dates of October 1, 2010, through September 30, 2011. Please note the federal government extended the 2010 Federal Poverty Guidelines; therefore, the income guideline amounts did not change this year.

What's New - Vol 009 Effective 09.01.10

Manual Section 1.2.1 Section has been revised to clarify the length of time a worker is to maintain client and provider case files.

Manual Section 2.1.2 Section has been revised to clarify that the age an applicant must be in order to apply for the ABC Program does not apply to FI and FI/CO fund sources.

Manual Section 2.1.5 Section has been revised to clarify the specific requirements an applicant must meet before being determined eligible to receive child care assistance.

Manual Section 2.1.6 Section has been revised to clarify family definitions with regards to the following:

- D:** A Note has been added to clarify policy relating to a dependent child(ren) who is in either the FI, FI/CO or TCC category.
- G:** A teen parent living with his/her own parent/caretaker who has his/her own FI benefit case.
- I:** A foster parent's employment status when determining the eligibility of a foster child to receive child care assistance.
- J:** The age a minor may be considered emancipated and that an emancipated minor is not included in the FI or SNAP budget.

Manual Section 2.12.3 Section has been revised to clarify that in a CPS case, the parent/caretaker is responsible for paying to the provider the difference between what the provider charges and what the ABC Program pays for.

Manual Section 2.12.4 Section has been revised to clarify that in a CPS-In case, if the parent/caretaker refuses to provide income verification, the child care worker must enter income in the Voucher System at \$1.00 below entrance maximum in order to assess the client fee. Also, the HS CM must sign the application if the parent/caretaker refuses.

Manual Section 2.12.5 Section has been revised to clarify that in a CPS-Out case, if the parent/caretaker refuses to provide income verification, the child care worker must enter income in the Voucher System at \$1.00 below entrance maximum in order to assess the client fee. Also, the HS CM must sign the application if the parent/caretaker refuses .

Manual Section 5.4 Section has been revised to clarify which documents in a case file need to be maintained by the child care worker.

Glossary The acronym for the Supplemental Nutrition Assistance Program (SNAP) has been added.

What's New - Vol 008 Effective 06.01.10

Manual Section 4.4 Section has been revised to clarify that a parent/caretaker or guardian who owns a registered FCCH, licensed GCCH, or center will not receive child care assistance for any child in his/her custody.

What's New - Vol 007 Effective 03.01.10

Manual Section 2.1.7 Note has been revised to state that overtime will be counted when it appears on at least half of the paystubs submitted with a child care application, even if the overtime pay amounts vary with each paystub.

Manual Section 2.2.5 A paragraph has been added to clarify the policy used to determine full-time and part-time child care assistance for a parent/guardian who attends school.

Manual Section 3.4.2 Section has been revised to state that less-than-half-time care (LTHT) may be used in conjunction with a full-time or half-time care arrangement or it may be used alone; however, it cannot be used to pay the same child care provider.

Manual Section 7.1.1 Section has been revised to state that an appeal hearing will be dismissed if the reason for the appeal is due to either lack of funding or the natural ending of services at the end of the eligibility period.

Less than Half-Time Care (LTHT): A Glossary entry has been added to define less-than-half-time care.

What's New - Vol 006 Effective 02.01.10

Manual Section 2.6 Section has been revised to state that an individual whose FI benefit ends due to the 24-month FI time limit may apply for Transitional Child Care (TCC) and if eligible may be authorized for up to two years.

Manual Section 2.7 Section has been revised to add a Note which states that TCC1 may be authorized for up to 52 weeks. The CHIP closure reason for the CHIP closure code 'TL' has also been changed to 'Closed due to FI time limit'.

Manual Section 2.9 Section has been revised to state that an individual who qualifies for TCC24 for 12 months may reapply for an additional 12-month period if funding permits.

Manual Section 2.10 Section has been revised to state that an individual who qualifies may receive TCC/FS for 12 months and may reapply for an additional 12-month period if funding permits.

Manual Section 2.12.6 Section has been revised to state that employment verification may be provided on company/business letterhead indicating that the foster parent is employed and his/her work hours. Actual wages do not have to be provided.

Manual Section 3.3.3 Section has been revised to replace Appendix 6 with DSS Form 37117, Guardianship/In Loco Parentis Verification.

Manual Section 4.4 Section has been updated to reflect that an ABC parent/foster parent who owns a licensed/registered center will not receive assistance to provide care for his/her own child or foster child. This is not a change in policy. The word 'center' was inadvertently omitted in previous volumes.

Manual Section 4.6.5 Section has been revised to clarify that an SAC arrangement must be denied when the provider is a member of the same FI/FS family household unit as the parent applying for child care, even if a member of the FI/FS household unit has been disqualified and is not in the FI/FS budget.

What's New - Vol 005 Effective 12.01.09

Manual Section 2.1.7 Section has been revised to clarify types of employment defined as income.

Manual Section 4.12 Sections 4.12 and 4.12.1 have been revised to clarify that a terminated provider may not re-enroll in the ABC Child Care Program at any level.

What's New - Vol 004 Effective 11.01.09

Manual Section 3.3.3 A Note has been added to state that the Guardianship/In Loco Parentis Form must be notarized.

Manual Section 4.6.4 Section has been revised to clarify that if an SAC provider wants to care for more than one unrelated family, the provider must become licensed or registered in order to continue receiving payments for child care services.

Manual Section 4.6.5 List has been revised to add that an individual receiving ABC vouchers for his/her own child(ren) cannot become an SAC provider.

Manual Section 5.10.1 Section has been revised to clarify that a provider has the right to stop serving a client or child, rather than terminating services. Only the ABC Program can terminate child care assistance for a client.

Appendix 3 The Maximum Payment Allowed chart has been revised to reflect the effective dates from October 1, 2009 to September 30, 2011.

What's New - Vol 003 Effective 10.01.09

Manual Section 2.4.1 Section has been revised to include the application process for Applicant Child Care.

Manual Section 2.4.2 Section was created to clarify the process used to enroll a provider in the ABC Program.

Manual Section 2.4.3 Section has been revised to clarify policy regarding determining eligibility for FI for a client receiving ACC.

Manual Section 2.12 A Note has been added to clarify those children who are not eligible for child care services through the ABC Program.

Manual Section 2.12.5 Section has been revised to include the specific information the Human Services worker must give to the child care worker.

What's New - Vol 002 Effective 09.01.09

Manual Section 2.1.1 The military identification card listed under Residency (#E) has been removed as acceptable proof of residency for child care applicants.

Manual Section 2.5.3 The following Exception (under # B) has been added as this verbiage was inadvertently omitted in the initial version of the ABC Policy Manual effective August 1, 2009: **EXCEPTION: A parent(s) who receives SSI may be eligible for child care assistance if he/she is either employed at least part-time or participating in an activity (training or education) that will enable him/her to become employed in the future.**

Manual Section 2.12.8 Policy regarding child care assistance for the baby of a foster child has been revised to state the following: "The foster parent(s) must be employed and the foster child must be attending school or be employed in conjunction with school attendance."

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date

CLIENT NAME
CLIENT ADDRESS

Dear CLIENT NAME:

Our records show that you have chosen PROVIDER NAME, Site # 00, located at PROVIDER ADDRESS, to serve your child(ren).

Child	Care Type	Provider Rate	Client Fee	Client # Billing Rate	Start Date	Stop Date	Weeks of Care
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We will pay for your child care services from the start date through the stop date **unless services are terminated early**. *Child care services provided before or after the start and stop dates will not be paid for by the ABC Child Care Voucher System unless you are otherwise notified in writing by us.* **IF THE PROVIDER SERVES THE CHILD PRIOR TO THE START DATE, YOU ARE RESPONSIBLE FOR THE FULL COST OF THE SERVICE.**

If the provider's weekly rate exceeds what ABC will pay, you are responsible for paying the difference. You are also responsible for the regular weekly client fee. The ABC Voucher System may notify you in writing of service ending prior to the stop date.

Provider note: Please be reminded that you can not serve more children than you are licensed to serve.

If you have questions, please call us at 1-800-476-0199.

Sincerely,
ABC Child Care Voucher System

cc: PROVIDER NAME
PROVIDER ADDRESS

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date

CLIENT NAME
CLIENT ADDRESS

Dear CLIENT NAME:

This is to inform you that your child care application has been approved for the following child(ren):

CHILD NAME	CHILD #	CARE TYPE	WEEKS AUTHORIZED
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You have 15 calendar days in which to select a child care provider. If you need help locating ABC providers in your area, you may request a listing of child care providers in your county by calling 1-800-476-0199.

We will be mailing you a packet of information that will help you better understand the ABC Child Care Program. The packet includes a blue connection card which you will need to complete and send back to us after you select your child care provider. The connection card provides the information needed to authorize that provider to serve your child(ren). **NOTE: We will pay for service ONLY after the provider is authorized and a connection is made.**

If you have questions, you may call us at 1-800-476-0199 or you may write us at:

ABC Child Care Program
P.O. Box 100160
Columbia, SC 29202-3160

Sincerely,

ABC Child Care Voucher System

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date

PROVIDER NAME (Site #)
PROVIDER ADDRESS

Dear **PROVIDER NAME**:

This is to inform you that you are being terminated as a provider in the ABC Child Care Voucher System effective 00/00/0000 for the following reason:

TERMINATED – CENTER CLOSED

We are notifying those ABC System clients that you are currently serving that we will be unable to pay for services after the effective date of termination.

Please call **1-800-262-4416** if you have questions concerning this action.

Sincerely,

ABC Child Care Voucher System

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
ABC CHILD CARE VOUCHER SYSTEM, DIVISION OF FAMILY ASSISTANCE, P.O. BOX 100160, COLUMBIA, SC 29202-3160

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date

CLIENT NAME
CLIENT ADDRESS

Dear CLIENT NAME:

The child care funding you are currently receiving through the ABC Child Care Voucher System will end on the date(s) listed below for the child(ren) identified below.

CLIENT ID #:

CHILD #	CHILD NAME	SERVICE STOP DATE	SITE #
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Funds are no longer available to pay for services beyond the service stop date shown above. **If your children continue to be served by your provider after the service stop date, you will be responsible for the full cost of your child care.**

Please call ABC Child Care Voucher System Control Center at 1-800-476-0199 if you have questions or write us at:

ABC Child Care Program
P.O. Box 100160
Columbia, SC 29202-3160

Sincerely,
ABC Child Care Voucher System

cc: **PROVIDER NAME (Site #)**
PROVIDER ADDRESS

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date

CLIENT NAME
CLIENT ADDRESS

Dear CLIENT NAME:

This is to inform you that your ABC Child Care Voucher System services will terminate for the child(ren) listed below as of 00/00/0000 for the reason stated:

CHILD NAME TERMINATED – CLIENT NOT ELIGIBLE

If your services are being terminated due to excessive absence, you may or may not be allowed to re-apply for child care services for six months from the date of termination. If you have questions concerning this action, please contact the ABC Voucher System Control Center in writing.

Sincerely,

ABC Child Care Voucher System

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date

PROVIDER NAME
PROVIDER ADDRESS

Dear PROVIDER NAME (site #):

This is to inform you that the child listed below will be transferring to another provider. The effective date of this transfer is 00/00/0000. The ABC Child Care Voucher System will not pay you for services for this child after the transfer date.

CHILD #	CHILD NAME	TRANSFER DATE
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If you have questions concerning this action, you may contact the ABC Child Care Voucher System Control Center at 1-800-262-4416.

Sincerely,

ABC Child Care Voucher System

cc: PROVIDER NAME
PROVIDER ADDRESS

PROVIDER BUSINESS PROCEDURES

Level **C**

The South Carolina
ABC Child Care Program

childcare.sc.gov or abcqualitycare.org
1-800-262-4416

P.O. Box 100160 • Columbia, SC 29202-3160

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INTRODUCTION

These policies and procedures were developed as a guide for the operating practices of the payment, documentation, and reporting system for the ABC Child Care Program, hereafter referred to as the ABC Program. Upon notification to providers, the DSS, at its sole discretion, may amend these policies and procedures. Once notified in writing, the provider shall be responsible for compliance to the amended policy and procedure for the purpose defined. Provider compliance will help to ensure timely and proper payment.

THE PROVIDER MUST REVIEW THESE PROCEDURES SO THAT THEY WILL HAVE AN UNDERSTANDING OF WHAT IS REQUIRED.

PROCEDURES

1. PROVIDER SELECTION

Before any provider can be authorized to serve a client, as a Level C provider, the provider must complete the following forms in order to be enrolled as a provider in the ABC Child Care Program for payment.

- Level C Provider Enrollment Form
- Level C Provider Agreement (Must be completed every three years from initial enrollment)
- Level C Provider Rate Form
- IRS Form W-9
- IRS Form Ltr. 147-C or 554 if provider uses EIN # or copy of Social Security card if provider uses SSN.
- Copy of SC Drivers' License or SC State ID if operating under a SSN.

The provider must review all forms for accuracy, sign where applicable and return to the ABC Control Center. **Payment to a provider cannot begin until these forms are approved and keyed.**

New forms should be completed if any information regarding the provider's facility changes, i.e., address, facility or license capacity, etc.

Parental Choice

The ABC Program advocates parental choice, and clients are responsible for selecting the provider of their choice.

A new client or a client already receiving services at a provider, who wants to transfer to a new provider may choose you as their child care provider. When a client chooses you to care for their child(ren), you should:

(Refer to section 7, Transfer, for more detailed information)

- a. See at least one acceptable ID of the client to ensure proper identification.
- b. Complete, along with the client, the blue client connection card or client connection fax form and mail to the ABC Control Center or fax to 1-800-310-5417, in order to connect the client to their program and initiate the payment process for that client. The provider may receive the blue connection card or fax form from the ABC Control Center or from the parent to obtain authorization to begin services to the client. This must be done in time to receive approval before serving the client.

DO NOT SERVE THE CLIENT BEFORE RECEIVING WRITTEN APPROVAL FROM THE ABC PROGRAM! IF YOU DO, THE ABC PROGRAM WILL NOT BE RESPONSIBLE FOR PAYMENT.

IMPORTANT NOTE: The provider cannot accept a child for a care type (age group) for which they have not been authorized. A provider may be authorized for full-time care type, but not half-time, etc. If providers are unsure as to the care types for which they are authorized, they should call the ABC Control Center. Care types may be added at the provider's request and upon determination by the ABC Control Center that the program meets requirements.

- c. Upon receipt of the Connection card or fax, the ABC Control Center will verify that the client is eligible to receive services, and that the provider is enrolled to serve the care type requested. The ABC Control Center will then authorize the provider to serve the client (if the client has complied with transfer procedures) and make the necessary "connection" in the system with an established start date.
- d. The provider, along with the client, will receive an "Authorization/Connection Letter" confirming the connection, mailed by the ABC Control Center. The letter will include information such as the authorization date, provider billing rate, client fee, care type authorized and number of weeks of care.
THIS IS THE PROVIDER'S AUTHORIZATION LETTER. THE PROVIDER MUST NOT SERVE THE CLIENT BEFORE RECEIVING THE AUTHORIZATION LETTER WITH THE APPROVED DATE.
SPECIAL NOTE: If the clients fail to attend the child care program for 10 consecutive days after authorization is given, the provider must notify the ABC Control Center on the 11th day and discontinue billing.

2. MAXIMUM CARE ALLOWED

Clients can receive up to a maximum of 52 weeks of care during any one-year period of eligibility. This may be full-time care, part-time or a combination of the two. The number of weeks approved and the type of care is determined at client eligibility.

Note: Less than half-time care may be in conjunction with full or half-time care and may be used alone. It cannot be used to pay the same child care provider.

3. ABSENCES

Each child is allowed a certain number of absences based on the number of weeks of care that is authorized. The maximum allowable days a child can be absent is 31 days, which is allocated only when weeks of care is authorized. If a child is authorized for less than 52 weeks of care, they will receive a pro-rated share of allowable absences based on the number of weeks of service they receive. All absences must be documented. If a child is absent, zero must be entered on the SVL. (Must indicate actual absences and reason codes.)

- a. The ABC Program will pay the weekly rate for the child when absences occur. However, once the child has exceeded the allowable absences, the child may be terminated by the ABC Control Center with the provider receiving written notification. If absences are for an illness, the ABC Control Center must receive a doctor's statement, prior to the effective termination date, in order for the absences to be waived.
- b. If a child misses 10 consecutive days without a waiver, the provider must discontinue billing and notify the ABC Control Center. If the child returns to the provider on the 11th day, the provider may bill for the 10 consecutive days of absences and submit those days as absences. If the child does not return, services will terminate on the Sunday following the 10th consecutive absence. You must indicate on the SVL the last date attended (drop/transfer) and the last date you expect payment (pay until).

NOTE: If the child does not return on the 11th day and payment is rendered past the 10 days of absences, the amount of over-payment will be deducted from the provider's check.

- c. You should enter "0" for the number of hours attended in the hours box and you must enter the appropriate absence (ABS) code in the ABS code box. You will see the absence reason codes under the service dates box at the top of the SVL or in the drop down box if you are on-line. Failure to record the total hours attended and/or the absence reason code, will result in your SVL being returned to you and will delay your payment.

EXAMPLE: A parent may work three 12-hour shifts on Monday, Tuesday and Thursday, and decide to keep the child home on Wednesday and Friday. The child would not be considered absent on Wednesday or Friday because they don't normally attend on these days; however, if the child failed to attend on the other days, they would be considered absent. The provider must discuss the child's schedule and agree on an arrangement with the parent upon accepting the child.

4. PAYMENT

A. Service Voucher Log (SVL)

The Service Voucher Log (SVL) is the official payment document for the ABC Child Care Program used to request reimbursement of child care services provided to eligible children participating in the ABC Child Care Program. Enrolled ABC Child Care providers may choose to receive either the paper version of the SVL or enroll in the On-line SVL system. To participate in the On-Line SVL system, the provider must be an active, enrolled child care provider in the ABC Child Care Program and must call the ABC Child Care Program Control Center at 1-800-262-4416 to request the change from the paper SVL to the On-line SVL.

The SVL (both paper and On-line) is a pre-populated document that lists the children for whom payment is due, any applicable registration fees, and the weekly reimbursement rate per child. Child care providers are required to verify on the SVL that they served the children, record the actual hours attended (total hours) per day, record any absences and select the correct absence code, and insert a drop/transfer and pay until date if a child no longer attends the facility.

B. Initial Service Voucher Log

When a client selects an enrolled ABC child care provider, the first SVL will generate when that initial connection has been made. The SVL's generate during the nightly batch process.

A new SVL is generated with each payment that is made and will continue to generate as long as there are active connections which have not paid to the provider.

C. General Payment Information

- You must complete and send in the SVL in order to be paid.
- As soon as you get the SVL, review it carefully. You must record hours attended (whole hours) or, if absent, you must record "0" and the reason code for each absence in the ABS code box.
- You must sign and mail the original copy of the SVL back to the address on the SVL or submit your SVL via the On-line SVL system.
NOTE: Your SVL cannot be submitted prior to the ending date of the SVL.
EXAMPLE: If the week of 10/03/11 through 10/09/11 appears on your SVL, you cannot submit your SVL prior to 10/09/11.
- You must keep a copy of the submitted SVL for your records.
- Payment is expected to take from 10 to 14 working days from the date the ABC Program receives the original, completed, signed SVL or the electronic version of the SVL. Providers are required to wait until after the 14th working day before calling about reimbursement.
- The provider may call the ABC Control Center (1-800-262-4416) with questions regarding payment or transactions that did not process.
- If a child misses an entire week, illness, etc., you may ask to be paid for the week. You are required to record "0" in the hour's box and you must enter the appropriate absence code in the ABS code box on the SVL.
- If you are not able to care for the child(ren) for an entire week, you may not be paid for that week. The child may need to go to another child care provider and the ABC Program will not pay two child care providers for the same week of care. You must contact the ABC Control Center at 1-800-262-4416 in advance with this information.

When you get your payment, your next SVL will come with a “Remittance Advice” that tells you which child has been paid for or if you have not been paid for a child. The following describes three types of “Remittance Advice” statements a provider will or can receive with each payment:

- a. Paid Provider Remittance Advice: This will be received with each check. The Paid Remittance Advice will identify the client, child and payment amount for each transaction on the submitted SVL which make up the check total. Providers are to match the Paid Remittance Advice against the provider’s copy of the SVL to ensure proper payment for each transaction.
- b. Rejected Remittance Advice: This may be included. It identifies the children who were not paid for and the reason.
- c. Adjusted Remittance Advice: This may also be included, if funds were deducted from the provider’s check. Funds can be deducted if an overpayment occurred.

5. PROVIDER RATE CHANGES

a. Rate Increases

Providers who increase their child care rates may request a rate increase form at any time.

- The provider must call the ABC Control Center and request a Rate Change Form.
- The form is completed by the provider and returned with the required documentation.
- Once approved, the rate increase will not immediately take effect for those clients currently being served by the provider. The payment rate will remain the same until the client’s eligibility period is renewed. If the client continues to select the provider, then the new payment rate will be effective for the client with the date of their new eligibility period.

EXCEPTION: Foster children are the only clients immediately connected at the new rate.

- Any new clients selecting the provider on or after the date of the rate increase will be paid at the new rate.
- If the provider charges more than the maximum allowed by the ABC Program, only the maximum will be paid. The provider may require the client to pay the difference between their rate and the maximum paid.

b. Rate Decreases

Providers who decrease their rates **must** notify the ABC Control Center and request a Rate Change Form.

- The same procedures as outlined in Rate Increases will be followed with the exception that all rate decreases will be effective immediately for all children.

6. CLIENT FEES

The client fee is based on family size and income and is determined by the ABC Program. **The provider is responsible for the collection of client fees in advance of service delivery and documenting that those fees are paid in a timely manner.** The ABC Program assumes no responsibility for collection or payment of client fees.

Foster parents and clients participating in the Family Independence Program do not pay client fees. However, they are responsible for the difference between the provider’s rate and the maximum rate paid by the ABC Program, if the provider’s rate exceeds the maximum amount.

- a. The client fee is to be collected weekly in advance of service delivery. ****Providers should not let clients get behind on their weekly fees. (Refer to the Special Note under Client Transfer – section 7.)**

- b. The provider may discontinue services to the client when client fees are not paid and the provider must inform the ABC Control Center before discontinuing services to a client for failure to pay the client fee.

7. CLIENT TRANSFER

Clients may transfer from one provider to another.

- a. Clients must notify the ABC Control Center either by telephone or in writing and receive approval **prior** to the transfer.
- b. Clients may be required to adhere to the provider's **established** policy for notification of transfer.
- c. The effective date of the transfer will be the 1st Monday following the 7th working day after the ABC Control Center receives the telephone call or written notice from the client requesting the transfer. To determine the effective date of transfer, the day the ABC Control Center receives the telephone call or written notice is considered day one of the notice (see Exception). Then begin counting seven working days from that date. In counting the seven days, do not include state observed holidays (i.e., Fourth of July, Labor Day, etc.) or weekends, as they are not considered working days. Whatever date the 7th working day falls on, the transfer date will be the first Monday after that date.
EXAMPLE: Request is made on Wednesday. Counting seven working days beginning with Wednesday, the 7th working day would fall on Thursday of the next week. The transfer date would be the first Monday following that Thursday.
EXCEPTION: If notification is received on a Thursday, then Friday is counted as day one. If notification is received on any other day of the week (Monday, Tuesday, Wednesday or Friday), that same day is always counted as day one.
- d. Notice may be waived under unusual circumstances if requested by the client and approved by the ABC Control Center. The ABC Control Center will notify providers, in writing, if waivers are approved.
- e. The previous provider will not be paid after the start date is established for the new provider. **THE ABC PROGRAM WILL NOT PAY TWO PROVIDERS FOR THE SAME WEEK.**
- f. The previous provider will be notified in writing via a transfer letter of the client's last authorized day of service.
****SPECIAL NOTE: Clients with unpaid fees at the time of the transfer will still be allowed to transfer. It is the responsibility of the provider to ensure client fees are paid timely.**

8. RECORDS

These records are required to be kept on-site and will be reviewed by DSS. Providers should establish good record keeping methods and maintain all documentation in an orderly fashion. Records shall be maintained on site for a period of three years, however if the case is in an audit, it must be retained through the completion of the audit.

a. Attendance

- Daily attendance records must be maintained for each child served through the ABC Program.
- Attendance may be documented in several different ways by recording days of attendance and days of absences on a roll book or log sheet to include the USDA Log sheet, or sign-in/sign-out sheets or computer logs, etc.
IMPORTANT NOTE: If the provider uses sign-in/sign-out sheets, and the parents fail to sign-in and also sign-out, the DSS Auditors may recoup funds.
NOTE: Actual hours attended in whole hours or if absent "0" in hours section and the appropriate ABS code must be reported to the ABC Control Center via the SVL. The child's name on the attendance log must match the name on the SVL. Use the child's given name, not a nickname.
- Records must match the absences reported on the SVL submitted for the period.

PROVIDERS MUST ACCURATELY REPORT ALL ABSENCES ON THE SVL INDICATING THE "0" HOURS ATTENDED AND ABS REASON CODE FOR THE ABSENCE AND ACTUAL NUMBER OF HOURS ATTENDED DAILY (WHOLE HOURS).

- **Providers who do not maintain daily attendance or accurate records may be required to repay funds if the provider cannot provide documentation that the child attended the program.**

b. Service Voucher Log (SVL)

- The providers must maintain paper copies of the submitted SVL on-site for a period of three years for audit purposes. The original is mailed to the ABC Program. Provider must keep a copy for their records.
- The providers must review the SVL against the Provider's Remittance Advice. An explanation of the different Remittance Advice statements are noted in Section 4, Payment.

c. Client/Child Records

An individual file should be kept on-site for each child enrolled through the ABC Program. Information should include, but not be limited to, the following:

- Parent's name, child's complete name (especially if last name is different than parent), Social Security number of parent
- It is helpful to cross-reference each child's file with other children from the same family, especially when the last names are different
- ABC Authorization/Connection Letter - describes the client's name and name of the child, amount of billing, start and stop dates, client fee amount (if applicable) and type of care OR
- Any correspondence from the ABC Program received to the client.

9. CHANGES TO A LEVEL C PROVIDER ENROLLMENT

A provider's file can be changed at any time. A change can be initiated by the provider and/or the ABC Control Center.

The provider must notify the ABC Control Center if changes need to be made to their enrollment.

**** PLEASE DO NOT SEND ANY CHANGES WITH YOUR SVL.**

Changes may occur for but are not limited to, the following reasons:

A. Provider Moves

If the provider **MOVES** to another facility, the following must occur:

- The provider must notify the ABC Control Center as soon as possible, but no later than 15 days prior to the move.
- **The provider must serve children only at the facility enrolled.** When a provider moves, the License/Registration becomes invalid, and the provider must obtain a new License/Registration for the new location.
- If regulatory requirements are met, the provider's enrollment is amended, and the provider will be allowed to serve the children at the new facility.
- If the provider does not meet regulatory requirements at the new facility, the enrollment will be terminated.

B. Provider Sells

If the provider **SELLS** their child care business, the following must occur:

- **The provider must notify the ABC Control Center within 30 days of the sale.**

VERY IMPORTANT NOTE: It is extremely crucial to notify the ABC Control Center of the sale of the facility so that payment under the provider's Tax ID number can be stopped. If the provider fails to do this and the new owner continues to receive the SVLs and submits them, payment will continue to be made under the provider's Tax ID, and thus **they are responsible** for payment of taxes due. The ABC Program cannot be held responsible when providers fail to notify the ABC Program of the sale. Providers should not send this notification in with their last SVL, but must call or write the ABC Program directly.

- The provider's enrollment will be terminated effective with the date of the sale, or the date the provider ceases providing services to clients, if that date is before the sale date.

C. Adding or Deleting Additional Age Group

Providers can request to add another age group(s) not previously authorized.

- Providers must contact the ABC Control Center to request an additional age group be added.
- Providers must meet regulatory requirements for age group(s) served.
- Providers can request to add half-time or full-time for an age group for which they are already authorized.
- Providers should request to delete an age group if they are no longer serving an age group or do not want to be authorized for that age group.
- The ABC Program may delete an age group if it is determined that the provider is no longer serving that age group or is not meeting regulatory requirements for that age group.

D. Change in Facility's Regulatory Status

The provider must notify the ABC Control Center if one of the following occurs:

- If provider changes from Family to Group.
- If provider changes from Family or Group to a Center.
- If provider changes from a Group to a Family.
- If provider changes from Center to a Family or Group.

The provider must notify the ABC Control Center immediately if their registration or license is revoked or the application for renewal is denied by DSS.

E. Facility Becomes Accredited or Loses Accreditation

When a facility is accredited by a DSS approved accrediting agency, the provider should:

- Notify the ABC Control Center and submit documentation of accreditation.
- If the facility is accredited and loses the accreditation, the provider must notify the ABC Control Center immediately.

F. Change in Name of Child Care Facility

If the provider changes the name of the child care facility they must:

- Notify the ABC Control Center in writing.
- Submit a signed W-9 Tax form which can be requested from the ABC Control Center.

G. Change in Director of Child Care Facility

When the director of the child care facility changes:

- Notify the ABC Control Center in writing or by telephone.

H. Change in Mailing/Payment Address

If there is a change in the facility address where services are provided (other than the provider has moved), such as a change because of 911 or change in the payment address:

- Notify the ABC Control Center in writing.
- Submit a signed W-9 Tax form which can be requested from the ABC Control Center.

I. Change in Telephone Numbers

When there is a change of the provider's telephone number, the provider must:

- Notify the ABC Control Center in writing.

J. Working Telephone

The provider must maintain a working telephone at all times, at the facility where services are being delivered. If the provider's telephone number changes, they must:

- Notify the ABC Control Center in writing or by telephone.
- Non-published numbers are not allowed.
- Failure to maintain a working telephone will result in a report being made to DSS Child Care Licensing and/or may result in termination from the ABC Program.

10. DISCONTINUING SERVICES TO ABC CLIENTS

a. Discontinuing Services by the Provider

Providers have a right to stop serving a client or child if either is disruptive to the program or does not comply with the provider's established policies. Providers must notify clients and the ABC Control Center by calling the provider line at (800-262-4416) before discontinuing services to the client.

- The reason for discontinuation must be included, i.e., failure to pay fees, parent does not pick child up on time or child displays disruptive behavior, etc.
- The ending date will be the last day of the service week (always a Sunday), in which the provider asked the client to leave.
- Clients should be notified by the provider (preferably in writing) a minimum of three working days in advance of the effective termination date.
- Clients should be allowed to finish any week in which the provider has billed for the client. Failure to allow the child to finish out a week will result in an early release, which would require the provider to forfeit any notice.

b. Termination by the ABC Program

The ABC Control Center may terminate a client's child care services. Once a decision has been reached to terminate services, the provider will receive written verification.

- If termination is initiated by the ABC Control Center, the provider and client will be notified in writing that the client's services are being terminated and all payments for services rendered after the termination date become the client's responsibility.
- The provider will be mailed a Denial/Termination Letter that reflects the effective date of termination and the reason for the termination. A minimum of 10 working days advance notice will be given from the date the determination to end services is made, unless extenuating circumstances exist, in which a waiver is given to the client.

11. TERMINATION OF A PROVIDER'S ENROLLMENT

TERMINATION BY DSS

The ABC Program will terminate any ABC child care provider if the provider fails to comply with the requirements of the ABC Program and criteria for enrollment at the Level enrolled. To maintain enrollment in the ABC Program at any ABC Level, providers are required to meet regulatory requirements, and attendance and payment documentation requirements at all times. A child care facility will be terminated as an ABC provider for, but not limited to, the following reasons:

1. **Failure to Meet Regulatory Requirements** – If the provider's regulatory status is revoked, denied, or suspended, or an injunction is issued to close the facility, the provider's enrollment will be terminated. The termination of enrollment process shall be initiated immediately.

If a provider is under appeal with Child Care Licensing and deficiencies or violations are found that ***are life threatening or pose an immediate and substantial threat to the health and/or safety of the children enrolled***, the Child Care Services Director can make the decision to remove all ABC children from the facility during the appeals process. If an injunction is issued to close the facility by Child Care Licensing, then the children will be removed immediately.

2. **Failure to Maintain History of Compliance** -

History of Compliance is defined as having:

No frequent (3 or more within 6 months) deficiencies *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*

- a) **Maintaining Staff-Child Ratios Requirements** – Providers shall at all times maintain staff:child ratios. When it has been determined a provider has failed to meet the required staff-child ratios 3 or more times during any 6-month period, the termination of enrollment process will be initiated.
 - b) **Maintaining Supervision Requirements** – Providers shall at all times maintain supervision requirements. When it has been determined that a provider has failed to meet supervision of children requirements 3 or more times during any 6-month period, the termination of enrollment process will be initiated.
 - c) **Maintaining Regulatory Capacity** – Providers shall at all times maintain the facility's regulatory capacity. When it has been determined a provider has exceeded the regulatory capacity at a facility 3 or more times during any 6-month period, the termination of enrollment process will be initiated.
 - d) **Maintaining Health and Safety Regulations** - Providers shall at all times maintain health and safety regulations. When it has been determined that the provider has received multiple violations which affect the health and safety of children, the termination of enrollment process will be initiated.
3. No multiple (3 or more within 6 months) deficiencies *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*
 - a) **Maintaining A Combination of Ratios, Supervision, Regulatory Capacity, or Health and Safety** – When it has been determined a provider has failed to meet a combination of ratios, supervision, regulatory capacity requirements or health and safety (#a, b, c, and d above) during any on-site visit, or individually for 3 or more times during any six month period (i.e., 1st violation ratios, 2nd violation supervision, 3rd violation ratios), the termination of enrollment process will be initiated.
 4. At least one caregiver with cardiopulmonary resuscitation (CPR) certification and pediatric first aid certification who is on-site at all times when children are in care.
 - a) **Meeting CPR and First Aid Certification** – Providers shall at all times have one caregiver with CPR and FA on-site. When it has been determined that a provider has failed to meet the CPR/First Aid Certification coverage at a facility 3 or more times during any 6-month period, the termination of enrollment process will be initiated.
 5. Maintaining history of Compliance in which **no** significant event occurs that poses a substantial threat to *the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*
 6. **OHAN Finding(s)** –
If a staff's name at an ABC facility is entered into the Central Registry, and the perpetrator is not barred from the facility, the termination of enrollment process will be initiated immediately. For Family/Group facilities, the termination of enrollment process will initiated immediately. The Child Care Services Director can make a decision to remove all ABC children from the facility during the appeals process.
 7. **Facility Moves** - If the facility moves to another location, and the new location does not meet regulatory requirements, the termination of enrollment process will be initiated.
 8. **Failure to Provide Child Care Services at Enrolled Address** –
Providers must notify ABC in advance of days the facility will be temporarily closed or if the facility is moving or permanently closing.

When an unannounced on-site visit is conducted at an ABC facility during the hours the facility should be in operation, and services cannot be verified on the day of the visit, the ABC Program will provide written notice by certified mail to the provider to notify the

provider that if services cannot be verified during the next unannounced on-site visit, the termination of enrollment process will be initiated.

If a 2nd visit is conducted and services cannot be verified (i.e. no one is there or comes to the door), the termination of enrollment process shall be initiated.

When an unannounced on-site visit is conducted and there is no evidence of child care services being offered at the enrolled address (i.e., looks abandoned, no furniture inside, wood over windows, grass overgrown, etc.) or if information is obtained from reliable sources (i.e., DSS personnel, CCR&R personnel, etc.) that the provider is operating at another address, or that children are being served at an address which the provider is not authorized, and this is verified by the ABC Program, the termination of enrollment process shall be initiated upon that visit. Funds will be recouped for the period of time when services could not be verified.

- 9. Providing Services at a Location Other Than the Enrolled Address OR other than the site the child is connected to** – Per the Provider Agreement, providers are authorized to serve children only at the site which is enrolled and has been approved by the ABC Program. When children are served at a location that has not been approved by the ABC Program, this potentially places children in harm. For example, the other location may not be a licensed facility where health and safety codes are met.

Children must be served at the location for which they have been connected. If the provider has two or more locations enrolled, they may not switch or transport children between locations without notifying the ABC Control Center for authorization. Children will appear on the SVL for the location in which they have been connected. When it is verified that children are being served at a location other than the enrolled address, the termination of enrollment process will be initiated.

- 10. Failure to Respond to Attempts by ABC Staff to Reach the Provider** – If provider has ABC children currently connected, and there are 3 documented attempts within a period of 15 days (excluding weekends and holidays) by the ABC Program to reach the provider, by phone, letter or mail, and/or on-site visit and there is no response by the provider, the termination of enrollment process shall be initiated. Funds will be recouped for the period of time when services could not be verified.

- 11. Failure to Operate During Stated Hours of Operation** – If there are 3 documented incidents of non-compliance with the stated hours of operation during any 12-month period, the termination of enrollment process may be initiated.

- 12. Failure to Maintain LAN (Local Area Network) Phone Service** – Providers are required to have LAN phone services where ABC children are served. Cell phones are not permitted as the primary/sole phone service. When it becomes known to the ABC Program that a provider does not have LAN phone services at a facility where ABC child care services are provided, the provider should be given 30 days to secure LAN phone services. If the provider does not secure LAN phone services within the 30 days; or if it is documented that the provider did not have active LAN phone services 2 times within any 12-month period, the termination of enrollment process may be initiated.

- 13. Misuse of ABC Grant Funds** – If a provider uses ABC grant funds on purchases other than its approved use and the provider does not reimburse the ABC Program within the timeframe given for reimbursement (including any extension of time approved), the termination of enrollment process may be initiated. Recoupment of the funds will also be initiated.

- 14. Fraud** – If a provider intentionally makes a false statement or misrepresentation regarding a material fact or fails to disclose a material fact that results in obtaining, attempting to obtain, or continuing to receive ABC funds which the provider would not otherwise qualify to receive, the termination of enrollment process will be initiated. Funds will be recouped for the period of time when the provider did not qualify for the funds.

15. **Owner/Operator or Director Guilty of Fraud in A State-Funded or Federally-Funded Program** – If an owner/operator is found guilty of committing fraud in another state-funded or federally-funded program, the termination process will be initiated. If a director is found guilty of committing fraud in another state-funded or federally-funded program and the director is retained in the capacity as director of the facility, the termination of enrollment process will be initiated.
16. **Failure to Maintain ABC Documentation Requirements** – If a provider is cited 3 times for the same record keeping violations during any 12-month period, the termination of enrollment process may be initiated. The violations can be noted by the ABC Program Staff, the DSS Audit Staff or Child Care Licensing.
17. **Verbal or Physical Abuse of ABC Staff** – If a provider curses or yells at any ABC Program staff, the provider will be sent a certified letter after the 1st offense. The letter will describe the incident and inform the provider that another such incident will result in termination being initiated. If a 2nd offense occurs, the termination of enrollment process will be initiated. If the provider threatens, or physically assaults any ABC Program staff during the course of conducting ABC business, the termination of enrollment process will be initiated.
18. **Refusal to Allow ABC Representatives Access to the Facility** – If a provider refuses to allow an ABC staff on the premises or in the building of an enrolled child care facility, and the ABC staff is on official ABC business during the stated operating hours of the facility and the provider is open for business, the provider will be sent a certified letter after the 1st offense, describing the incident and notifying the provider that as a result of the incident any available bonus or grant for the review period is forfeited, and if ABC staff are denied access during any future visits, the termination of enrollment process will be initiated. If a 2nd incident occurs, the termination of enrollment process will be initiated.
19. **Smoking in Facility** – If a provider has three documented incidents of violating Public Law 103-227, Part C, Environmental Tobacco Smoke Act, also known as the Pro-Children Act, which prohibits smoking in any indoor facility used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 years, the provider will be terminated with 10-working days notice, excluding the weekends and holidays, to the provider and clients.

12. VOLUNTARY TERMINATION BY PROVIDER

Request from Provider to Terminate ABC Enrollment – Providers may voluntarily request to end their enrollment with the ABC Program as a Level C provider, by notifying the ABC Program in writing or through a documented telephone contact.

13. RE-ENROLLMENT

Waiting Period for Re-enrollment – Providers who are terminated for an adverse action or who voluntarily request termination must wait a period of six months from the date of termination before they may re-apply to come back into the ABC Program at any Level.

14. RE-ENROLLMENT EXCEPTIONS

The following are reasons a provider is ineligible to participate or re-enroll in the ABC Child Care Program at any level.

1. **Death of a Child** – Any institution or it's principals who have contributed to the death or serious injury of a child or children by failing to comply with minimum health and safety regulations (defined as SC Child Care regulations) is ineligible to participate in the ABC Child Care Program at any level.

2. **Fraud** – Any institution or it's principals who have been convicted of fraud are ineligible to participate in the ABC Child Care Program at any level.
3. **Deliberate Misrepresentation** – If determined to have deliberately misrepresented information the provider is ineligible to enroll in the ABC Child Care Program at any level.
4. **Falsified Documents** – Institutions or principals who falsify or misrepresent official, legal documents (i.e., birth certificates, degrees, transcripts, etc.), or other ABC Program documents (SVL, attendance records) and submit to agency representatives are ineligible to participate in the ABC Child Care Program at any level.
5. **Administrative or Judicial Determination of Abuse and/or Neglect** – Any Institution or it's principals who abuse or neglect children and/or whose name has been entered into the Central Registry cannot be enrolled as long as the perpetrator continues to be employed and/or present at the facility.
6. **Ineligibility to Participate in Publicly Funded Programs** – Any institution or it's principals who are ineligible for any other publicly funded program due to the above criteria are prohibited from participating in the ABC Program at any level. However, this prohibition does not apply if the institution or principal has been fully reinstated in, or determined eligible for, that program, including the payment of any debts owed.

15. CONNECTING CLIENTS DURING APPEALS PROCESS

No new ABC clients should be allowed to connect to an ABC facility during an appeal with DSS ABC or Child Care Licensing. However, providers may continue serving current children connected unless the health and/or safety of the children are jeopardized.

16. REPORT TO THE ABC CONTROL CENTER

The following must be reported to the ABC Control Center:

- When a child has missed 10 consecutive days.
- If payment is not received after 14 working days from receipt of the SVL by DSS.
- If provider is going to discontinue services to a client.
- If provider will be closed for a week or longer.
- If clients fail to attend the program after authorization is given.

ADDRESS: ABC Child Care Program
ATTN: Provider Team
P.O. Box 100160
Columbia, SC 29202-3160

TELEPHONE: (800) 262-4416
FAX: (800) 310-5417

IMPORTANT!

PLEASE DO NOT SEND ANY OTHER INFORMATION WITH YOUR SVL SUCH AS CHANGE OF ADDRESS, TELEPHONE NUMBER, FEIN NUMBER CHANGES, ETC. THIS INFORMATION MUST BE REPORTED TO THE ABC CONTROL CENTER.

17. GLOSSARY OF TERMS

Definitions of key terms are presented to ensure clarity and understanding. These definitions express the administering agency's intent and meaning for the terms identified.

ABC Child Care Control Center (ABC Control Center)

The authorized child care voucher system management center that is available to provide assistance to clients and providers, and to handle child care applications, funding and connecting.

- Providers call: **1-800-262-4416** for notification requirements and/or questions concerning ABC Child Care Program procedures.
- Parents call: **1-800-476-0199** for any questions.

ABC Child Care Program (ABC Program)

The South Carolina statewide child care assistance program funded by the Child Care and Development Fund (CCDF), Social Services Block Grant (SSBG) and state dollars.

Absenteeism

When the child is not present (absent all day) at the provider's facility during the service unit (week) either due to illness, vacation or court ordered non-custodial visitation.

Activity Fees

Activity fees are considered other fees charged by the provider to parents such as transportation fees or special activity fees, etc. These fees are the **responsibility** of the parent.

Authorized Service Period

The specific time frame that child care services are authorized to a client and a specific provider.

Billing Rate

The provider's weekly service rate minus any applicable client fee, and any discount for a second child.

Care Type

The age groups 0-2, 3-5 and 6-12 in which the provider has enrolled with the ABC Program. Providers cannot offer or receive payment for service in a care type in which they have not been enrolled.

Center-Based Care

Facility licensed by DHEC to serve 13 or more children.

Child

The recipient of child care services.

Child Name

The first and last name of the child.

Child Number

This is the client's last 4 digits of their Social Security number plus the two-digit code 01, 02, etc. assigned to the child. It identifies the child for the purpose of payment and system activities. **Providers should never change the assigned child number.**

Client

An individual who has met the eligibility criteria and is funded for child care.

Client Fee

The portion of the provider's weekly service rate (cost) which is based on the client's family size and income, and paid by the client directly to the provider.

Client Number

The client's last 4 digits of their Social Security number. This number identifies all client activity in the system.

Client Termination

Action taken when the client is no longer eligible for services. Once notified that the client is terminated, the provider is not eligible for payment for services.

Connected

A start and stop date (linked to a specific provider) within the ABC Child Care Voucher System.

Denial

When an applicant is denied child care assistance due to inability to meet eligibility criteria or failure to comply with application requirements.

Eligibility Period

The amount of time authorized for the individual child to receive child care services.

End Date

The last date of service authorization.

Facility Cost

The cost a provider charges all parents for a week of child care.

NOTE: Parents are responsible for the difference between the facility cost and the amount paid by the ABC Program, plus any applicable client fee.

Family Child Care Home

Home registered or licensed by DSS to serve no more than six children.

Family Independence Act of 1995

An Act passed by the South Carolina General Assembly to require the DSS to emphasize employment and training with only a minor welfare component. The Act specifies action required by DSS to implement "Welfare Reform." It also specifies requirements for applicants and recipients in order to receive financial assistance.

Family Independence (FI)

Child care assistance provided to current FI student clients to encourage participation in approved employment, education or training activities. These requirements are met through the Family Independent Program in South Carolina in an effort to emphasize parental responsibility and self-determination.

Family Independence Stipend

A monthly payment made to a family who meets the required eligibility standards; previously referred to as welfare or AFD.

Fee Scale

The fee amount is established by SCDSS on the basis of family size and gross family income. That portion of the child care cost, which is paid by the client directly to the child care provider.

Foster Care

Children who are in the custody of DSS, and placed out of their home by and/or under the supervision of DSS.

Full-Time Care

Thirty or more hours of child care service provided during one week.

Funded

Any child for whom dollars have been allocated in their name.

Group Child Care

Home or building licensed by DSS to serve no more than 12 children.

Half-Time Care

Less than 30 hours, but no more than 15 hours of child care service provided during one week.

Less than Half-Time Care

Less than 15 hours of child care service provided during a week. No registration fee is allowed for this care type. This care type only applies to Welfare Reform participants receiving subsidized child care.

Level A

Exemplary programs measured against rigorous quality standards.

Level B

Programs measured against quality standards beyond basic state regulations.

Level C

Programs meeting basic licensing regulations (health and safety).

Maximum Rate

Maximum weekly rates established by DSS on the basis of a market rate survey of urban and rural counties, type of facility and care types.

Payable Adjustment

The process of paying the provider for monies due them.

Provider Identification Number

The Federal Employer Identification Number (FEIN) or Social Security number of the provider. This number identifies the provider for purposes of payment, tracking and reporting.

Receivable Adjustment

The process of collecting monies that were paid to the provider that were not due them.

Registration Fee

Registration fees are set amounts established by the provider to cover costs not included in the weekly rate. The ABC Program will pay registration fee to providers up to an established program maximum.

Remittance Advice

A document included with the provider's check. There are three different types:

- 1) **Paid Remittance Advice:** indicates what clients and weeks were paid;
- 2) **Rejected Remittance Advice:** indicates which clients and weeks were not paid and the reason;
- 3) **Adjusted Remittance Advice:** indicates if funds were deducted from the provider's check, the amount and the reason.

Service Cost

The provider rate as reflected in the ABC Child Care Voucher System.

Service Unit

One week of child care (Monday - Sunday). A service unit may be for half-time, full-time or less than half-time child care.

Service Voucher Log (SVL)

A pre-printed payment request form used to process payments to providers for eligible clients.

South Carolina Department of Social Services (DSS)

The administering state agency for the ABC Program, and the agency responsible for administering the Welfare Reform, Family Independence Program.

Start Date

The date services are authorized to begin by DSS or the ABC Program/Control Center staff.

Stop Date

The last date of service authorization.

Week

Monday through Sunday.

18. DETAILED EXPLANATION OF ABSENCE CODES

The following codes are to be used when documenting absences. When a child is absent, you must enter a "0" for hours attended and indicate the appropriate absence code for each child for each day. If there are not any absences to report for a child, you must enter the total number of hours a child attended for that day. The following are the only approved absence codes. Failure to use these codes will result in your SVL being returned for corrections which will delay payments.

CNS – Child never started the facility

This code should be used when a child(ren) never started the facility. This code will result in the child being disconnected from your facility unless you are requiring a notice. When using this code, you are required to indicate a drop/transfer date and a pay until date. (See SVL Instructions)

COV – Child had court-ordered visitation

This code should be used when a child does not attend your program for a specified period of time due to visitation with a non-custodial parent (court ordered or parental agreement).

DEC – Child is deceased

This code should be used in cases where the child is deceased. When using this code, you must enter a drop/transfer date. (See SVL Instructions)

Note: Entering deceased for a child will end connections the Sunday following the date the code is notated. Notice will not be given to child care providers for this reason code.

FCL – Facility closed

This code should be used when the actual facility is closed. Example: Inclement weather, holidays, or other reasons when the facility is not open for business.

FNL – Child on funeral leave

This code should be used when the child does not attend the facility due to a funeral.

HOS – Child out with serious injury/illness/hospitalization

This code should be used when the child, parent, or sibling is hospitalized which would prevent the child receiving the services to be able to attend the facility.

MOV – Child moved out of county/state

This code should be used when a child moves out of the county or state. When using this code, you must enter a drop/transfer date and a pay until date. (See SVL Instructions)

NLA – Child no longer attends

This code should be used when a child no longer attends your program. When using this code, you must indicate a drop/transfer and pay until date. (See SVL Instructions)

NSD – Not a service day for the child

This code should be used when the child is not scheduled to be at the facility. Example: Parent keeps the child home on the days they are off work and its part of the normal schedule. Example: Parent works Monday, Wednesday and Friday and is off on Tuesday and Thursday and keeps the child home on Tuesday and Thursday. This code should be used for the Tuesday and Thursday absence.

Note: If your facility is not open on the weekends, you must enter zeros for hours attended for Saturday and Sunday and must use the absence code NSD.

SIK – Child out sick

This code should be used when the child is out sick, the parent is sick, doctor/dentist visits, maternity leave, or other reasons associated with illness.

VAC – Child on vacation

This code should be used when a child is on vacation, personal days or for any unknown absence reason.

PROVIDER BUSINESS PROCEDURES

Family, Friend, and Neighbor Care

The South Carolina
ABC Child Care Program

childcare.sc.gov • 1-800-262-4416
P.O. Box 100160 • Columbia, SC 29202-3160

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SAMPLE

INTRODUCTION

Family, Friend, and Neighbor Care (FFN) is child care provided by a relative, neighbor, or friend.

FFN child care can be provided in the child's home, or in the home of a family member, friend, or neighbor. FFN child care provided in the home of the child can be provided by a relative or non-relative. If the care is being provided by a relative, the relative must be an aunt, uncle, grandparent, great-grandparent or adult sibling of the child and they cannot live in the home with the child.

NOTE: A non-relative planning to provide care in the child's home will be approved only when the parent needing care has five or more children needing care. The Fair Labor Standards Act (FLSA) (29-USC Section 2069A) states, non-related providers are considered domestic service workers covered under minimum wage and are subject to tax requirements.

These business procedures are to help you, the provider, understand how to get paid, records you must keep and records you must send to the ABC Child Care Program, hereafter referred to as the ABC Program. The South Carolina Department of Social Services may change these procedures. If procedures are changed you will be sent a notice by mail. Once you have been sent changes you will be responsible for following them.

YOU MUST READ THESE PROCEDURES SO YOU UNDERSTAND WHAT YOU MUST DO TO PARTICIPATE IN THE ABC PROGRAM.

IF YOU NEED HELP AT ANYTIME, CALL 1-800-262-4416.

I. WHEN A CLIENT CHOOSES YOU TO CARE FOR THEIR CHILD

Clients must choose who will keep their child. If an eligible ABC client wants you to care for their child, you will need to complete the ABC enrollment forms for enrollment in the ABC Program. The following steps must be taken if a client chooses you to care for their child.

- 1) Make sure the ABC provider forms are complete and correct, and send them, along with a copy of your Social Security card and SC driver's license or SC picture identification card, to the ABC Control Center, ABC Child Care Program, P.O. Box 101160, Columbia, SC 29202-3160.
- 2) You must submit a Connection card to the ABC Program in order to get payment started. Once the ABC Program has received the card, you will be sent a connection letter by mail telling you the start and stop dates for the child you have been authorized to care for and the amount of any fees the client is to pay you.

IMPORTANT NOTE: If the client does not bring the child to you to keep, you must call the ABC Control Center at 1-800-262-4416. Payment will not be made if the child never starts.

II. HOW MANY WEEKS OF CARE A CHILD GETS

A child may get up to one year (52 weeks) of care. This can be all full-time care, all half-time care or a combination of full-time, half-time care and/or less than half-time.

The number of weeks approved and the type of care is determined at client eligibility.

NOTE: Less than half-time care may be used with full or half-time or may be used alone but cannot be used to pay the same provider.

III. WHEN A CHILD IS ABSENT

- 1) A child may be absent no more than 31 days a year. Children who get less than a year of child care will receive less days they can be absent based on the number of weeks of care they receive.
- 2) The ABC Program will not pay you when the children are absent for a week or more.

- 3) When a child has exceeded the allowable absences, the child may be terminated by the ABC Program. You and the client will be sent a letter if the child is terminated. You will not be paid for any care you provide to the child after the week the child is terminated.

Here are examples of the number of allowable absences for childcare arrangements:

52 Weeks of Care = 365 Days = 31 Days of Absences
50 Weeks of Care = 350 Days = 30 Days of Absences
38 Weeks of Care = 260 Days = 23 Days of Absences
33 Weeks of Care = 231 Days = 20 Days of Absences
13 Weeks of Care = 91 Days = 8 Days of Absences
12 Weeks of Care = 84 Days = 7 Days of Absences

- 4) If a child misses an entire week, illness, etc., you are required to record "0" in the hours box and you must enter the appropriate absence code in the ABS code box on the SVL, and will not be paid for that last week.

NOTE: When using absence codes NLA, CNS, DEC or MOV, you must enter a drop/transfer date and a pay until date.

IV. CLIENTS MUST PAY A FEE

You must collect client fees and keep a record. The client fee amount is on the Connection Letter. The ABC Program will not collect or pay client fees.

- 1) The client fee should be collected weekly.
- 2) You must give the client a receipt.
- 3) You must keep a record when clients pay fees.
- 4) Clients who participate in the Family Independence Program or foster children do not pay fees. However, all clients are responsible for paying any difference to you if you charge more than ABC pays.

V. CLIENTS CAN MOVE OR TRANSFER

Clients may move from you to another provider or from another provider to you.

- 1) Clients must tell you and receive approval from the ABC Control Center seven working days before moving the child.
- 2) Family, Friend and Neighbor Care providers are not entitled to a seven day notice. Services will end the next Sunday after the ABC Control Center is notified.
- 3) If the client is approved to move, the ABC Control Center will tell the client the approved transfer date. You will receive the "Transfer Letter" telling you the child has moved with the last day you should care for the child.
- 4) You will not be paid after the transfer date given by the ABC Control Center. **The ABC Program will not pay two providers for the same week.**
- 5) If a client wants to move to you from another provider, you and the client must call the ABC Control Center at 1-800-262-4416 to get approval before you start care for a new family.

VI. YOU MUST KEEP RECORDS

You must keep all letters and forms from the ABC Program for three years or until any required audits are done. If an audit is in progress, records must be kept until the audit is complete.

- 1) Attendance Records
 - You must keep attendance records for each child.
 - Your records must be the same as the attendance recorded on the SVL.
- 2) Fee Receipts
 - You must give a receipt to the client when they pay fees.
 - Your records must show that client fees are collected on time.

VII. STOPPING SERVICES TO ABC CLIENTS

- 1) If you choose to stop caring for an ABC child, you must tell the client and the ABC Control Center by calling **(1-800-262-4416)** before stopping service.
 - You must let them know the reason for stopping services such as client will not pay fees or the client has too many absences.
 - The end date must be the last day of the service week which is always a Sunday.
 - You should let the client know in advance before you stop caring for the child.
 - Clients should be allowed to finish any week that you have agreed to be paid for on the SVL. If the client is not allowed to finish the week, you will not be paid for that week.
- 2) The ABC Control Center may terminate a client's services without notice. If a client is terminated, you will receive a letter stating the date of termination, the reason for the termination, and the last date the ABC Program will pay.

VIII. PAYMENT

1) Service Voucher Log (SVL)

The Service Voucher Log (SVL) is the official payment document for the ABC Child Care Program used to request reimbursement of child care services provided to eligible children participating in the ABC Child Care Program. Enrolled ABC Child Care providers may choose to receive either the paper version of the SVL or enroll in the On-Line SVL system. To participate in the On-Line SVL system, the provider must be an active, enrolled child care provider in the ABC Child Care Program and must call the ABC Child Care Program Control Center at 1-800-262-4416 to request the change from the paper SVL to the On-line SVL.

The SVL (both paper and On-line) is a pre-populated document that lists the children for whom payment is due, any applicable registration fees, and the weekly reimbursement rate per child. Child care providers are required to verify on the SVL that they served the children, record the actual hours attended (total hours) per day, record any absences and select the correct absence code, and insert a drop/transfer and pay until date if a child no longer attends the facility.

2) Initial Service Voucher Log

When a client selects an enrolled ABC child care provider, the first SVL will generate when that initial connection has been made. The SVL's generate during the nightly batch process.

A new SVL is generated with each payment that is made and will continue to generate as long as there are active connections which have not paid to the provider.

3) General Payment Information

- You must complete and send in the SVL in order to be paid.
- As soon as you get the SVL, review it carefully. You must record hours attended (whole hours) or, if absent, you must record "0" and the reason code for each absence in the ABS code box.
- You must sign and mail the original copy of the SVL back to the address on the SVL or submit your SVL via the On-line SVL system.

NOTE: Your SVL cannot be submitted prior to the ending date of the SVL.

EXAMPLE: If the week of 10/03/11 through 10/09/11 appears on your SVL, you cannot submit your SVL prior to 10/09/11.

- You must keep a copy of the submitted SVL for your records.
- Payment is expected to take from 10 to 14 working days from the date the ABC Program receives the original, completed, signed, SVL or the electronic version of the SVL. Providers are required to wait until after the 14th working day before calling about reimbursement.
- The provider may call the ABC Control Center (1-800-262-4416) with questions regarding payment or transactions that did not process.
- If a child misses an entire week, illness, etc., you may ask to be paid for the week. You are required to record "0" in the hour's box and you must enter the appropriate absence code in the ABS code box on the SVL.
- If you are not able to care for the child(ren) for an entire week, you may not be paid for that week. The child may need to go to another child care provider and the ABC Program will not pay two child care providers for the same week of care. You must contact the ABC Control Center at 1-800-262-4416 in advance with this information.

When you get your payment, your next SVL will come with a "Remittance Advice" that tells you which child has been paid for or if you have not been paid for a child. The following describes three types of "Remittance Advice" statements a provider will or can receive with each payment:

- 1) Paid Provider Remittance Advice: This will be received with each check. The Paid Remittance Advice will identify the client, child and payment amount for each transaction on the submitted SVL which make up the check total. Providers are to match the Paid Remittance Advice against the provider's copy of the SVL to ensure proper payment for each transaction.
- 2) Rejected Remittance Advice: This may be included. It identifies the children who were not paid for and the reason.
- 3) Adjusted Remittance Advice: This may also be included, if funds were deducted from the provider's check. Funds can be deducted if an overpayment occurred.

IX. CHANGES TO YOUR FAMILY, FRIEND, AND NEIGHBOR PROVIDER ENROLLMENT

- 1) Adding An Age Group – You can ask to add another age group to your file so you can be approved to care for another child of a different age. To do this, you must contact the ABC Control Center at 1-800-262-4416.
- 2) If You Become Licensed or Registered by DSS – You must call the ABC Control Center at 1-800-262-4416 if you become licensed or registered by the State Department of Social Services. New paperwork will be required.
- 3) If Your Name Changes – To avoid possible payment delays, you must call the ABC Control Center if your name changes and you will also need to complete a new W-9 Form and provide a copy of your SC driver's license or SC identification card and a copy of your Social Security card.
- 4) If You Move or Your Address Changes – To avoid possible payment delays, you must contact the ABC Control Center as soon as possible, but no later than 15 days before you move. Address changes must be submitted in writing and the following information is required:
 - Your Printed Name
 - Your Social Security Number
 - Your Old Address
 - Your New Address
 - Your Signature
- 5) If Your Telephone Number Changes – Family, Friend and Neighbor child care providers must have access to a working telephone. If your telephone number changes, you must call 1-800-262-4416 as soon as possible but no later than 15 days of the date your numbers changes.

X. GLOSSARY

Definitions are given to make sure that you understand the program.

ABC Child Care Program

The management system with toll-free numbers available to handle child care applications, funding and connecting to providers; and to provide assistance to clients and providers.

- Providers call: 1-800-262-4416 with any questions.
- Clients call: 1-800-476-0199 with any questions.

Absences

When the child is not present (absent all day) with you during the service unit week either due to illness, vacation, or court ordered non-custodial visitation or for other known or unknown reason.

Absence Reason Codes

Pre-determined absence reason codes that must be used when completing the SVL.

Authorized Service Period

The specific time frame child care services are approved to a client and a specific provider.

Billing Rate

The weekly rate you are paid to keep a child.

Care Type

The age groups (or care types) 0-2, 3-5, and 6-12 you have been approved to serve.

Child

The recipient of child care services.

Child Name

The first and last name of the child that is eligible to receive child care services.

Child Number

The last four digits of client's Social Security number plus the two-digit code 01, 02, etc., given to each child.

Client/Client Name

An individual who has met the eligibility criteria and is funded for child care. The client is listed on the SVL by the initial of their first name and their last name.

Client Fee

The fee amount established by SC DSS, based on the family size and gross income, paid to you by the client.

Client Number

The last four digits of the client's Social Security number.

Client Termination of Eligibility

Action taken when the client is no longer eligible for services. Notice always given to you when child care services are terminated.

Connection

The start and stop date (dates a child is connected to a specific provider) within the ABC Voucher System.

Department of Social Services (DSS)

The lead agency responsible for implementation of the ABC Child Care Program.

Effective Date of Termination

The date a client or child no longer qualifies to receive child care.

End Date

The last date of services authorization.

Family, Friend, Neighbor Child Care – In-Home Care

A neighbor, relative or friend who does not reside in the home of the child or client, but is not required to meet regulatory requirements. Child care is provided in the home of the child.

Family, Friend, Neighbor Child Care – Out-Home Care

A neighbor, relative or friend who cares for the child in their home, and is not required to meet regulatory requirements. Child care is provided in the provider's home.

Full-Time Care

Thirty or more hours of child care provided during one week.

Half-Time Care

Less than thirty hours, but more than 15 hours, of child care provided during a week.

Less Than Half Time Care

Less than fifteen (15) hours of child care services provided during a week. No registration fee is allowed for this care-type.

Provider Identification Number

The Social Security number of the provider. This number identifies the provider for purposes of payment, tracking and reporting in the ABC Program.

Provider Remittance Advice

The document that comes with each payment and tells the client, child, voucher number and amount paid for each child.

Service Unit

One week of child care (Monday - Sunday). A service unit may be for half-time, full-time, or less than half-time child care.

Service Voucher Log (SVL)

The payment document used to process payments to providers for eligible clients.

Start Date

The date you are approved to begin caring for a child.

Stopping Services

When a provider chooses to stop serving an ABC child.

Termination

Action taken by the ABC Program when the client or child no longer qualifies to receive child care.

Week

Monday through Sunday

XI. DETAILED EXPLANATION OF ABSENCE CODES

The following codes are to be used when documenting absences. When a child is absent, you must enter a "0" for hours attended and indicate the appropriate absence code for each child for each day. If there are not any absences to report for a child, you must enter the total number of hours a child attended for that day. The following are the only approved absence codes. Failure to use these codes will result in your SVL being returned for corrections which will delay payments.

CNS – Child never started the facility

This code should be used when a child never started the facility. This code will result in the child being disconnected from your facility unless you are requiring a notice. When using this code, you are required to indicate a drop/transfer date and a pay until date.

COV – Child had court-ordered visitation

This code should be used when a child does not attend your program for a specified period of time due to visitation with a non-custodial parent (court ordered or parental agreement).

DEC – Child is deceased

This code should be used in cases where the child is deceased. When using this code, you must enter a drop/transfer date.

Note: Entering deceased for a child will end connections the Sunday following the date the code is notated. Notice will not be given to child care providers for this reason code.

FCL – Facility closed

This code should be used when the actual facility is closed. Example: Inclement weather, holidays, or other reasons when the facility is not open for business.

FNL – Child on funeral leave

This code should be used when the child does not attend the facility due to a funeral.

HOS – Child out with serious injury/illness/hospitalization

This code should be used when the child, parent, or sibling is hospitalized which would prevent the child receiving the services to be able to attend the facility.

MOV – Child moved out of county/state

This code should be used when a child moves out of the county or state. When using this code, you must enter a drop/transfer date and a pay until date.

NLA – Child no longer attends

This code should be used when a child no longer attends your program. When using this code, you must indicate a drop/transfer and pay until date.

NSD – Not a service day for the child

This code should be used when the child is not scheduled to be at the facility. Example: Parent keeps the child home on the days they are off work and its part of the normal schedule. Example: Parent works Monday, Wednesday and Friday and is off on Tuesday and Thursday and keeps the child home on Tuesday and Thursday. This code should be used for the Tuesday and Thursday absence.

Note: If your facility is not open on the weekends, you must enter zeros for hours attended for Saturday and Sunday and must use the absence code NSD.

SIK – Child out sick

This code should be used when the child is out sick, the parent is sick, doctor/dentist visits, maternity leave, or other reasons associated with illness.

VAC – Child on vacation

This code should be used when a child is on vacation, personal days or for any unknown absence reason.



ABC Child Care Program
PARENT HANDBOOK

1-800-476-0199

Fax 1-800-310-5417

Childcare.sc.gov

Or

abcqualitycare.org

CONGRATULATIONS!

Your family is eligible to receive child care services from the ABC Child Care Program, hereafter called ABC Program. This handbook contains information that will help you understand the program and what is required of you. Please read it carefully. If you have questions contact the ABC Child Care Program Control Center in writing at P.O. Box 100160, Columbia, SC 29202-3160, or call 1-800-476-0199.

The ABC Program will pay all or a portion of your child care cost for eligible children up to age 13, or up to age 19 if approved for Special Needs child care. The amount to be paid by the ABC Program depends upon the funding source under which you were approved. The amount of funding for which you are eligible will vary according to the following:

- age of your child(ren),
- hours and weeks of care needed, and
- choice of provider.

CHOOSING A CHILD CARE PROVIDER

When you are approved to receive child care services from the ABC Program, you must choose a child care provider to serve your children. If you need help finding a child care provider, you may call 1-800-476-0199 to request a listing of child care providers in your area, or you may visit abcqualitycare.org for a listing of enrolled ABC providers in your area.

You may choose care from a licensed child care center, licensed group child care home or a registered or licensed family child care home. You may also choose a licensed child care center or group home operated by a local church congregation or established religious denomination, or care through a family member, friend, or neighbor who is at least 21 years of age. (Clients receiving services under Child Protective Services or Foster Care may choose **only** licensed facilities or programs.)

If you are interested in a child care provider that is not currently enrolled in the ABC Program, the provider must call the ABC Control Center at 1-800-262-4416 to request the necessary paperwork for enrollment.

Questions that you may want to ask to help you choose your provider wisely are:

- Will the provider allow unlimited access to my child during normal hours of operation or whenever my child is under the provider's supervision?
- Does the provider have a schedule showing the days she will be closed so I can make other child care arrangements for those days?
- Does the provider have a daily schedule of activities and curriculum? What will my child be doing while he is with the provider.

The following steps should be followed in selecting a child care provider for your child:

- Select a provider as soon as possible, but within 15 calendar days from the date you receive this information. If you **DO NOT** act quickly, you may lose your child care approval. If you need extra days to select the provider, call **1-800-476-0199** to request an extension.
- Once you have selected a provider, give them the blue Client/Provider Connection Card, which is included in your packet, to complete. The provider must complete the connection card and then mail or fax it (fax number 800-310-5417) to The ABC Control Center. Once the connection card is received and processed, you and your provider will receive written notification of your authorization to begin receiving child care services.

NOTE: Make sure you sign the connection card before your provider submits it.

CHOOSING FAMILY, FRIEND, AND NEIGHBOR CHILD CARE

You may use a family member, friend, or neighbor who is not licensed/registered by DSS to care for your child. The family member, friend, or neighbor must request the necessary paperwork to enroll as an ABC provider. Your provider must be approved by the ABC Program and enrolled in the ABC Child Care Voucher System before they can be paid. If you choose child care with a family member, friend, or neighbor the following things are important to remember:

- A certification of minimum health and safety standards of the home must be signed by you and the provider and approved by DSS.
- Care by relatives, friends, or neighbors is not checked by the DSS. You are solely responsible for checking the services provided to your child.
- Family, friend, and neighbor care providers may care for the children of only one unrelated family, in addition to their children. If the provider you select wants to care for more than one unrelated family, they must be registered by DSS.
- Your provider can not live in your house.

PAYMENT OF FEES

Client Fees:

In the ABC Program you may be required to pay a weekly fee toward the cost of child care. This fee is based on your family's gross monthly income and family size, and applies to each child who will receive care. The client fee is due to the provider at the beginning of the week. The provider may drop you from their facility if you do not pay the weekly fee as required.

NOTE: If you are a Family Independence (FI) participant, or a foster parent, you are not required to pay a weekly client fee. However, you are responsible for paying any other fees the provider charges that are not paid by the ABC Program.

Additional Provider Fees:

Your provider may charge fees for field trips for your child, late pickup in the afternoon, or for other instances as specified by the provider. It is your responsibility to pay these additional fees as they are above and beyond the weekly cost of the child care services paid for by the ABC Program.

Rate Differences:

If the weekly child care cost paid by the ABC Program is less than the weekly cost the provider charges, you are responsible for paying the difference between the amount the ABC Program pays and the amount the provider charges.

Registration Fees:

The ABC Program pays a registration fee to the provider for each authorized child one time in a one year period. If the ABC Program has paid the registration fee to your provider, and you transfer to a new provider, you will be responsible for paying the new registration fee. If your provider charges a registration fee that is higher than what the ABC Program pays, or charges a registration fee more often than one time per year, you are responsible for paying the difference to the provider.

You pay all fees directly to your provider. Your provider may choose to stop serving your child if you fail to pay any of the required fees not paid by the ABC Program.

NOTE: Keep a receipt from your provider for all fees you pay.

PROVIDER PAYMENTS

Your child care provider will be paid when they submit a Service Voucher Log (SVL) to the ABC Program.

REPORTING CHANGES IN FAMILY SITUATION

You **MUST** report changes in your household situation to the ABC Control Center within 10 calendar days after the change occurs. Failure to report these changes may result in termination of your child care services. Examples of changes in your household situation are:

- Increases or decreases in your paycheck or the number of hours you work
- Change of jobs from one employer to another
- Loss of your job
- Changes in your enrollment in school – i.e. you have graduated or stopped attending school
- Changes in your training participation

- Changes in your marital status – i.e. you got married, separated, got divorced
- Changes in your family size – i.e. you have a new baby or gained custody or guardianship of additional children

CHANGING CHILD CARE PROVIDERS

You may change child care providers with advance notice and approval from the ABC Control Center. Notify your current provider that you want to transfer, and contact the ABC Control Center at 1-800-476-0199 to receive an approved transfer date. You must get approval from the ABC Control Center, and your new provider must receive written authorization from the ABC Control Center before you change providers. If you transfer without approval, you are responsible for the full cost of the service until you receive your approval letter.

Remember: Only one provider will be paid for each week of service.

PARENT COMPLAINT PROCESS

Complaints, suggestions or concerns about your ABC Program provider arrangements should be made by calling 1-800-763-ABCD.

FAIR HEARING

Any applicant or client adversely affected by an action taken by the ABC Program may request a fair hearing. This must be done by writing to SCDSS, Individual and Provider Rights, P.O. Box 1520, Columbia, SC 29212-1520. Adverse actions include denial of benefits or termination of child care services. Child care services that are not re-authorized at the end of an eligibility period due to lack of funding or to time limits set for specific populations in ABC policy are not adverse actions and are not issues for a fair hearing. You must request a fair hearing within 30 days of notification of any adverse action.

REDETERMINATION OF ELIGIBILITY

Some funding sources allow clients to receive child care services longer than others. If you are eligible to receive continued child care under any of these funding sources, you will be informed and eligibility will be redetermined. Eligibility must be redetermined at least once a year.

Sixty days before your child care services will end, you and your child care provider will be sent a letter to remind you that services will end. If funds are available, you may be allowed to re-apply for child care services. If you are eligible for continued funding, the letter will explain the procedures necessary to re-apply. If you are not eligible for continued funding, the letter will tell you when services will end.

ABSENCES

When you are authorized to receive child care services, it is assumed you need the services in order to work or attend school or training, and that you will use the services on a daily basis. Your child may be absent from the provider, but all absences will be counted toward your total allowable absences. If your child cannot attend the provider due to sickness, you should fax or mail a copy of a doctor's excuse to the ABC Control Center in order for the absence to be excused. If your child is absent from the provider due to an unknown reason, the absence will be counted as a vacation day and will not be excused.

Allowed absences are based on the number of weeks of child care approved.

Examples of absences allowed are:

52 weeks of care = 31 days absences
50 weeks of care = 30 days absences
38 weeks of care = 23 days absences
33 weeks of care = 20 days absences
12 weeks of care = 7 days absences

You must follow the attendance policies in using child care services. Failure to comply could result in the termination of your child care services. If you are terminated for excessive absences and you have documentation that may excuse the absences, you must submit the information to the ABC Control Center for review before the effective termination date on your letter.

If you are aware that your child will not need child care services for a period of time, you should contact the ABC Control Center to discuss the situation.

If your child is absent from the provider for 10 days in a row payment to the provider may stop.

REASON FOR TERMINATION OF CHILD CARE

Your child care services may be terminated if:

- One or both parents are no longer employed; or
- One or both parents are no longer attending a training or educational program; or
- Your family income exceeds the income guidelines for your family size; or
- Your child no longer lives with you; or
- Your child no longer needs child care; or
- Your child exceeded allowed absences; or
- You submit fraudulent information; or you abuse the system; or
- Your Family Independence (FI) benefit case closes; or
- Your Child Protective Services (CPS) child care eligibility ends or the CPS case closes.

CLIENT RIGHTS AND RESPONSIBILITIES

CLIENT RIGHTS:

1. You have the right to choose a child care center, family child care home, group child care home, church facility, or care by a family member, friend, or neighbor. If you are receiving services under Child Protective Services or Foster Care, you may choose only licensed facilities or programs.
2. You have the right to visit your child any time he is in the provider's care.
3. You have the right to make complaints or discuss areas of concern or suggestions regarding the ABC Program by calling 1-800-763-2223.
4. You have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to **Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.**

CLIENT RESPONSIBILITIES:

1. It is your responsibility to provide current and accurate verification of gross family income, family size, age of child(ren), and employment/school/training and to report all changes to this information within 10 calendar days after the change occurs.
2. It is your responsibility to pay your provider for child care services you receive before or after the authorized dates of service.
3. It is your responsibility to choose a child care provider within 15 calendar days from the date you are notified of your eligibility for services.
4. It is your responsibility to pay a weekly client fee based on your family size and income, for each child receiving child care services through the ABC Program. The weekly fee is due to your provider before the weekly child care service is provided. You may also be responsible for paying the difference between the maximum amount the ABC Program pays and what the provider charges.
5. It is your responsibility to assure your child attends the provider in accordance with ABC Child Care program attendance policies.
6. It is your responsibility to call the ABC Child Care Program at 1-800-476-0199 to request approval to transfer to a new provider before you stop attending one provider and before transferring to another.

In accordance with Title VI Section 601 of the Civil Rights Act of 1964 and Title V Section 504 of the Rehabilitation Act of 1973, the Department of Health and Human Services will administer its programs in such a manner that no person shall solely by reason of his race, color, national origin or qualified handicap, be excluded from participating in, be denied the benefit of or be subjected to discrimination under any program or activity administered by the Agency. For more information contact the ABC Control Center at 1-800-476-0199.

SAMPLE

Provider Business Procedures



Level **A**

Level **B**

abcqualitycare.org
1-800-262-4416

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INTRODUCTION

These procedures were developed as a policy guide for the operating practices for the payment, documentation and reporting system for the ABC Child Care Program, hereafter referred to as the ABC Program. Upon notification to providers, the S. C. Department of Social Services, at its sole discretion, may amend these procedures. Once notified in writing, the provider shall be responsible for compliance to the amended procedure for the purpose defined.

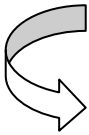
THE PROVIDER MUST REVIEW THESE PROCEDURES TO INSURE AN UNDERSTANDING OF POLICY AND WHAT IS REQUIRED. ANY QUESTIONS REGARDING THESE PROCEDURES CAN BE REFERRED TO ABC PROGRAM MONITORING.

GENERAL INFORMATION

- Providers are independent business owners. Any provider who applies and becomes enrolled in the ABC Program at Level A, is doing so voluntarily. In applying, providers choose the Level best suited for them. ABC enrollment is not a guarantee for any program and providers should not view participation in the ABC Program as a primary means of support.
- Any provider who voluntarily enrolls at Levels A or B agrees to meet and maintain the required enrollment prerequisites for the level enrolled, which include meeting additional program standards above regulatory requirements, and to meet and maintain documentation relating to attendance and ABC Payment. Provider payment rates for any enrolled ABC clients in the ABC Program are based on the Level of participation and the provider type. ABC will pay providers the rate they charge to all other clients as long as it does not exceed the highest ABC maximum rates for the level they have agreed to meet.
- Providers voluntarily sign a 3 year enrollment agreement which expires 3 years from the date signed by the provider. Agreements are not automatically renewed. The ending date of the enrollment/agreement is not appealable. Providers wishing to continue to serve ABC children must meet the re-enrollment criteria.
- Enrollment Agreements are only good for the address listed in the Agreement. Agreements are not transferrable to new owners, or new locations.
- The ABC Program does not refer clients to providers. Clients voluntarily choose the provider that best meets their needs.
- A copy of these Business Procedures, the ABC Child Care Standards, and other important information can be found by visiting abcqualitycare.org or childcare.sc.gov.

**REVIEW AT A GLANCE
WHO TO CALL AND WHEN**

If any of the following occurs or is about to occur, the provider must report this information to the ABC Child Care Program by telephone or by writing to the appropriate person/office listed below. The provider must not send any information with their SVL.



THESE MUST BE REPORTED TO ABC PROGRAM MONITORING

- The facility is being investigated by DSS (Child Protective Services/OHAN)
- The facility is notified by DSS/Child Care Licensing that their License/Registration is being revoked or the application for renewal is being denied.
- Change in facility address (which voids the license/registration) or payment address [must submit new W-9]
- Change in phone number
- Change in FEIN or Social Security Number [must submit new W-9 and IRS letter if FEIN # or copy of Social Security Card if SSN]
- Change in Director [must submit proof of educational requirements]
- Change in Rates [must submit rate change form and current rate schedule]
- Plans to sell facility/change of ownership/entering management agreement
- Closing of facility permanently
- If provider needs to add, delete, or change group
- Change in Regulatory Status
- Change in name of child care facility [must submit new W-9 and IRS letter]
- NAEYC Accredited facilities loses accreditation (Level A only)

ABC PROGRAM MONITORING

Your ABC Monitor: _____ Phone: _____

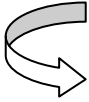
E-Mail: _____@DSS.SC.GOV

There are two offices of ABC Program Monitoring.

Each office is responsible for providers in certain counties. Locate the county your facility is in. The address for the ABC Program Monitoring Office is listed below the counties for which they are responsible. Throughout the Business Procedures where it refers the provider to contact ABC Program Monitoring, this is the office you would contact:

Aiken
Allendale
Bamberg
Beaufort
Berkeley
Calhoun
Charleston
Clarendon
Colleton
Darlington
Dillon
Dorchester
Florence
Dorchester
Florence
Georgetown
Hampton
Horry
Jasper
Lexington
Marion
Marlboro
Newberry
Orangeburg
Richland
Sumter
Williamsburg
ABC Program Monitoring S. C. Department of Social Services 3150 Harden Street Ext. Columbia, SC 29203
Phone: (803) 898-2772 Fax: (803) 898-4510

Abbeville
Anderson
Cherokee
Chester
Chesterfield
Edgefield
Fairfield
Greenwood
Greenville
Kershaw
Lancaster
Laurens
McCormick
Oconee
Pickens
Saluda
Spartanburg
Union
York
Greenville Technical College ABC Child Care P. O. Box 5616, Station B Greenville, SC 29606-5616
Phone: (864) 250-8468 Fax: (864) 250-8044



REPORT THESE ITEMS TO THE ABC CHILD CARE CONTROL CENTER:

- When a child has missed ten consecutive days
- Inquiries regarding payment if payment not received after 10-14 working days from the date of SVL receipt by the ABC Child Care Program
- If provider is going to discontinue services to a client
- If provider will be temporarily closed for a week or longer
- If clients fail to attend the program after authorization is given

ABC CHILD CARE CONTROL CENTER

ABC Control Center
ATTN: Provider Team
S. C. Department of Social Services
P. O. Box 100160
Columbia, South Carolina 29202-3160

Phone: (800) 262-4416
Fax: (800) 310-5417

I. PROVIDER SELECTION BY CLIENT

The ABC Program advocates parental choice and clients are responsible for selecting the provider of their choice. The following are steps to be taken when a client selects your facility:

By a client already authorized for services:

A new client or a client already receiving services at another provider may want to transfer to your facility. When a client chooses you to care for their child(ren), you should:

- a. Refer to VIII. Client Transfer, for more detailed information
- b. See at least one acceptable i.d. of the client to ensure proper identification
- c. Complete along with the client, the blue client connection card OR the client connection fax form and send to the ABC Control Center in order to connect the client to your program and initiate the payment process for that client (See above for mailing/fax information). The provider may receive the blue Connection Card or Fax Form from the ABC Control Center or from the parent to obtain authorization to begin services to the client. This must be done in time to receive approval before serving the client. **DO NOT SERVE THE CLIENT BEFORE RECEIVING WRITTEN APPROVAL FROM THE ABC PROGRAM! IF YOU DO, THE ABC PROGRAM WILL NOT BE RESPONSIBLE FOR PAYMENT.**

IMPORTANT NOTES: The provider cannot accept/serve a child for a care type [age group] for which they have not been enrolled. A provider may be enrolled for full-time care type, but not half-time, etc. If providers are unsure as to the care types for which they are enrolled, they should refer to their enrollment information mailed to them or call ABC Program Monitoring. Care types may be added at the provider's request and upon determination by ABC Program Monitoring that the facility meets requirements.

- d. Upon receipt of the connection postcard or fax, the ABC Control Center will verify that the client is eligible to receive services, and that the provider is enrolled to serve the care type requested. The ABC Control Center will then authorize the provider to serve the client (if the client has complied with transfer procedures) and make the necessary "connection" in the system with an established start date.
- e. The ABC Control Center will send the provider and client an "Authorization/Connection Letter" confirming the connection. The letter will include information such as the authorization date, provider billing rate, client fee, care type authorized and number of weeks of care. **THIS IS THE PROVIDER'S AUTHORIZATION LETTER. THE PROVIDER MUST NOT SERVE THE CLIENT BEFORE RECEIVING THE AUTHORIZATION LETTER WITH THE APPROVED DATE.**

SPECIAL NOTE: If clients fail to attend the child care program for ten consecutive days after authorization is given, you must notify the ABC Control Center on the 11th day. You must not bill the ABC Program if the child doesn't return on the 11th day.

IMPORTANT NOTE: Providers who are not licensed by DSS cannot serve Foster children and CPS (Child Protective Service) children unless otherwise approved. If you are a licensed provider whose license has expired, and are trying to serve a Foster or CPS child, you must contact ABC Program Monitoring.

II. MAXIMUM CARE ALLOWED

Clients can receive up to a maximum of 52 weeks of care during any one-year period of eligibility. This may be full-time care, part-time or a combination of the two.

Note: Less than half-time care may be in conjunction with full or half-time care and may be used alone. It cannot be used to pay the same child care provider.

III. CLIENT FEE

The client fee is based on family size and income, and is determined by the ABC Program. **The provider is responsible for the collection of client fees from the parent in advance of service delivery and documenting that those fees are paid in a timely manner.** The ABC Program assumes no responsibility for collection or payment of client fees.

Foster parents and clients participating in the Family Independence Program do not pay client fees. However, they are responsible for the difference between the provider's rate and the maximum rate paid by the ABC Program, if the provider's rate exceeds the maximum amount.

- 1) The client fee is to be collected weekly in advance of service delivery. ****Providers should not let clients get behind on their weekly fees. [Refer to the Special Note under Client Transfer - IV.]**
- 2) The provider may discontinue services to the client when client fees are not paid.
- 3) The provider must seek authorization from the ABC Control Center before discontinuing services to a client for failure to pay the client fee [Refer to V.].
- 4) The weekly payment amount ABC pays to the provider will be minus the client's fee and any applicable second child discount. For example, if ABC has agreed that the weekly rate of the provider will be \$85.00 and the client fee is \$7.00, then the amount that will show on the SVL will be \$78.00 ($\$85.00 - \$7.00 = \78.00).

IV. CLIENT TRANSFER

Clients may transfer from one provider to another.

- 1) Clients must notify the ABC Control Center either by telephone or in writing and receive approval prior to the transfer.
- 2) Clients may be required to adhere to the provider's established policy for notification of transfer.
- 3) The effective date of the transfer will be the 1st Monday following the 7th working day after the ABC Control Center receives the phone call or written notice from the client requesting the transfer.

To determine the effective date of transfer:

The day the ABC Control Center receives the phone call or written notice is considered day one of the notice. Then begin counting seven working days from that date. In counting the 7 days, do not include state observed Holidays or weekends, as they are not considered working days. Whatever date the 7th working day falls on, the transfer date will be the next Monday

after that.

EXCEPTION: If notification is received on a Thursday, then Friday is counted as day one. If notice is received any other day of the week (Monday, Tuesday, Wednesday or Friday), that same day is always counted as day one.

EXAMPLE: Request is made on Wednesday. Counting seven [7] working days beginning with Wednesday, the 7th working day would fall on Thursday of the next week. The transfer date would be the next Monday following this Thursday.

- 4) Notice may be waived under unusual circumstances if sought by the client and approved by the ABC Control Center. The ABC Control Center will notify providers if waivers are approved.
- 5) The previous provider will not be paid after the start date is established for the new provider. **THE ABC PROGRAM WILL NOT PAY TWO PROVIDERS FOR THE SAME WEEK.**
- 6) The previous provider will be notified in writing of the client's last authorized day of service. A "Transfer Letter" will also be sent.
****SPECIAL NOTE: Clients with unpaid fees at the time of the transfer will still be allowed to transfer. It is the responsibility of the provider to ensure client fees are paid timely.**

V. DISCONTINUING SERVICES TO ABC CLIENTS

- 1) **When the Provider Discontinues Services To The Client**
Providers have a right to stop serving a client or child if either is disruptive to the program or does not comply with the provider's established policies. Providers must notify clients and the ABC Control Center by calling the provider line at [800-262-1116] **before** discontinuing services to the client.
 - The reason for discontinuing services must be included, i.e. failure to pay fees, parent does not pick child up on time, or child displays disruptive behavior, etc.
 - The ending date will be the last day of the service week (always a Sunday), in which the provider asked the client to leave.
 - Clients should be notified by the provider [preferably in writing] a minimum of three working days in advance of the effective date
 - Clients should be allowed to finish any week in which the provider has billed ABC for the client. Failure to allow the child to finish out a week will result in an early release, which would require the provider to forfeit any notice.
- 2) **When ABC Terminates Client's Eligibility**
The ABC Control Center may terminate a client's or child's eligibility. Once a decision has been reached to terminate eligibility, the provider will receive written notification from the ABC Control Center.
 - If termination is initiated by the SSS or the ABC Control Center, the provider and client will be notified by mail that the client's services are being terminated and all payments for services rendered after the termination date will become the client's responsibility.

- The provider will be mailed a **Denial/Termination Letter** that reflects the effective date of termination and the reason for the termination. A minimum of 10 calendar days advance notice will be given from the date the determination to end services is made, unless extenuating circumstances exist, and a waiver is given to the client.

VI. RECORDS

The following records **are required to be kept on-site and will be reviewed** during regular monitoring visits. Providers should establish good record keeping methods and maintain all documentation in an orderly fashion. If the Director or Primary Operator is not on-site during the monitoring visit, a designated person shall have access to the records. Records shall be maintained until reviewed or a minimum of 3 years, whichever is longest.

1) Attendance

- **Daily attendance records must be maintained for each child served through the ABC Program.**
- Attendance may be documented in several different ways by recording hours of attendance and days of absences on a roll book or log sheet to include the USDA Log Sheet or sign-in/sign-out sheets or computer logs, etc. **IMPORTANT NOTE:** If provider uses sign-in/sign-out sheets, and the parents fail to sign-in and also sign-out, the DSS Auditors may recoup funds.
- Records must match the absences reported on the SVL submitted for the period. **PROVIDER MUST ACCURATELY REPORT ALL ABSENCES ON THE SVL INDICATING "0" HOURS ATTENDED AND ABS REASON CODE FOR THE ABSENCE AND/OR ACTUAL NUMBER OF HOURS ATTENDED DAILY (WHOLE HOURS).**
- **Providers who do not maintain daily attendance or accurate records may be required to repay funds if the provider cannot provide documentation that child attended the program.**

2) Receipts for Grant Purchases

- Providers must maintain receipts on-site for items purchased under any grant received for a period of three (3) years for audit purposes.

3) Service Voucher Log [SVL]:

- Providers must maintain copies of the SVL on-site for a period of three (3) years for audit purposes. Providers must xerox the SVL and keep a copy on-site.
- Providers must review the SVL against the Provider's Remittance Advice.

4) Staff Records:

An individual file must be kept on-site for each staff employed. Information should include, but not be limited to, the following:

- Name and Job Title of Staff, i.e. Director, Lead Teacher, or Assistant Teacher

- Copy of High School Diploma/GED Certificate (see below)*
- Copies of any degrees/certificates/diplomas or college transcript (see below)**
- Documentation of child care experience, i.e. resume, completed job application, letters of reference, etc.
- Copy of ABC educational plan, if applicable
- Documentation of training received, i.e. certificates
- Progress toward meeting educational requirement such as quarterly transcripts
- Documentation of CPR/First Aid Certification, if applicable
- Physician Health Statement
- TB Test results or applicable statement
- Discipline Policy signed and dated yearly.

***High School Diploma: The ABC Child Care Program accepts high school diplomas which meet the following criteria**

A prescribed secondary course of study that:

- a. Includes subjects such as: Reading Skills, English and Mathematics, American and World History, Biology, Social Science, and Physical Science, Career-oriented electives like Auto Repair Technician, Personal Computer Specialist, and more. Traditional electives like Chemistry, foreign language, and Music
- b. Has minimum compulsory attendance requirements
- c. Is accepted by institutions of higher education
- d. May include home school diplomas, as recognized by each individual state
- e. Is recognized by the SC Department of Education or is accredited by one of the six regional accrediting bodies recognized by the US Department of Education.

Non-traditional high school degrees will be reviewed by ABC for compliance to the above criteria.

See <http://www.ed.gov/students/prep/college/diplomamills/index.html>

****College Degree:**

All college degrees must be accredited by one of the six regional accrediting bodies recognized by the US Department of Education in order to be accepted by ABC.

Directors are responsible for ensuring that staff hired have verifiable high school diplomas and college degrees.

5) **Client/Child Records:**

An individual file should be kept on-site for each child enrolled through the ABC Program. Information should include, but not be limited to, the

following:

- Parent name, child's complete name [especially if last name is different than parent, Social Security # of parent. It is helpful to cross-reference each child's file with other children from the same family, especially when the last names are different
- ABC Authorization/Connection Letter - describes the client's name and name of the child, amount of billing, start and stop dates, client fee amount (if applicable), and type of care
- Copies of immunization records for children under age five (5)
- Discipline Policy signed and dated by the parent yearly
- Any correspondence from the ABC Program related to the client.

VII. AMENDMENT OF PROVIDER'S ENROLLMENT

A provider's enrollment can be amended at any time after enrollment in the ABC Program. An amendment can be initiated by the provider and/or ABC Program Monitoring.

◆ PLEASE DO NOT SEND ANY CHANGES WITH YOUR SVL

The provider must notify ABC Program Monitoring if any changes or amendments need to be made to their enrollment.

Amendments may occur for, but are not limited to, the following reasons:

1) Changing Provider Rates

a. Rate Increases

Providers who increase their child care rates may request a rate increase.

- The provider must call ABC Program Monitoring and request a Rate Change Form be sent to them.
- The form is signed and dated by the provider, and returned with the required documentation to ABC Program Monitoring. The form will be completed by ABC Program Monitoring.
- Required documentation: The provider must include a copy of their published/written child care rates [i.e. written fee policy, parent handbook with rates included] along with any correspondence given to parents notifying them of the rate increase. The rate increase will not be processed without this information. Providers who do not currently have a written fee policy [outlining what rates they charge] are required to develop one
- Providers will receive written notification of the outcome of their request for a rate increase. Providers must contact ABC Program Monitoring if they have not received anything in writing within a month of submitting the request. **Rate increases cannot be made retroactive.**
- Providers should check the SVL to ensure the rate increase has been applied even after receiving written approval of the rate increase
- Once approved, the rate increase will not immediately take effect for

those clients currently being served by the provider. The payment rate will remain the same until the client's eligibility period is renewed. If the client continues to select the provider, then the new payment rate will be effective for the client with the date of their new eligibility period.

EXCEPTION: Foster care children and all children connected to Level A providers are the only clients immediately connected at the new rate.

- Any new clients selecting the provider on or after the date of the rate increase will be paid at the new rate.
- If the provider charges more than the maximum allowed by the ABC Program, then only the maximum will be paid. The provider may require the client to pay the difference between their rate and the maximum paid by the ABC Program.

b. Rate Decreases

Providers who decrease their rates **must** notify ABC Program Monitoring and request a Rate Change Form be sent to them.

- The same procedures as outlined in Rate Increases will be followed with the exception that all rate decreases will be **effective immediately** for all children without regard to the client's eligibility status.

2) Adding or Deleting Additional Age Group:

a. Providers can request to add another age group(s) not previously enrolled by contacting ABC Program Monitoring. Providers must be currently providing child care services for the age group.

- Providers must meet regulatory requirements for age group(s) served.
- An on-site visit is required for child care centers to add age groups, but is not required for family/group child care homes.

b. Providers can request to add half-time or full-time for an age group already enrolled.

c. Providers should request to delete an age group if they are no longer serving an age group or do not want to be enrolled for that age group.

3) Change in Facility's Regulatory Status:

a. The provider must notify ABC Program Monitoring if one of the following occurs:

- If provider changes from Family to Group
- If provider changes from Family or Group to a Center
- If provider changes from a Group to a Family
- If provider changes from Center to a Family or Group.

b. The provider must notify ABC Program Monitoring within one (1) working day if DSS/Child Care Licensing revokes their registration or license or the application for renewal is denied by the DSS/Child Care Licensing.

c. The Provider must notify ABC Program Monitoring in writing within

one (1) working day if they are under investigation by the DSS/Child Care Licensing/OHAN, or another local, state or federal agency.

4) **Change in Name of Child Care Facility:**

If the provider changes the name of the child care facility they must:

- Notify ABC Program Monitoring in writing
- Submit a signed W-9 Tax form which can be requested from ABC Program Monitoring
- Submit a new IRS Form – SS-4 or 147-C Letter.

5) **Program Moves Location:**

If the provider moves to another facility, the following must occur:

- The provider must notify ABC Program Monitoring as soon as possible, but no later than 15 days prior to the move.
- **The provider must only serve the children at the facility enrolled.** When a provider moves, the License/Registration becomes invalid and the provider must obtain a new License/Registration for the new location and submit to ABC Program Monitoring prior to the move.
- If the regulatory requirements are met, the facility demonstrates a history of compliance with regulatory requirements, there is no turnover of the director, and at least 75% of the caregiver staff remains with the facility, the provider's enrollment will be amended and the provider will be allowed to serve the children at the new facility.
- If the facility is issued a provisional license at the new location, the program will be reclassified to a Level C until a regular license is issued. When the provider is issued their regular license, they may apply to enroll at Level B (without the six month wait) or above if all prerequisites for ABC enrollment are met.
- If the facility does not meet regulatory requirements at the new facility termination will be initiated. If the process results in termination the termination should be effective the 1st Monday after 10 working days (excluding weekends and state holidays) after notification that the appeals process has ended.

6) **Change in Director of Child Care Facility:**

If there is a change in the Director of the child care facility they must:

- Notify ABC Program Monitoring in writing or by phone
- Submit documentation [i.e. degree, CDA, diploma, etc.] that director meets the qualifications outlined in the ABC Child Care Standards
- If needed, submit signed educational plan indicating director will obtain approved credential, certificate, diploma, or degree within three years. An educational plan can be obtained from ABC Program Monitoring.

7) **Change in Mailing/Payment Address or Phone Numbers:**

If there is a change in the facility address where services are provided [other than the provider has moved], such as a change because of 911 or payment address, or phone number:

- Notify ABC Program Monitoring in writing or by telephone
- Submit a signed W-9 Tax form which can be requested from ABC Program Monitoring.

8) **Change in Telephone Number:**

If there is a change in the facility phone number where services are being delivered:

- Notify ABC Program Monitoring in writing or by phone. **The provider must maintain a working LAN telephone at all times, at the facility where services are being delivered.** Non-published numbers are not allowed, nor is a cell-phone allowed as the main phone.

VIII. HISTORY OF COMPLIANCE TO REGULATORY REQUIREMENTS

(Formerly called *License in Good Standing*)

Please refer to the Level A and B mandatory standards, “Standard I. Regulatory Requirements”. This is where providers are required to meet History of Compliance.

The child care facility is required to have and maintain a History of Compliance with regulatory requirements in order for the facility to enroll and maintain enrollment as a Level A or B facility in the ABC Program.

History of Compliance is defined as having:

(1) No frequent or multiple deficiencies or a significant event *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*

(2) At least one caregiver with a Cardiopulmonary Resuscitation (CPR) certification and pediatric first aid certification who is on-site at all times when the children are in care.

- *Frequent* is defined as having 3 or more violations that pose a substantial threat to children’s health and safety within a six month period of time.
- *Multiple* is defined as having 3 or more different violations that pose a substantial threat to children’s health and safety within a six month period of time.
- Any *significant event* which poses substantial threat is defined as, but not limited to: any environment, situation, or occurrence that poses a substantial threat to the health and safety of children.
- *Substantial threat* to the health and safety of children is any action, condition, or event that results in children being placed in impending danger or harm.

Conditions that could pose a *substantial threat* can include, but are not limited to:

- ❖ children left alone in the facility;

- ❖ sewer backed up in facility;
 - ❖ no water in the facility;
 - ❖ no heat or air conditioning in facility in extreme weather conditions;
 - ❖ fire alarm disconnected;
 - ❖ lack of supervision resulting in a child leaving the facility unnoticed;
 - ❖ lack of supervision resulting in child left at another location such as restaurant, zoo, etc;
 - ❖ children removed due to abuse or neglect by Licensing, OHAN, or Child Protective Services staff;
 - ❖ smoking in the facility by staff;
 - ❖ exceeding the facility capacity or staff - child care ratios defined by Child Care Licensing
- Cardiopulmonary Resuscitation Certification (CPR) and Pediatric First Aid Certification(FA) - facility cannot have more than 3 violations where they fail to meet CPR/First Aid coverage within a 12 month period of time.

If any supervision offense results in harm to a child (i.e., child injured), the termination process will be initiated with that offense.

IX. VOLUNTARY TERMINATION FROM ABC BY PROVIDER

Level A and B providers should notify ABC Program Monitoring directly if they want to voluntarily terminate their enrollment; however, if providers contact the ABC Control Center, ABC Program Monitoring will verify the provider's intent through a phone contact with the provider. Providers who have received a grant must, however, stay in the program for the period required by the grant, or the grant funds may be recouped.

Voluntary termination of a provider's enrollment agreement is not appealable. If the provider requests to voluntarily end their enrollment agreement, and then later requests to rescind the termination of their agreement, the ABC Program is under no obligation to do so, particularly if the provider's file has been closed in the ABC Voucher System. The provider may however reapply for any Level after waiting six months.

X. ADVERSE ACTIONS BY DSS

1) TERMINATION OF PROVIDER'S ENROLLMENT BY THE ABC PROGRAM

The ABC Program will initiate termination of an ABC Child Care provider's enrollment agreement during any 3-year enrollment period if the provider fails to comply with the requirements of the ABC Program and criteria to maintain enrollment at the Level enrolled. Providers at Level A and B are paid the rate they charge others up to higher maximum rates because they agreed to meet additional standards and criteria. **EXCEPTION:** See Reclassification.

If enrollment is terminated for cause, the provider cannot reapply at any level for six months following the date the appeals process has ended.

If the process results in termination of enrollment, the termination should be effective the first Monday following 10 working days (excluding weekends and state holidays) after notification that the appeals process has ended.

A child care facility's enrollment will be terminated for, but not limited to, the following reasons:

1. **Failure to Maintain Regulatory Requirements:** If a provider fails to maintain their regulatory status or if the provider's regulatory status is revoked, denied, or suspended, or an injunction is issued to close the facility, termination of the provider's enrollment will be initiated.

If a provider is under appeal with Child Care Licensing and the health and/or safety of the children are jeopardized, the Child Care Services Director can make the decision to remove all ABC children from the facility during the appeals process. Examples of situations that could jeopardize children's health and/or safety are: sewer backed up in the facility; no water in the facility; over heated facility due to no air conditioning; child seriously injured or death of a child due to lack of supervision or negligence by staff; lack of supervision resulting in a child leaving the facility unnoticed; children removed due to abuse or neglect; over ratios by more than 25%; etc

2. **Failure to Maintain History of Compliance:**

History of Compliance is defined as having:

- 1) No frequency (3 or more within 6 months) deficiencies *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*
 - a) **Maintaining Staff-Child Ratios Requirements** – Providers shall at all times maintain staff:child ratios. When it has been determined a provider has failed to meet the required staff-child ratios 3 or more times during any 6-month period, the termination of enrollment process will be initiated.
 - b) **Maintaining Supervision Requirements** – Providers shall at all times maintain supervision requirements. When it has been determined that a provider has failed to meet supervision of children requirements 3 or more times during any 6-month period, the termination of enrollment process will be initiated.
 - c) **Maintaining Regulatory Capacity** – Providers shall at all times maintain the facility's regulatory capacity. When it has been determined a provider has exceeded the regulatory capacity at a

facility 3 or more times during any 6-month period, the termination of enrollment process will be initiated.

- d) **Maintaining Health and Safety Regulations** - Providers shall at all times maintain health and safety regulations. When it has been determined that the provider has received multiple violations which affect the health and safety of children, the termination of enrollment process will be initiated.
 - e) **Smoking in the Facility** - When it has been determined that a provider has received multiple violations which affect the health and safety of children, the termination of enrollment process will be initiated.
- 2) No multiple (3 or more within 6 months) deficiencies *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*
- a) **Maintaining A Combination of Ratios, Supervision, Regulatory Capacity, or Health and Safety** - When it has been determined a provider has failed to meet a combination of ratios, supervision, regulatory capacity requirements or health and safety (#a, b, c, and d above) during any on-site visit, or individually for 3 or more times during any six-month period (i.e., 1st violation ratios, 2nd violation supervision, 3rd violation ratios), the termination of enrollment process will be initiated.
- 3) At least one caregiver with cardiopulmonary resuscitation (CPR) certification and pediatric first aid certification who is on-site at all times when children are in care.
- a) **Meeting CPR, First Aid Certification** - Providers shall at all times have one caregiver with CPR and FA on-site. When it has been determined that a provider has failed to meet the CPR/First Aid Certification coverage at a facility 3 or more times during any 6-month period, the termination of enrollment process will be initiated.
- 4) Maintaining History of Compliance in which **no** significant event occurs that poses a substantial threat to *the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*

3. Failure to Maintain Required Program Assessment Scores:



Level A Providers:

The minimum score required for enrollment is an average score of 4.5 on the [Environment Rating Scales](#) (ITERS-R, ECERS-R, and/or SACERS)

appropriate for each age group of children in randomly selected classrooms. Additionally, each classroom observed must earn a minimum score of 4.0 on the Interaction Subscale.

B Level B Providers:

The minimum score required for enrollment and to maintain enrollment is:

1) Center-based = 80% for each age group 2) Family/Group = 80% overall.

- If a center-based facility scores less than 65% in all age groups or a Family/Group facility scores less than 65% overall during an on-site ABC Level B Child Care Standards assessment, the termination process shall be initiated with that review.
- If a center-based facility is enrolled for more than 1 age group and any age group scores less than 65%, de-enrollment of the age group(s) scoring less than 65% shall be initiated with that review.
- If a center-based facility is enrolled for more than 1 age group and any age group scores **at least** 65%, but less than the 80% required, then 2 more assessments will be conducted for that age group. If after 3 assessments the score is still below 80% the de-enrollment process of the age group(s) not meeting the 80% requirement shall be initiated upon the third visit.

4. **Failure to Maintain NAEYC (National Association For The Education of Young Children) Accreditation (Level A only):**



Level A (NAEYC) providers enrolled in the ABC Program prior to January 1, 2008, were grandfathered into Level A based on current accreditation by the National Association for the Education of Young Children (NAEYC). A grandfathered Level A provider may remain a Level A provider as long as they maintain their NAEYC Accreditation. Should they lose their accreditation for any reason, providers will be given 30 days to apply for whatever Level best suits them. Providers wishing to re-enroll as Level A providers will have to meet the enrollment criteria established for Level A providers after January 1, 2008. Upon receipt of the provider's completed application, the ABC Program will have 90 - 150 days to complete the applicable on-site assessment depending on the size of the program, scheduling constraints, and/or provider circumstances. **Note: Level C does not require an on-site assessment prior to enrollment. If the provider does not make application within the prescribed time frame, termination of enrollment will be initiated.**

5. **Use of Corporal Punishment:** *The ABC program defines corporal punishment as the use of physical force to the body as a discipline measure. Physical force to the body includes but is not limited to spanking, slapping, biting, and shaking. (1) If the owner/operator of the facility administers*

corporal punishment, termination of facility will occur on the 1st offense. 2) If staff in a child care center uses corporal punishment, and the corporal punishment was not condoned by the owner/operator, the provider should be given an opportunity to take appropriate corrective action. If appropriate action is taken, termination will not occur (3) If further instances of corporal punishment are used at the facility within any 12-month period, termination of enrollment will occur.

When termination is warranted as a result of corporal punishment, the termination process shall be initiated immediately.

6. **The Office of Out of Home Abuse and Neglect (OHAN) Finding(s):** If a staff's name at an ABC facility is entered into the Central Registry, and the perpetrator is not barred from the facility, the termination of enrollment will be initiated immediately. For Family/Group facilities, termination will be initiated immediately. The Child Care Services Director can make a decision to remove all ABC children from the facility during the appeals process.
7. **Failure to Submit Required Corrective Action:** If a provider does not correct the deficiencies/violations within the time allowed (including any extension of time allowed for correction), the termination of enrollment process shall be initiated.
NOTE: In the event the ABC Program terminates a provider's enrollment during the 3 year enrollment period, and the Appeals Office upholds the provider, any outstanding corrective action not affected by the appeal must be submitted.
8. **Facility Moves:** If the facility moves to another location, and the provider has not obtained a regulatory document for the new location, termination of enrollment will be initiated.
9. **Failure to Provide Child Care Services at Enrolled Address:** Providers must notify ABC in advance of days the facility will be temporarily closed or if the facility is moving or permanently closing.

When an unannounced on-site visit is conducted at an ABC facility during the hours the facility should be in operation, and services cannot be verified on the day of the visit, the ABC Program will provide written notice by certified mail to the provider to notify the provider that if services cannot be verified during the next unannounced on-site visit, the termination of enrollment process will be initiated.

If a 2nd visit is conducted and services cannot be verified (i.e. looks abandoned, no one comes to the door, no furniture inside, wood over windows, grass overgrown, etc.), the termination of enrollment process shall be initiated. Funds will be recouped for the period of time when services could not be verified.

10. **Providing Services at a Location Other Than the Enrolled Address OR other than the site the child is connected to:** Per the Provider Agreement, providers are authorized only to serve children at the site which is enrolled and has been approved by the ABC Program. When children are served at a location that has not been approved by the ABC Program, this potentially places children in harm. For example, the other location may not be a licensed facility where health and safety codes are met. Additionally, ABC is paying for a higher quality of care at the enrolled location and thus cannot guarantee the quality of care at locations other than the enrolled site.

Children must be served at the location for which they have been connected. If the provider has two or more locations enrolled, they may not switch or transport children between locations without notifying the ABC Control Center for authorization. Children will appear on the SVL for the location in which they have been connected. When it is verified that children are being served at a location other than the enrolled address, the termination of enrollment process will be initiated.

11. **Failure to Respond to Attempts by ABC Staff to Reach the Provider:** If the provider has ABC children connected, and there are 3 documented attempts within a period of 15 days (excluding weekends and holidays) by the ABC Program to reach the provider, by phone, letter, e-mail, and/or on-site visit and there is no response by the provider, the termination of enrollment process shall be initiated. Funds shall be recouped for the period of time when services could not be verified.
12. **Failure to Operate During Stated Hours of Operation:** If a provider has 3 documented incidents of non-compliance with the stated hours of operation during any 12-month period, the termination of enrollment process may be initiated.
13. **Failure to Maintain LAN (Local Area Network) Phone Service:** Providers are required to have LAN phone services where ABC children are served. Cell phones are not permitted as the primary/sole phone service. When it becomes known to the ABC Program that a provider does not have LAN phone services at a facility where ABC child care services are provided, the provider should be given 30 days to secure LAN phone services. If the provider does not secure LAN phone services within the 30 days; or if it is documented that the provider did not have LAN phone services 2 times within any 12-month period, the termination of enrollment process may be initiated.
14. **Misuse of ABC Grant Funds:** If a provider uses ABC grant funds on purchases other than its approved use and the provider does not reimburse the ABC Program within the timeframe given for reimbursement (including any extension of time approved), the termination of enrollment process may be initiated. Funds will be recouped.

15. **Fraud:** If a provider intentionally makes a false statement or misrepresentation regarding a material fact or fails to disclose a material fact that results in obtaining, attempting to obtain, or continuing to receive ABC funds which the provider would not otherwise qualify to receive, the termination of enrollment process shall be initiated. Funds will be recouped for the period of time when the provider did not qualify for the funds.
16. **Owner, Director, and/or Operator Guilty of Fraud in A State-Funded or Federally-funded Program:** If an owner/operator is found guilty of committing fraud in another state-funded or federally funded-program, the termination of enrollment process shall be initiated. If a director is guilty of committing fraud in another state-funded or federally-funded program and the director is retained in the capacity as director of the facility, the termination of enrollment process will be initiated.
17. **Failure to Maintain ABC Documentation Requirements:** If a provider is cited 3 times for the same record keeping violations during any 12-month period, the termination of enrollment process may be initiated. The violations can be noted by the ABC Program Staff, the DSS Audit Staff or Child Care Licensing.
18. **Verbal or Physical Abuse of ABC Staff:** If a provider curses or yells at any ABC Program staff, the provider will be sent a certified letter after the 1st offense. The letter will describe the incident and inform the provider that another such incident will result in termination being initiated. If the provider threatens, or physically assaults any ABC Program staff during the course of conducting ABC business, termination of enrollment will be initiated.
19. **Refusal to Allow ABC Representatives Access to the Facility:** If a provider refuses to allow an ABC staff on the premises or in the building of an enrolled child care facility, and the ABC staff is on official ABC business during operating hours of the facility and the provider is open for business, the provider will be sent a certified letter after the 1st offense, describing the incident and notifying the provider that as a result of the incident any available bonus for the review period is forfeited, and if ABC staff are denied access during any future visits, the termination of enrollment process will be initiated. If a 2nd incident occurs, the termination of enrollment process shall be initiated immediately.

2) EXCEPTIONS TO TERMINATION OF PROVIDER ENROLLMENT

The following terminations are not appealable. In the following situations, even though ABC Program Monitoring considers this a closing of the provider's file, the ABC Child Care Voucher System will terminate the provider's enrollment in the ABC Voucher System based on closure, and send the provider a termination letter. The following are reasons a provider would be terminated:

- A. **Provider has no current ABC children and 1) is not operating the program because they have no children at all 2) has closed the program or 3) vacated the facility and did not notify the ABC Program.** Example: monitor conducts unannounced visit and finds facility abandoned. Program will attempt to reach provider by phone. If unsuccessful, then a letter will be mailed notifying the provider that they must contact Program Monitoring within five working days of receipt of the letter or the file will be closed. If no response received, then file will be closed. Should the provider reopen at another location and wish to apply for enrollment, they must wait six months before they can reapply.
- B. **Provider has no children at all (ABC or private pay) for one year, but is keeping the program open.** When providers do not have children enrolled, ABC Program Monitoring cannot conduct observations and therefore the provider is unable to meet the standards. Therefore, the provider's file will be closed; however, the six month wait period to reapply for enrollment will be waived.
- C. **Provider has no current ABC children connected and the ABC Program cannot reach anyone either at the facility (on site) or by phone during the normal hours of operation.** Program Monitoring will send a letter notifying the provider they must contact Program Monitoring within five working days of receipt of the letter or their file will be closed. If there is no response by the provider, the file will be closed and the provider must wait six months before they can reapply.
- D. **Facility Ownership Changes.** A provider must immediately notify the ABC Program of any changes in ownership of the facility. A change in ownership invalidates the enrollment agreement as it is not transferrable. It also invalidates the DSS License or registration. The provider's file will be placed in a closed status. The new owner may apply for enrollment at any level desired by completing the application process and meeting the enrollment requirements.

The provider must notify ABC Program Monitoring at least 30 days prior to the sale. **VERY IMPORTANT NOTE:** It is extremely crucial to notify ABC Program Monitoring of the sale of the facility so that payment under the provider's TAX ID number can be stopped. If the provider fails to do this and the new owner continues to receive the SVLs and submits them, payment will continue to be made under the original provider's TAX ID, and thus they are responsible for payment of taxes due. When the new owner keeps the same facility name, it is easy for them to deposit the checks. The ABC Program cannot be held responsible when providers fail to notify the ABC Program of the sale. Providers should NOT send this notification in with their last SVL, but must call or write ABC Program Monitoring directly.

XI. RECLASSIFICATION OF PROVIDER'S ENROLLMENT STATUS IN THE ABC PROGRAM

Reclassification is the process whereby providers are moved from a higher quality level to a lower one within the ABC Voucher System.

Reclassification may be initiated by the ABC Program during the provider's 3-year enrollment agreement or the provider can request to be reclassified in writing at any time if they meet the criteria. When reclassification occurs, providers remain in the ABC Program and can accept vouchers; however, the payment rate is adjusted upon the change of Levels. The provider will be required to complete new enrollment paperwork. **Reclassification is not appealable.**

Providers are not eligible for reclassification if they fail to meet the History of Compliance.

The following are the reasons that a provider may be reclassified:

- a. Provider at Level A or B moves the facility and the new location does not have a regular license (only provisional) required for enrollment of new location
- b. Provider scores are below the required scores (not above 65%) for the Level enrolled after 3 consecutive visits
- c. Provider cannot meet the mandatory standards, i.e. education, training hours due to valid reasons such as health reasons, personal circumstances (spouse or family member ill or dying)
- d. Level A providers with NAEYC Accreditation who lost or did not renew their accreditation.

XII. EXPIRATION OF THE 3 YEAR ENROLLMENT AGREEMENT

Enrollment periods/agreements are effective for a period of 3 years from the date signed by the provider. The provider's ABC enrollment expires on the expiration date of the agreement. **The end of the enrollment period is not appealable.**

All providers will be notified in writing 90 days prior to the expiration date of their agreement and provided an application to re-apply for a subsequent enrollment period at the same Level.

If the provider meets the eligibility criteria for enrollment the provider will be offered the opportunity to voluntarily sign another 3 year enrollment period/agreement.

If the provider does not meet the eligibility criteria for the Level which they applied, they will be given 30 days to apply for another Level as long as they meet the History of Compliance.

XIII. ELIGIBILITY CRITERIA FOR SUBSEQUENT 3 YEAR ENROLLMENT AGREEMENT

ABC Program Monitoring staff will notify providers in writing at least 90 days prior to the expiration date of the existing agreement. Providers will be sent an

application to complete and return if they are interested in applying for another 3-year enrollment period. The application must be returned 60 days before the end of the existing agreement.

To be eligible for another enrollment period, the provider must have maintained a History of compliance with regulatory requirements, and also have consistently demonstrated the following eligibility criteria during the current 3 year enrollment period:



Level A (NAEYC) Providers enrolled before January 1, 2008:

Re-enrollment eligibility is based on a summative review of the provider's performance during the previous 3 year enrollment period. Factors used to determine re-enrollment eligibility include, but are not limited to repeated non-compliance with the following:

- Must have a current regular license or approval
- Must have maintained accreditation by National Association for the Education of Young Children (NAEYC) without a break in accreditation. (Failure to maintain NAEYC accreditation requires the provider to meet the criteria for Level A providers who enrolled January 1, 2008 and after or enroll at another Level.)
- Must have adhered to the ABC Level A mandatory standards which are inherent in the NAEYC Standards



Level A (ERS) Providers enrolled January 1, 2008 and after:

Re-enrollment eligibility is based on a summative review of the provider's performance during the previous 3 year enrollment period. Factors used to determine re-enrollment eligibility include, but are not limited to repeated non-compliance with the following:

- Must have a current regular license or approval.
- Must meet the ABC Level A mandatory standards.
- Must meet the overall average score of 4.5 (on a 7 point scale) or higher, with a 4.0 minimum score on the interaction subscale for each age group assessed with the Environment Rating Scale (ERS) on an on-site review conducted by an ABC monitor during the current enrollment period.



Level B Providers:

Re-enrollment eligibility is based on a summative review of the provider's performance during the previous 3 year enrollment period. Factors used to determine re-enrollment eligibility include, but are not limited to repeated non-compliance with the following:

- Must have met 80% or higher compliance score during each on-site assessment within the 3 year period.
- Must have met the ABC Level B mandatory standards and submitted corrective action within the required time frame, if applicable.
- Must have had no repeated violations with the same ABC Mandatory Requirements in which corrective action had to be submitted each time, (i.e. never has training hours, Corporal Punishment Statements, CPR/FA, etc.).

- Must have complied with the time frames for meeting educational requirements.

Providers Who Do Not Meet Eligibility Criteria

Providers who demonstrated repeated non-compliance with any of the above criteria during the 3 year enrollment period will be staffed internally to determine re-enrollment eligibility:

- Level A (NAEYC) providers who do not meet the eligibility criteria will be given the reason(s) and 30 days to apply for enrollment at either Levels A, B, or C. The end of agreement date is not appealable. If the provider wishes to re-enroll as a Level A provider, they must meet the criteria established for Level A (ERS) after January 1, 2008.
- Level A (ERS) providers who do not meet the eligibility criteria will be given the reason(s) and 30 days to apply for enrollment at either Levels B or C. The end of agreement date is not appealable. If the provider chooses to apply for the same Level, they must wait six months and complete a self-study.
- Level B providers who do not meet the eligibility criteria will be given the reason(s) and 30 days to apply for enrollment at Level C. The end of agreement date is not appealable. To reapply for enrollment at Level B, providers must wait 6 months and document they have received technical assistance from a Certified Technical Assistance Provider (TAP). TAP's are certified through the Center for Child Care Career Development (CCCCD). Failure to provide this documentation renders the provider ineligible to reapply at Level B.

If the provider does not make an application for another Level within the specified time frame, then the ABC Program will assume that the provider is no longer interested in participating and the file will be closed and terminated as the Agreement period has ended. **It is the provider's responsibility to insure that their application has been received by contacting their Program Monitoring Office.** If ABC children are connected, then the provider will be contacted and given the last date payment will be made on behalf of the clients.

XIV. WAITING PERIODS FOR ENROLLMENT

1. Waiting Period When ABC Terminates Provider's Enrollment

- When the ABC Program terminates a provider's enrollment during the 3 year enrollment period, and the provider does not request an appeal, they must wait 6 months after the effective date of the termination before applying for enrollment at any level.
- In the case where the provider requests an appeal and the Appeals Office does not uphold the provider in the appeal, the provider must wait 6 months after the date the final appeals decision is issued before applying for enrollment at any level.

- If the provider requests to appeal any decision, and then withdraws the request, the six months would begin upon notification that the appeal process has ended.

SEE ENROLLMENT EXCEPTIONS

2. Waiting Period for Provider Who Voluntarily Terminates Enrollment

- Providers who voluntarily terminate enrollment must wait six months before re-applying for any Level.

3. Waiting Period When Provider is Not Eligible for Subsequent Enrollment Agreement -

Level A providers:

- Level A (NAEYC) providers enrolled prior to January 1, 2008, who are not eligible for a subsequent 3 year enrollment agreement have 30 days to apply for any Level. If the provider wishes to reapply as a Level A provider, they must meet the requirements established for Level A (ERS) providers after January 1, 2008.
- Level A (ERS) providers enrolled after January 1, 2008, who are not eligible for a subsequent 3 year enrollment agreement will have 30 days to apply for Level B or Level C. However, should they wish to reapply for Level A again, they must wait 6 months and complete a self-study.

Level B providers:

- Level B providers who are not eligible for a subsequent 3 year enrollment agreement will have 30 days to apply for enrollment at Level C. If the provider wishes to reapply as a Level B, they must wait 6 months and receive technical assistance from a Certified Technical Assistance Provider (CTAP). CTAP's are certified through the Center For Child Care Career Development (CCCCD). Failure to provide this documentation will render the provider ineligible to re-enroll at Level B.

4. Exemption of Waiting Period

- If extenuating circumstances exist, the Director of Child Care Services may grant an exemption of the 6 month wait for applying for enrollment, if recommended by Program Monitoring or the Control Center, as applicable. No exemption will be granted for providers who are terminated for failure to maintain History of Compliance with regulatory requirements.
- Providers whose file is inactive are exempt from the 6 month wait.

5. Ineligibility to Participate in Publicly Funded Programs - Any institution or it's principals who are ineligible for any other publicly funded program due to the above criteria are prohibited from participating in the ABC program at any level. However, this prohibition does not apply if the institution or principal has been fully reinstated in, or determined eligible for, that program, including the payment of any debts owed.

XV. ENROLLMENT EXCEPTIONS

The following are reasons a provider is ineligible to re-enroll in the ABC Child Care Program.

1. **Death of a Child** - When a negative action by a provider results in the death of a child at a facility.
2. **Fraud** - Providers found guilty in court of committing.
3. **Falsified Documents** - Providers who falsify or misrepresent official or legal documents (i.e., birth certificates, degrees, transcripts, etc.), or other ABC program documents (SVL, attendance records) and submit to the ABC Program or to Child Care Licensing.
4. **Administrative or Judicial Determination of Abuse and/or Neglect** - Owners of facilities or owners with staff who abuse or neglect children and whose name has been entered into the Central Registry cannot be re-enrolled as long as the perpetrator continues to be employed and/or present at the facility.

NOTE: Upon receiving a provider's application for enrollment in the ABC Program at any Level, if it is known by the ABC Program that the provider purchased the facility from a provider whose enrollment was terminated due to Numbers 1 through 4 above, then the new owner shall submit legal documentation verifying the change of ownership and provide a notarized statement that the previous owner has no financial or personal interest or association with the child care facility.

XVI. GRANTS

Providers who receive a grant(s) must stay in the program for the period required in the grant agreement.

If the provider does not comply by staying in the program for the required amount of time, recoupment of grant funds will be initiated.

If a recoupment has been initiated against the provider perhaps because of an audit, overpayment, or if the provider owes money to the Government due to an IRS lien, and funds are being recouped from the provider through their payments, then the provider will not be eligible for any grants offered at that time due to the fact that the Voucher System will automatically take the grant money in payment towards the recoupment or lien. **This is not appealable.**

Failure to use grants funds properly may result in the initiation of an audit by the ABC Child Care Program.

XVII. APPEALS PROCESS

CONNECTION OF CLIENTS DURING THE APPEAL PROCESS:

No new ABC clients will be allowed to connect to an ABC facility during an appeal by the provider with the DSS ABC Program or Child Care Licensing.

Providers may continue serving current children connected through the end of their current eligibility period unless the health and/or safety of the children are jeopardized. If the client's eligibility ends and they are reauthorized, they will not be allowed to reconnect to the provider as this is considered a new connection. The Child Care Services Director can make a decision to remove all ABC children from the facility during the appeals process, if it is determined that the health and/or safety of the children is being jeopardized.

PROVIDERS:

The provider is given an opportunity to request a fair hearing in compliance with the Civil rights Act of 1964. The provider may appeal any decision that results in any adverse actions such as termination, de-enrollment, or reclassification. The following is not appealable: 1) the natural ending of the 3-year provider enrollment period based on the expiration date, 2) provider closure, and 3) failing the assessment scores during an enrollment visit.

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 provider or a person acting on his/her behalf, such as a 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. If the client or provider wishes to appeal the decision, he/she must notify SCDSS in writing, postmarked within 30 days of receiving a service denial notice or termination letter. The notice of intent to appeal should be directed to:

South Carolina Department of Social Services
Individual and Provider Rights
P.O. Box 1520
Columbia, South Carolina 29202-1520

If notice of intent to appeal is not submitted to SCDSS within the 30 day period, the right to challenge the denial or termination will be lost and the decision will become final.

XVIII. GLOSSARY OF TERMS

Definitions of key terms are presented to ensure clarity and understanding. These definitions express the administering agency's intent and meaning for the terms identified.

ABC Child Care Control Center: (ABC Control Center)

The authorized child care voucher system management center that is available to provide assistance to clients and providers, and to handle child care applications, funding and connecting.

- Providers call: 1-800-262-4416 for notification requirements and/or questions concerning ABC Program procedures.
- Parents call: 1-800-476-0199 for any questions.

ABC Child Care Program (ABC Program):

The South Carolina statewide child care assistance program funded by Child Care and Development Fund (CCDF), Social Services Block Grant (SSBG) and state match.

ABC Child Care Program Monitoring (ABC Program Monitoring):

The entity that enrolls, monitors, and provides technical assistance to providers enrolled in the ABC Program at Levels A or B, and makes all changes to a provider's file. There are two offices of ABC Program Monitoring.

Absenteeism:

When the child is **not** present (absent all day) at the provider's facility during the service unit (week) either due to illness, vacation, or court ordered non-custodial visitation or for other known or unknown reasons.

Activity Fees

Activity fees are considered other fees charged by the provider to parents such as transportation fees, or special activity fees, etc. These fees are the responsibility of the parent.

Authorized Service Period

The specific time frame that child care services are authorized for a client and a specific provider.

Billing Rate:

The provider's weekly service rate minus any applicable client fee, and any discount for a second child.

Care Type:

The age groups 0-2 years, 3-5 years, 6-12, and 13-18 years in which the provider has enrolled with the ABC Program. Providers cannot offer services to ABC clients or receive payment for service in a care type in which they have not been enrolled.

Center-based Care:

Facility licensed by DSS to serve 13 or more children.

Child:

The recipient of child care services.

Child Name:

The first name of the child.

Child Number:

This is the last 4 digits of the client's Social Security number plus the two digit code 01, 02, etc. assigned to the child. It identifies the child for the purpose of payment and system activities. **Providers should never change the assigned child number.**

Client:

An individual who has met the eligibility criteria and is funded for child care.

Client Fee:

That portion of the provider's weekly service rate (cost) which is based on the client's family size and income, and paid by the client directly to the provider. The fee amount is established by SCDSS on the basis of family size and gross family income. That portion of the child care cost, which is paid by the client directly to the child care provider.

Client Number:

The last 4 digits of the client's Social Security number. This number identifies all client activity in the system.

Client Termination of Eligibility:

Action taken when the client is no longer eligible for services. Once notified that the client's eligibility is terminated, the provider is not eligible for payment for services.

Connected:

A start and stop date (linked to a specific provider) within the ABC Voucher System.

Denial:

When an applicant is denied child care assistance due to inability to meet eligibility criteria or failure to comply with application requirements.

Eligibility Period:

The amount of time authorized for the individual child to receive child care services.

End Date:

The last date of service authorization.

Facility Cost:

The cost a provider charges all parents for a week of child care. Note: Parents are responsible for the difference between the facility cost and the amount paid by the ABC Program, plus any applicable client fee.

Family Child Care Home:

Home registered or licensed by DSS to serve no more than 6 children.

Family Independence Act of 1995:

An Act passed by the South Carolina General Assembly to require the DSS to emphasize employment and training with only a minor welfare component. The Act specifies action required by DSS to implement “Welfare Reform”. It also specifies requirements for applicants and recipients in order to receive financial assistance.

Family Independence: (FI)

Child care assistance provided to current FI stipend clients to encourage participation in approved employment, education, or training activities. These requirements are met through the Family Independence Program in South Carolina in an effort to emphasize parental responsibility and self-sufficiency.

Family Independence Stipend:

A monthly payment made to a family who meets the required eligibility standards; previously referred to as Welfare or AFDC.

Foster Care:

Children who are in the custody of DSS and placed out of their home by and/or under the supervision of DSS.

Full-Time Care:

Thirty or more hours of child care service provided during one week.

Funded:

Any child for whom dollars have been allocated in their name.

Group Child Care Home:

Home licensed by DSS to serve no more than 12 children.

Half-Time Care:

Less than thirty (30) hours, but more than fifteen (15) hours of child care service provided during one week.

Less Than half-time Care:

Less than 15 hours of child care service provided during a week. No registration fee is allowed for this care type. This care type only applies to Welfare Reform participants receiving subsidized child care, and must be used in conjunction with full and half-time care, or may be used alone. This cannot be used to pay the same provider.

Level A:

Exemplary programs measured against rigorous quality standards.

Level B:

Programs measured against quality standards beyond basic state regulations.

Level C:

Programs meeting basic licensing regulations (health & safety)

Less than Half-Time Care:

Less than fifteen (15) hours of child care service provided during a week. No registration fee is allowed for this care-type. This care-type applies only to Welfare Reform participants receiving subsidized child care and must be used in conjunction with full and half-time care.

Maximum Rate:

Maximum weekly rates established by SCDSS on the basis of a market rate survey of urban and rural counties, type of facility, and care types.

Payable Adjustment:

The process of paying the provider for additional monies due them.

Provider Identification Number:

The Federal Employer Identification Number [FEIN] or Social Security number of the provider. This number identifies the provider for purposes of payment, tracking and reporting.

Receivable Adjustment:

The process of collecting monies that were paid to the provider that were not due them.

Registration Fee:

A fee providers charge to clients participating in a child care program. Registration fees are set amounts established by the provider to cover costs not included in the weekly fee. This fee may also not exceed the fee charged to private-paying clients in the child care program. A Provider is not eligible for a registration fee for clients receiving less than half-time care. The ABC Program will pay registration fee to providers up to an established program maximum. **The provider may require the client to pay the fee if the client has used up their allocation for registration fees.**

Remittance Advice:

A document included with the provider's check. There are three different types:

- 1) **Paid Remittance Advice:** indicates what clients and weeks were paid;
- 2) **Rejected Remittance Advice:** indicates which clients and weeks were not paid and the reason;
- 3) **Adjusted Remittance Advice:** indicates if funds were deducted from the provider's check, the amount, and the reason.

Service Codes:

Those codes assigned to identify the type of payment being made to the provider, i.e. CS for client services, GR for grant request, and RF for registration fees.

Service Cost:

The provider rate as reflected in the ABC Voucher System.

Service Unit:

One week of child care [Monday - Sunday]. A service unit may be for half-time, full-time, or less than half-time child care.

Service Voucher Log [SVL]:

A pre-printed payment request form used to process payments to providers for eligible clients.

South Carolina Department of Social Services [SCDSS]:

The administering state agency for the ABC Program and the agency responsible for administering the Welfare Reform, Family Independence Program.

Start Date:

The date services are authorized to begin by DSS or the ABC Program/Control Center staff.

Stop Date:

The last date of service authorization.

Week:

Monday through Sunday.

SAMPLE

South Carolina Department of Social Services
AUTHORIZATION AGREEMENT AND ENROLLMENT FORM
FOR ELECTRONIC VENDOR PAYMENT AND REMITTANCE ADVICE

By signing this form, I authorize the State of South Carolina (hereinafter "the State") to initiate electronic credit entries to a checking or a savings account indicated below at the financial institution identified below. I understand that payments and reimbursements **may** be made by the State, to me or the vendor I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the State to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the S.C. Dept. Social Services in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new** SOUTH CAROLINA DEPT. SOCIAL SERVICES OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM. Failure to notify the SC Dept. Social Services Office of an account change will delay payment.

Return completed form to the following address:
 SCDSS Child Care Expenditures
 Attention: Susan Litz
 PO Box 100205
 Columbia, SC 29202

- Instructions:**
1. Vendor/payee must complete Sections 1 and 2.
 2. Submit a voided check if using a Checking Account.
 3. If not using a Checking Account, your Financial Institution must complete Section 3 below.
 4. Mail the original completed form and voided check to the SC DSS office at the address indicated to the left.

I currently receive payments from: Foster Care/Adoptive ABC Voucher

Fold Along This Line

Section 1 – Vendor Identification Number (VIN) (TO BE COMPLETED BY THE PAYEE)

Employer Identification Number (EIN) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					OR	Social Security Number (SSN) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
For Businesses: Enter the EIN as reported to the South Carolina Comptroller General's Office on Form W-9 .		For Individuals: Enter the SSN as reported to the South Carolina Comptroller General's Office on Form W-9 .																																								

Section 2 – Vendor/Payee Information (TO BE COMPLETED BY THE PAYEE)

Please Print or Type	Name of Payee as Shown on the Bank Account:	Contact Person Name:																				
	Business name, If Different From Above:	Contact Signature:																				
	Address (Number and Street and Apt. No. or PO Box No. and Suite No.):	Contact Telephone No. (Include Area Code):																				
	City, State and ZIP Code:	Date:																				
	Depositor Account Number (Up to Seventeen (17) Positions): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
TRANSIT CODE:	22 – Checking Account 32 – Savings Account																					

Section 3 – Financial Institution Information (TO BE COMPLETED BY THE FINANCIAL INSTITUTION)
 (Only complete if you cannot provide a voided check.)

Financial Institution Name and Address:	Bank ABA Number (Nine Positions): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
	Account Title:										
Financial Institution Certification I confirm the identity of the above named Vendor/Payee and the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit electronic credit entries from the State.											
Print or Type Representative's Name:	Signature of Representative:	Telephone No. (Include Area Code):	Date:								

South Carolina Department of Social Services
MEDICAL RELEASE/PHYSICIAN'S STATEMENT

Section I – To Be Completed by Staff			
Name of Patient:	Date of Birth:	Social Security Number: XXX-XX-_____	
Case Name:	Case No.:	County:	
Casemanager's Name:	Telephone No.:	Fax No.:	
DSS Office Address/Mail:			

Section II – To Be Completed by Physician

The patient named above has applied for benefits with our agency. Federal and state regulations require that persons receiving benefits work or participate in activities to prepare them for work, when possible. This patient claims a disability. When individuals claim a disability, we must determine their functioning level to identify appropriate activities. Please complete this form, after completion, you may give it to the patient or mail it to DSS at the address in Section I.

Part A – Personal Disability

What is the patient's prognosis?

a. The disability is permanent.

b. The disability is not permanent but is expected to last **more** than 90 days. Length of disability _____.

c. The disability is not permanent but is expected to last **less** than 90 days. Length of disability _____.

To what extent is the individual able to work, or participate in activities to prepare for work? Please indicate **one** of the following:

The individual is able to work, or participate in activities to prepare for work, **without restrictions:**

a. Full time (40 hours/week)

b. Part time at _____ hours/week

The individual is able to work, or participate in activities to prepare for work, **with restrictions: (Please complete Parts B and C)**

a. Full time (40 hours/week)

b. Part time at _____ hours/week

The individual is pregnant. Yes No. If yes, when is EDC? _____

If the individual is pregnant, are there medical conditions or disabilities which may prevent the patient from working (full-time or part-time) or attending school or training? Yes No

The individual is unable to work or participate in activities to prepare for work: **(Please complete Part C)**

Part B – Activity Restrictions

What can this individual do now? Check the appropriate boxes that are applicable during a workday:

Maximum hours per workday:	2	4	6	8	Other
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Climbing Stairs/ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kneeling/Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting/Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

The individual may not lift/carry objects more than _____ lbs. for more than _____ hours per day.

Any other remarks, recommendations or restrictions? _____

Section II, Continued – To Be Completed by Physician

Part C – Diagnosis

Primary disabling diagnosis:

Secondary disabling diagnosis:

Comments:

Name of Physician: (Please type or print)

Signature – Physician:

Date:

Office Address: (Street or P.O. Box, City, State, ZIP)

Telephone Number: (Include Area Code)

Section III – To Be Completed by Client

Patient's Name: _____

SCDSS is requesting verification of the medical condition that limits your participation in the Family Independence (FI) Program. When you sign this authorization, you are giving SCDSS permission to contact your doctors, medical facilities, or other health care providers to request copies of your health information as indicated below. You do not have to sign this form to be eligible for TANF. However, you must sign this form if you want to be eligible for an exemption from the FI program.

I authorize/ _____
Doctor, Medical Facilities, or other Health Care Providers

to complete DSS Form 1247, Medical Release/Physician's Statement, and release the information to SCDSS for purposes of verifying the medical condition that affects my participation in the FI program.

The authorization expires on: _____

Client or Personal Representative's Signature

Date

If you are signing for the client, please describe your authority to act for the client:

Note: If the person requesting the release of case information cannot sign his/her name, two witnesses to his/her mark (X) must sign below:

Witness

Date

Witness

Date

Notice to Client

SCDSS, as receiver of this information, will protect your personal health information in accordance with federal and state privacy regulations. If you authorize release of your health information to other parties it may no longer be protected by privacy regulations. You can withdraw permission you have given your doctor or health care provider to use or disclose health information that identifies you, unless they have already taken action based on your permission. You must withdraw your permission in writing.

**South Carolina Department of Social Services
REQUEST FOR SUPPORT SERVICES**

<input type="checkbox"/> New Request <input type="checkbox"/> Change Program Type: _____	Case Manager: _____ <input type="checkbox"/> Mandatory <input type="checkbox"/> Denied <input type="checkbox"/> Voluntary <input type="checkbox"/> Closure	SSS/Designee: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Closure <input type="checkbox"/> Denied	Start Date: _____ Reason: _____ Reason: _____	Initials _____ _____ _____	
Participant's Name: _____			Case No.: _____		
Participant's Address: _____					
Telephone: _____		County Code: _____	SSN: _____		
PATS Comp. Code _____ _____ _____	Anticipated Service Begin Date _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____	Anticipated Service End Date _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____	Actual End Date _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____		
FSE&T Component: _____					
SELECT SERVICES AS APPROPRIATE:				(FOR APPLICANTS)	
<input type="checkbox"/> Support Services — Specific Item(s) Requested:				Amount: \$ _____	
Support Service Provider: Contact Name: _____			Telephone: _____ Fax: _____		
Address: _____					
<input type="checkbox"/> Child Care <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		(FOR APPLICANTS) Amount: \$ _____			
Child Care Provider: Contact Name: _____			Telephone: _____ Fax: _____		
Address: _____					
	Children's Name	Birth Date	SSN	Rate	
<input type="checkbox"/> Transportation Location: _____					
Total Number of Miles/Trips Per Week (to and from component/activity): _____			Rate Per Mile/Trip: _____		
Transportation Provider: Contact Name: _____			Telephone: _____ Fax: _____		
Address: _____					
Is your service provider employed by the state? <input type="checkbox"/> Yes <input type="checkbox"/> No			(FOR APPLICANTS) Amount: \$ _____		
Comments: _____					
I understand that: 1. I am responsible for all additional costs over the limit established by DSS. 2. DSS will contact the provider and will approve or deny payments to the provider for regular services. 3. I will not be reimbursed for any payments I have made or will make to the provider. (This does not apply to the Food Stamps Program.) 4. I will be notified by DSS of approval or denial. 5. I am liable for any payment owed prior to an approval or after denial notification. 6. I understand that I cannot be reimbursed for services paid for by someone else. 7. I am responsible for repaying any support services received during any period for non-cooperation with the Family Independence Program and the Food Stamp Employment and Training Program.					
Participant's Signature: _____			Date: _____		
Case Manager's Signature: _____			Date: _____		
Support Services Specialist's/Designee's Signature: _____			Date: _____		

INSTRUCTIONS AND PROCEDURES FOR DSS FORM 1269

Use of Form: Used by the case manager (CM) to make a referral to the support service specialist (SSS) or designee for services by participants for all program types. This form should also be used as a communication tool between the CM and the SSS or designee. This information from this form will be used by the SSS/designee to create a client agreement on the Family Independence Financial System (FIFN) in order for a provider, client or county to receive payment for services.

Prepared By: The CM must complete the identifying information on the client and select the type(s) of services requested. If known at the time of the request, the CM can fill in the provider information. The SSS or designee should complete the provider information including verifying the rates for services. The form must be completed in black or blue ink or by typewriter.

Routing: The top two copies must be sent to the SSS or designee. The bottom copy remains in the client's case record.

Completion of the Form: The CM must indicate whether this is a new request or a change and fill in the program type. The CM must indicate whether the client is mandatory or voluntary. If the case is denied or closed, the CM must check the appropriate box. The SSS/designee must indicate whether services have been approved, denied or closed and indicate the appropriate date and initial.

Program Type: Enter the appropriate program type (See Table 1 below).

PATS Component Code: (For FI only) Enter the PATS code(s) in which the client is participating (i.e. WKEP).

Anticipated Service Begin Date: Enter the date services are expected to begin.

Anticipated Service End Date: Enter the date services are expected to end.

Actual End Date: This is the date services actually end. (Leave blank until actual end date.) The CM must send a copy of this form to SSS indicating a change and write in actual end date.

FSE&T Component: Name of the FS component the client is scheduled to attend.

Select Services: Select the service(s) that the client is needed in order to participate in the component. The CM should indicate name and address of provider, if known at the time of referral.

Support Services - The CM must indicate the specific service(s) needed by the client, such as eyeglasses, tools, etc.

Child Care - The SSS or designee will need to verify the date and whether child care is needed full-time or part-time.

Transportation - The CM must indicate when the client needs to be transported. The client will need to verify how many miles are traveled each week (to and from the component) or how many trips per week are required. The SSS or designee will need to fill in the rate as appropriate, either per mile or per trip.

(FOR APPLICANTS) – Write in the amount of the check given to the applicant to pay the provider for an applicant support service. The SSS will need to enter this amount on the Authorization and Payment Invoice to reimburse the county.

TABLE I

Code	Program Type
AP	Applicant
DV	Domestic Violence
ER	Employment Retention (Moving Up pilot only)
FC	Foster Care
FI	Family Independence
FV	FS Voluntary (any others in FS program)
IL	Independent Living
NC	Non-Custodial Parent
SR	Specialized Training and Rehabilitation (STAR)
TC	Teen Companion
TS	Transitional
YP	Young Parent Program

Section F – Complete for Initial Child Protective Services Child Care Referrals

- 1. Is there an open, active child protective services case for this child/family? Yes No If no, child care services cannot be provided through Child Welfare category. If yes, answer the remaining CPS questions.
- 2. As the child's/family's casemanager, I am referring this child/family for child care services for the following reason(s):
 - to enable the child to remain safely in the home while the parent(s) work on treatment goals.
 - to enhance the child's well-being by reducing the detrimental effects of abuse/neglect by providing developmentally appropriate experiences in physical, social, emotional, cognitive, and language development.
 - to provide developmentally appropriate supervision of the child while the parent(s) are working, in school, or training.
- 3. The family's income is over the ABC Child Care income guidelines, but I am requesting the family's income be waived due to the need for child care services as noted above.

OR

- 4. This child is placed with a relative or alternative caregiver as a part of the child's safety or treatment plan but remains in the custody of the birth parents. Child care is needed for one or more of the following reasons:
 - the caregiver is employed
 - to enhance the child's well-being by reducing the detrimental effects of abuse/neglect by providing developmentally appropriate experiences in physical, social, emotional, cognitive, and language development.
- 5. (Check if applicable) The caregiver's income is over the ABC Child Care income guidelines, but I am requesting the family's income be waived due to the need for child care services as noted above.

Section G – Complete for Foster Care Child Care Referrals

- 1. Is there an open foster care case for the child listed in section D and does DSS have custody of the child? Yes No If no, child care cannot be provided through Child Welfare category. If yes, answer remaining questions.
- 2. This foster child's income is \$ _____ and is within the ABC income guidelines for a family of one. I am requesting that the child care fee be waived for this foster child.
- 3. As the child's case manager, I am referring this child for child care to allow the foster/adoptive parent(s) to work. Yes No If no, child care services cannot be provided through Child Welfare category. If yes, answer the remaining questions.
- 4. This child is in: Regular Foster Care Specialized Foster Care
 Adoptive Home (But the adoption has not been finalized)
- 5. (Check if applicable) Child care is needed for the baby of a foster child in DSS custody. Foster child is in school and/or employed and foster parent(s) are employed.

Section H – Verification of Approval by the County Director to Extend Child Care for Up to 26 Weeks for a Child Protective Services Case

Reason for extension: _____

County Director Signature

Date

Section I – Signatures Required on All Actions

Signature of Case Manager

Date

Signature of Supervisor

Date

**South Carolina Department of Social Services
ABC Child Care Program
LEVEL C PROVIDER ENROLLMENT FORM AND AGREEMENT**

New Update

FEIN: _____ () **OR** Social Security No.: _____ ()

Provider/Agency Name: _____

Facility Name: (If different from Provider Name) _____

County in which Facility is Located: _____ Facility Telephone: () _____

Director's Name: _____

Alternate Contact Person/Name: _____ Telephone: () _____

Owner's Name: _____ Telephone: () _____

Facility Address: _____
Facility Street Address or Route Number

_____ City _____ State _____ Zip Code _____

Payment Address: _____
Payment Street Address, P.O. Box or Route Number

_____ City _____ State _____ Zip Code _____ () _____ Payment Telephone _____

Days and Hours of Operation (Fill in all that apply)

Monday	From _____ AM	To _____ PM	Friday	From _____ AM	To _____ PM
Tuesday	From _____ AM	To _____ PM	Saturday	From _____ AM	To _____ PM
Wednesday	From _____ AM	To _____ PM	Sunday	From _____ AM	To _____ PM
Thursday	From _____ AM	To _____ PM			

1) Provider Type
(Check only one)

- Center
- Accredited Center
- Group Child Care
- Family Child Care
- Exemption

2) Regulatory Requirement
(Check only one)

- License
- Approval
- Registration
- Exemption Letter
- DC:SN
- Military

3) Provider Category
(Check as many as apply)

- Church Sponsored
- Private-for-profit
- Private-nonprofit
- Public Facility
- School District
- Less than 4 Hours/Day
- Summer Camp

4) Ownership Status
(Check one from each of the 2 categories below)

- Minority Owned
- Non-Minority Owned
- Sole Proprietor
- Partnership
- Corporation
- Other

Are you a state employee? Yes No

Regulatory Information: License/Registration Number: _____ Capacity: _____

If applicable, number of infants under 24 months of age: _____ Date of Expiration: _____

Password for ABC: _____

The password will be used for you to access information from the ABC Child Care Program about your payments, client services, etc. **Note: The password must be at least six characters (letters, numbers or a combination of the two). Please do not use punctuations or symbols.**

ABC Child Care Staff

Effective Date of Provider Enrollment

Level C Provider Agreement

AS A CONDITION OF PARTICIPATION AND PAYMENT, I UNDERSTAND AND AGREE THAT:

- participation in the South Carolina Department of Social Services ABC Child Care Program (DSS ABC) is voluntary.
- this Agreement shall not be assigned or transferred. I will immediately notify DSS ABC of any changes in ownership of my facility including any management agreements. Failure to notify DSS ABC of the sale of my facility will render this agreement null and void.
- all information provided on the Level C Provider Enrollment Form and the attached Rate Certification Form is incorporated as a part of this Agreement.
- this Agreement shall be in effect for a period of three years from _____. The Agreement may be canceled for cause or convenience upon written notification from the initiating party and receipt by the other party.
- the South Carolina Department of Social Services (DSS), upon notification to the provider and at its discretion, may amend this Agreement. Once notified in writing by DSS of any amendments to the Agreement, the Agreement shall be deemed modified to conform therewith.
- the provisions of this Agreement and performance hereunder are subject to all applicable laws, regulations, ordinances, and codes of the federal, state and local governments. All terms of the Agreement shall be construed in a manner consistent with the aforesaid laws, regulations, ordinances and codes and should it appear that any of the terms hereof are in conflict with any of the aforesaid laws, regulations, ordinances and codes, then the terms hereof which conflict therewith shall be deemed inoperative and null and void to the extent of the conflict and shall be deemed modified to conform therewith.
- the facility must comply with Public Law 103-227, Part C, Environmental Tobacco Smoke Act, also known as the Pro-Children Act, which prohibits smoking in any indoor facility used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 years.
- if any dispute shall arise under the terms of this Agreement, the sole and exclusive remedy shall be the filing of a notice of appeal within 30 calendar days of receipt of written notice of the DSS action or decision which forms the basis of the appeal. Administrative appeals shall be in accordance with DSS regulations R. 126-150, et seq., Code of Laws of South Carolina (1976, as amended), Volume 27, and in accordance with the Administrative Procedure Act, Section 1-23-380, Code of Laws of South Carolina (1976, as amended).
- no new ABC children will be allowed to connect to my facility during an appeal with DSS ABC or Child Care Licensing. However, I may continue serving current children unless the health and safety of the children are jeopardized.

South Carolina Regulations for Child Care Facilities

- the facility shall be and must remain properly licensed, registered or approved at all times, as required, by state or federal law regulations and meet all applicable state and local health and safety requirements in order to provide services under this Agreement.
- if the facility is exempt from being licensed or registered and from meeting all applicable state and local health and safety requirements, I must provide DSS ABC a written statement to this effect from the state or federal regulatory agency.
- the facility must maintain a current SC Department of Social Services (DSS) license/registration/approval with a history of compliance to regulations unless legally exempt from child care regulation. History of compliance is defined as having:
 1. No frequent or multiple deficiencies or a significant event *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*
 2. At least one caregiver with a Cardiopulmonary Resuscitation (CPR) Certification and pediatric first aid certification who is on-site at all times when children are in care.
- DSS ABC Child Care Program shall be notified in writing of any investigation or inquiry by Child Welfare Services about suspected, or actual, child protective services violations within one working day of its notice of the investigation or inquiry. Additionally, I shall notify DSS ABC of any investigation or inquiry initiated by any governmental facilities concerning possible violation of health and safety laws or regulations within the same time requirement. Copies of the written results of the investigations or inquiries must be provided to DSS ABC within three working days of receipt of this information. Failure to provide the required information may be grounds for termination of this Agreement.

Service Costs, Payment, and Client Fees

- the actual rate charged for children under this Agreement to include the Registration Fee shall not exceed the actual rates charged to all other children except when there are different actual rates charged for different ages within care types. When there are different actual rates charged for different ages within care types, DSS ABC will pay up to the highest rate charged within a care type for the care type.
- any available discounts will be extended to children covered under this Agreement to the same extent and in the same manner as all other children.
- if the actual rates charged to private paying clients exceeds the maximum rate paid by DSS ABC, I may collect the difference from the client, in addition to the client fee.
- the client fees established by DSS ABC shall be collected from each client whose child is covered under this Agreement in advance of service delivery. **DSS ABC assumes no responsibility for collection or payment of client fees including any additional assessed client fees charged by my program.**
- requested changes in the negotiated service rates shall be submitted to DSS 60 days prior to the effective date of the increase. DSS ABC has the sole and exclusive rights to accept or reject any change in the service rate.
- all services provided and claims submitted shall be in accordance with 45 CFR 98 (1998), Provider Business Procedures issued by DSS ABC, and all applicable federal and state laws, rules and regulations.
- claims for payment shall be honored by DSS ABC only for active eligible clients as verified by the child care provider and authorized by DSS ABC.
- DSS ABC may not honor payment vouchers for service units submitted by me which are more than 60 calendar days later than the service ending dates. DSS ABC shall not be liable for payment of vouchers submitted by me that exceed this time frame.

Child Care Records

- the following records shall be maintained on site for a period of three years, however if the case is in an audit, it must be retained through the completion of the audit.
 - ▶ daily attendance – maintained in support of payment vouchers submitted to SCDSS Payment Voucher (SVL)
 - ▶ copies of Service Vouchers Logs (SVLs)
- actual hours attended should be reported.
- absences should be reported as they occur, and failure to report will result in recoupment of funds.
- DSS ABC shall be notified if a child misses 10 consecutive days without a waiver. I shall discontinue billing the DSS ABC Child Care Program if the child does not return on the 11th day.
- current immunization records shall be maintained for each child covered under this Agreement from the time of enrollment through the duration of the child's care.
- records and/or reports requested by DSS ABC shall be furnished upon request.
- during normal business hours, DSS ABC, and/or their designee shall have access to all required records under this Agreement. They shall have the right to examine and make copies, excerpts or transcripts from all records unless otherwise precluded by federal or state law, contact and conduct private interviews with provider employees and do on-site reviews of all matters relating to this Agreement.

Discontinuation of Service to Clients

- once accepted by a client, I shall not discontinue services to any child without prior notification to DSS ABC Child Care Program. Such notification must include the reason for requested discontinuation, such as failure to pay any client fees, and must be properly documented.
- clients should be allowed to finish any week that you have asked to be paid for on your SVL.
- if DSS ABC terminates services to a client I shall be notified and reimbursed only for services provided to the child until the effective termination date given by DSS ABC. I must report any absences to the DSS ABC Child Care Program.

General Issues

- the use and disclosure of information concerning applicants for or recipients of services shall be safeguarded in accordance with all applicable federal and state laws and regulations and shall restrict access to, and use and disclosure of, such information in compliance with said laws and regulations.
- the DSS ABC Child Care Program shall maintain a record of substantiated parental complaints and shall make information regarding such parental complaints available to the public upon request.
- DSS ABC assumes no responsibility with respect to accidents, illness or claims arising out of any work undertaken with the assistance of funds paid under this Agreement, that I shall take necessary steps to insure or protect myself, my clients and my personnel, and that I agree to comply with all applicable local, state and federal acts, rules and regulations.
- the facility must comply with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 is when center-based and group home care are provided.
- if I receive 80 percent or more of my operating budget from state and federal funds, I shall not discriminate as to religion in the admission of any child or in the employment of personnel, in accordance with Federal Law, CCDF Regulation 98.46(c) and 98.47(c).
- any children enrolled through this Agreement will be served only at the facility and address enrolled.
- DSS ABC must be notified of any intentions to relocate my facility at least 30 days prior to the move and that I shall not serve any children under this Agreement at the new location/facility until it has met regulatory requirements and been enrolled by DSS ABC.
- a working LAN telephone must be maintained at my facility at all times, and immediately notify DSS ABC of any change in the telephone number. Cell phone may be used in addition to the LAN line.
- if I fail to maintain my enrollment status for any reason, I cannot re-apply for enrollment in the DSS ABC Program voucher program for a minimum period of six calendar months from the date of termination or de-enrollment.

I certify that I have read, understand and agree to all terms and conditions of this Agreement and the enrollment information I have furnished is true, accurate and complete.

Child Care Provider: _____ Date: _____
Signature of Owner or Authorized Agent of Owner

Print Name: _____

Name of Facility/Provider: _____

Federal ID/Social Security Number: _____ County: _____

**South Carolina Department of Social Services
ABC Child Care Program
LEVEL A PROVIDER AGREEMENT**

New Renewal

AS A CONDITION OF PARTICIPATION AND PAYMENT, I UNDERSTAND AND AGREE:

- Enrollment in the South Carolina Department of Social Services ABC Child Care Program (DSS ABC) is voluntary.
- This Agreement shall not be assigned or transferred. I will immediately notify DSS ABC of any changes in ownership of my facility including any management agreements. A change in ownership will render this Agreement null and void, and payment will cease for any current ABC children being served.
- All information provided on the Provider Enrollment Form and the Rate Certification Form is incorporated as a part of this Agreement.
- This Agreement shall be in effect for a period of three years from _____. The Agreement may be canceled for cause or convenience upon written notification from the initiating party and receipt by the other party. The natural ending of this three year Agreement is not appealable. It is not a guarantee or a right that the ABC Child Care Program will offer the provider another Agreement.
- The South Carolina Department of Social (SCDSS), upon notification to the provider and at its discretion, may amend this Agreement. Once notified in writing by the DSS ABC of any amendments to the Agreement, the Agreement shall be deemed modified to conform therewith.
- The provisions of this Agreement and performance hereunder are subject to all applicable laws, regulations, ordinances, and codes of the federal, state, and local governments. All terms of the Agreement shall be construed in a manner consistent with the aforesaid laws, regulations, ordinances, and codes; and should it appear that any of the terms hereof are in conflict with any of the aforesaid laws, regulation, ordinance, and codes, then the terms hereof which conflict therewith shall be deemed inoperative and null and void to the extent of the conflict and shall be deemed modified to conform therewith.
- I will comply with Public Law 103-327, Part C, Environmental Tobacco Smoke Act, also known as the Pro-Children Act, which prohibits smoking in any indoor facility used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 years.
- If any dispute shall arise under the terms of this Agreement, the sole and exclusive remedy shall be the filing of a Notice of Appeal within 30 calendar days of receipt of written notice of the ABC DSS action or decision which forms the basis of the appeal. Administrative appeals shall be in accordance with the DSS regulations R. 126-150, et seq., Code of Laws of South Carolina (1976, as amended), Code 27, and in accordance with the Administrative Procedures Act, Section 1-23-380, code of Laws of South Carolina (1976, as amended).
- No new ABC children will be allowed to connect to my facility during an appeal with DSS ABC or DSS Child Care Licensing. However, I may continue serving current children for the duration of their eligibility period unless the health and safety of the children are jeopardized.

South Carolina Regulations for Child Care Facilities

- The facility shall be and must maintain a current SC Department of Social Services (DSS) license/approval or Department of Defense Certificate, **at all times**, if required, by State or Federal law or regulations, and meet all applicable state and local health and safety requirements in order to provide services under this Agreement.
- The facility must maintain a history of compliance to regulations. History of compliance is defined as having:
 1. No frequent or multiple deficiencies or a significant event posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.
 2. At least one caregiver with a Cardiopulmonary Resuscitation (CPR) certification and pediatric first aid certification who is on-site at all times when the children are in care.
- I shall notify the DSS ABC Child Care program in writing of any investigation or inquiry received by Child Welfare Services about suspected or actual, child protective services violations in writing, within one (1) working day of its notice of the investigation or inquiry. Additionally, I shall notify the ABC Child Care program of any investigation or inquiry initiated by any governmental entities concerning possible violation of health and safety laws or regulations within the same time requirement. Copies of the written results of the investigations or inquiries must be provided to the SCDSS within three (3) working days of receipt of this information. Failure to provide the required information may be grounds for termination of this Agreement.

- While under appeal with Child Care Licensing, if the health and safety of children are jeopardized depending upon the severity of the circumstances, the ABC Child Care Program may terminate my enrollment in the DSS ABC Child Care Program and immediately withdraw the children from the program.

Service Costs, Payment and Client Fees

- The actual rate charged for children under this Agreement to include the Registration Fee shall not exceed the actual rates charged to all other children except when there are different actual rates charged for different ages within care types. When there are different actual rates charged for different ages within care types, the DSS ABC will pay up to the highest rate charged within a care type for the care type.
- Any available discounts will be extended to children covered under this Agreement to the same extent and in the same manner as all other children.
- If the actual rates charged to private paying clients exceed the maximum rate paid by DSS ABC, I may collect the difference from the client, in addition to the client fee.
- The client fees established by the DSS ABC shall be collected from each client whose child is covered under this Agreement in advance of service unit delivery. The DSS ABC assumes no responsibility for collection or payment of client fees including any additional assessed client fees charged by the provider.
- Requested changes in the service costs shall be submitted to the DSS ABC sixty (60) days prior to the effective date of the increase. The DSS ABC has the sole and exclusive right to accept or reject any change in the service rate.
- All services provided and claims submitted shall be in accordance with 45 C.F.R. 98 (1998), Provider Business Procedures issued by DSS ABC, and all applicable federal and state laws, rules, and regulations.
- Claims for payment shall only be honored by the DSS ABC for active eligible clients as verified by the child care provider and authorized by the DSS ABC.
- DSS ABC may not honor payment requests for services submitted by me which are more than sixty (60) calendar days later than the service ending dates. The DSS ABC shall not be liable for payment of vouchers submitted by me that exceed this time frame.

Child Care Records

- The following records shall be maintained for each child under this Agreement and that **such records shall be retained from the time of enrollment until the facility has been monitored and the records reviewed, or for a period of three years, whichever is the longest:**
 - ▶ Daily attendance – maintained in support of payment vouchers
 - ▶ Copies of Service Voucher Logs [SVL]
- I shall report service units not provided and absences as they occur, **and** failure to report both of these may result in recoupment of funds.
- I shall notify the DSS ABC if a child misses ten (10) consecutive days without a waiver.
- If I continue to serve a client beyond the allowable number of absences for the child, the DSS ABC may recoup funds.
- Current immunization records shall be maintained for each child covered under this Agreement from the time of enrollment through the duration of the child's care.
- Records and/or reports requested by the DSS ABC shall be furnished upon request.
- During normal business hours, DSS ABC, and/or their designee shall have access to all required records under this Agreement. They shall have the right to examine and make copies, excerpts or transcripts from all records unless otherwise precluded by federal or state law, contact and conduct private interviews with Provider employees and do on-site reviews of all matters relating to this Agreement.

Discontinuation of Service to Clients

- Once accepted by a client, I shall not terminate any child without prior notification to the ABC Child Care Program. Such notification must include the reason for requested termination, such as failure to pay any client fees and must be properly documented.
- I shall be notified if DSS ABC terminates a client and that I shall be reimbursed only for service units provided to the child until the effective termination date given by the DSS ABC. I must report any service units not provided and absences to the DSS ABC Child Care Program.

Discipline

- **Corporal punishment is strictly prohibited for any children in the facility regardless of whether they are children through the ABC Program, private paying children, or children of the owner or employees. Corporal punishment is the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to spanking, slapping, biting, and shaking. I agree to have a written policy in place, which states that corporal punishment is not allowed, and which is signed by parents and staff, and updated yearly.**

General Issues

- I shall safeguard the use and disclosure of information concerning applicants for or recipients of services in accordance with all applicable federal and state laws and regulations and shall restrict access to, and use and disclosure of, such information in compliance with said laws and regulations.
- The DSS ABC Child Care Program will notify the appropriate Licensing Region of all findings of non-compliance to Licensing Regulations.
- DSS ABC assumes no responsibility with respect to accidents, illness, or claims arising out of any work undertaken with the assistance of funds paid under this Agreement, that I shall take necessary steps to insure or protect myself, my clients, and my personnel, and that I agree to comply with all applicable local, state, and federal acts, rules, and regulations.
- I must comply with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 when center-based and group home care is provided.
- If I receive eighty percent (80%) or more of my operating budget from state and federal funds, I shall not discriminate as to religion in the admission of any child or in the employment of personnel.
- I will serve any children enrolled through this Agreement only at the facility and address enrolled.
- I will notify DSS ABC of any intentions to relocate my facility prior to the move and that I shall not serve any children under this Agreement at the new location/facility until it has met regulatory requirements and been enrolled by DSS ABC.
- I will maintain a working LAN (Local Area Network) telephone at my facility at all times, and to notify DSS ABC of any change in phone number. Cell phones may be used only in addition to the LAN line.
- I will hire employees in accordance with the staff qualifications outlined in the ABC Child Care Standards, and maintain the minimum staff qualifications and training requirements whenever I have children enrolled through the ABC Child Care Program.
- If I receive a grant, I agree to remain an enrolled provider in the ABC Child Care Program for the period required by the grant.
- If my enrollment agreement is terminated by the ABC Program or any age group is de-enrolled, I cannot reapply for enrollment in the DSS ABC program for a minimum period of six calendar months from the date of termination or de-enrollment.
- If any enrolled age group is de-enrolled, that age group is ineligible to re-enroll in the DSS ABC Program for a minimum of 6 calendar months from the date of de-enrollment.
- It is the owner's responsibility to designate any authorized agents and to notify DSS ABC when changes to said agents are made. DSS ABC assumes no responsibility for determining authorized agents.

I certify that I have read, understand and agree to all terms and conditions of this Agreement and the enrollment information I have furnished is true, accurate and complete. I also certify that I have the authority to enter into this agreement and am responsible for adhering to all duties, and responsibilities set forth in the agreement.

Child Care Provider: _____ Date: _____
Signature of Owner or Authorized Agent of Owner

Name of Facility/Provider: _____

Federal ID/Social Security Number: _____ County: _____

**South Carolina Department of Social Services
ABC Child Care Program
LEVEL B PROVIDER AGREEMENT**

New Renewal

AS A CONDITION OF PARTICIPATION AND PAYMENT, I UNDERSTAND AND AGREE:

- Enrollment in the South Carolina Department of Social Services ABC Child Care Program (DSS ABC) is voluntary.
- This Agreement shall not be assigned or transferred. I will immediately notify DSS ABC of any changes in ownership of my facility including any management agreements. A change in ownership will render this Agreement null and void, and payment will cease for any current ABC children being served.
- All information provided on the Provider Enrollment Form and the Rate Certification Form is incorporated as a part of this Agreement.
- This Agreement shall be in effect for a period of three years from _____. The Agreement may be canceled for cause or convenience upon written notification from the initiating party and receipt by the other party. The natural ending of this three year Agreement is not appealable. It is not a guarantee or a right that the ABC Child Care Program will offer the provider another Agreement.
- The South Carolina Department of Social (SCDSS), upon notification to the provider and at its discretion, may amend this Agreement. Once notified in writing by the DSS ABC of any amendments to the Agreement, the Agreement shall be deemed modified to conform therewith.
- The provisions of this Agreement and performance hereunder are subject to all applicable laws, regulations, ordinances, and codes of the federal, state, and local governments. All terms of the Agreement shall be construed in a manner consistent with the aforesaid laws, regulations, ordinances, and codes; and should it appear that any of the terms hereof are in conflict with any of the aforesaid laws, regulation, ordinance, and codes, then the terms hereof which conflict therewith shall be deemed inoperative and null and void to the extent of the conflict and shall be deemed modified to conform therewith.
- I will comply with Public Law 103-327, Part C, Environmental Tobacco Smoke Act, also known as the Pro-Children Act, which prohibits smoking in any indoor facility used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 years.
- If any dispute shall arise under the terms of this Agreement, the sole and exclusive remedy shall be the filing of a Notice of Appeal within 30 calendar days of receipt of written notice of the ABC DSS action or decision which forms the basis of the appeal. Administrative appeals shall be in accordance with the DSS regulations R. 126-150, et seq., Code of Laws of South Carolina (1976, as amended), Code 27, and in accordance with the Administrative Procedures Act, Section 1-23-380, code of Laws of South Carolina (1976, as amended).
- No new ABC children will be allowed to connect to my facility during an appeal with DSS ABC or DSS Child Care Licensing. However, I may continue serving current children for the duration of their eligibility period unless the health and safety of the children are jeopardized.

South Carolina Regulations for Child Care Facilities

- The facility shall be and must maintain a current SC Department of Social Services (DSS) license/approval or Department of Defense Certificate, **at all times**, if required, by State or Federal law or regulations, and meet all applicable state and local health and safety requirements in order to provide services under this Agreement, unless facility is legally exempt from meeting child care regulations.
- The facility must maintain a history of compliance to regulations. History of compliance is defined as having:
 1. No frequent or multiple deficiencies or a significant event *posing substantial threat to the health or safety of the children that involve supervision, compliance with ratios, or health and safety violations.*
 2. At least one caregiver with a Cardiopulmonary Resuscitation (CPR) certification and pediatric first aid certification who is on-site at all times when the children are in care.
- I shall notify the DSS ABC Child Care program in writing of any investigation or inquiry received by Child Welfare Services about suspected or actual, child protective services violations in writing, within one (1) working day of its notice of the investigation or inquiry. Additionally, I shall notify the ABC Child Care program of any investigation or inquiry initiated by any governmental entities concerning possible violation of health and safety laws or regulations within the same time requirement. Copies of the written results of the investigations or inquiries must be provided to the SCDSS within three (3) working days of receipt of this information. Failure to provide the required information may be grounds for termination of this Agreement.

- While under appeal with Child Care Licensing, if the health and safety of children are jeopardized depending upon the severity of the circumstances, the ABC Child Care Program may terminate my enrollment in the DSS ABC Child Care Program and immediately withdraw the children from the program.

Service Costs, Payment and Client Fees

- The actual rate charged for children under this Agreement to include the Registration Fee shall not exceed the actual rates charged to all other children except when there are different actual rates charged for different ages within care types. When there are different actual rates charged for different ages within care types, the DSS ABC will pay up to the highest rate charged within a care type for the care type.
- Any available discounts will be extended to children covered under this Agreement to the same extent and in the same manner as all other children.
- If the actual rates charged to private paying clients exceed the maximum rate paid by DSS ABC, I may collect the difference from the client, in addition to the client fee.
- The client fees established by the DSS ABC shall be collected from each client whose child is covered under this Agreement in advance of service unit delivery. The DSS ABC assumes no responsibility for collection or payment of client fees including any additional assessed client fees charged by the provider.
- Requested changes in the service costs shall be submitted to the DSS ABC sixty (60) days prior to the effective date of the increase. The DSS ABC has the sole and exclusive right to accept or reject any change in the service rate.
- All services provided and claims submitted shall be in accordance with 45 C.F.R. 98 (1998), Provider Business Procedures issued by DSS ABC, and all applicable federal and state laws, rules, and regulations.
- Claims for payment shall only be honored by the DSS ABC for active eligible clients as verified by the child care provider and authorized by the DSS ABC.
- DSS ABC may not honor payment requests for services submitted by me which are more than sixty (60) calendar days later than the service ending dates. The DSS ABC shall not be liable for payment of vouchers submitted by me that exceed this time frame.

Child Care Records

- The following records shall be maintained for each child under this Agreement and that **such records shall be retained from the time of enrollment until the facility has been monitored and the records reviewed, or for a period of three years, whichever is the longest:**
 - ▶ Daily attendance – maintained in support of payment vouchers
 - ▶ Copies of Service Voucher Logs [SVL]
- I shall report service units not provided and absences as they occur, **and** failure to report both of these may result in recoupment of funds.
- I shall notify the DSS ABC if a child misses ten (10) consecutive days without a waiver.
- If I continue to serve a client beyond the allowable number of absences for the child, the DSS ABC may recoup funds.
- Current immunization records shall be maintained for each child covered under this Agreement from the time of enrollment through the duration of the child's care.
- Records and/or reports requested by the DSS ABC shall be furnished upon request.
- During normal business hours, DSS ABC, and/or their designee shall have access to all required records under this Agreement. They shall have the right to examine and make copies, excerpts or transcripts from all records unless otherwise precluded by federal or state law, contact and conduct private interviews with Provider employees and do on-site reviews of all matters relating to this Agreement.

Discontinuation of Service to Clients

- Once accepted by a client, I shall not terminate any child without prior notification to the ABC Child Care Program. Such notification must include the reason for requested termination, such as failure to pay any client fees and must be properly documented.
- I shall be notified if DSS ABC terminates a client and that I shall be reimbursed only for service units provided to the child until the effective termination date given by the DSS ABC. I must report any service units not provided and absences to the DSS ABC Child Care Program.

Discipline

- **Corporal punishment is strictly prohibited for any children in the facility regardless of whether they are children through the ABC Program, private paying children, or children of the owner or employees. Corporal punishment is the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to spanking, slapping, biting, and shaking. I agree to have a written policy in place, which states that corporal punishment is not allowed, and which is signed by parents and staff, and updated yearly.**

General Issues

- I shall safeguard the use and disclosure of information concerning applicants for or recipients of services in accordance with all applicable federal and state laws and regulations and shall restrict access to, and use and disclosure of, such information in compliance with said laws and regulations.
- The DSS ABC Child Care Program will notify the appropriate Licensing Region of all findings of non-compliance to Licensing Regulations.
- DSS ABC assumes no responsibility with respect to accidents, illness, or claims arising out of any work undertaken with the assistance of funds paid under this Agreement, that I shall take necessary steps to insure or protect myself, my clients, and my personnel, and that I agree to comply with all applicable local, state, and federal acts, rules, and regulations.
- I must comply with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 when center-based and group home care is provided.
- If I receive eighty percent (80%) or more of my operating budget from state and federal funds, I shall not discriminate as to religion in the admission of any child or in the employment of personnel.
- I will serve any children enrolled through this Agreement **only** at the facility and address enrolled.
- I will notify DSS ABC of any intentions to relocate my facility prior to the move and that I shall not serve any children under this Agreement at the new location/facility until it has met regulatory requirements and been enrolled by DSS ABC.
- I will maintain a working LAN (Local Area Network) telephone at my facility at all times, and to notify DSS ABC of any change in phone number. Cell phones may be used only in addition to the LAN line.
- I will hire employees in accordance with the staff qualifications outlined in the ABC Child Care Standards, and maintain the minimum staff qualifications and training requirements whenever I have children enrolled through the ABC Child Care Program.
- If I receive a grant, I agree to remain an enrolled provider in the ABC Child Care Program for the period required by the grant.
- If my enrollment agreement is terminated by the ABC Program or any age group is de-enrolled, I cannot reapply for enrollment in the DSS ABC program for a minimum period of six calendar months from the date of termination or de-enrollment.
- If any enrolled age group is de-enrolled, that age group is ineligible to re-enroll in the DSS ABC Program for a minimum of 6 calendar months from the date of de-enrollment.
- It is the owner's responsibility to designate any authorized agents and to notify DSS ABC when changes to said agents are made. DSS ABC assumes no responsibility for determining authorized agents.

I certify that I have read, understand and agree to all terms and conditions of this Agreement and the enrollment information I have furnished is true, accurate and complete. I also certify that I have the authority to enter into this agreement and am responsible for adhering to all duties, and responsibilities set forth in the agreement.

Child Care Provider: _____ Date: _____
Signature of Owner or Authorized Agent of Owner

Name of Facility/Provider: _____

Federal ID/Social Security Number: _____ County: _____

**South Carolina Department of Social Services
ABC Child Care Program
LEVEL A AND B PROVIDER ENROLLMENT FORM**

New Updated

FEIN No.: _____ () or Social Security No.: _____ ()

Provider/Agency Name: _____

Facility Name: (If different from Provider Name) _____

Facility Co. Name: _____ Facility Telephone: _____

Director's Name: _____

Alternate Contact Person/Name: _____

Relationship: _____ Telephone: _____

Owner's Name: _____ Telephone: _____

Facility Address: _____

Facility Street Address, P.O. Box or Route Number

_____ City _____ State _____ Zip Code _____

Payment Address: _____

Facility Street Address, P.O. Box or Route Number

_____ City _____ State _____ Zip Code _____ Payment Telephone _____

Hours of Operation

- 1st Shift _____ M to _____ M _____ M _____ T _____ W _____ TH _____ F _____ SA _____ SU
- 2nd Shift _____ M to _____ M _____ M _____ T _____ W _____ TH _____ F _____ SA _____ SU
- 3rd Shift _____ M to _____ M _____ M _____ T _____ W _____ TH _____ F _____ SA _____ SU

Days of Operation

1) Provider Type

(Check only one)

- Center
- Accredited Center
- Group Day Care
- Family Day Care
- Exemption

2) Regulatory Requirement

(Check only one)

- License
- Approval
- Registration
- Exemption Letter
- DDSN
- Military

3) Provider Category

(Check as many as apply)

- Church Sponsored
- Private-for-profit
- Private-nonprofit
- Public Facility
- Head Start
- School District
- Less than 4 Hours/Day
- Summer Camp

4) Ownership Status

(Check one from each of the 3 categories below)

- Minority Owned
- Non-Minority Owned
- Sole Proprietor
- Partnership
- Corporation
- Other
- State Employee
- Non-State Employee
- Legislator

Regulatory Information: Number: _____ Capacity: _____

If applicable, number of infants under 24 months of age: _____ Date of Expiration: _____

Care Types Provided: (Check all that apply) 0-2 Full 3-5 Full 6-12 Full 0-2 Half 3-5 Half 6-12 Half
Check Here If Provider Is Re-enrolling: Yes

Program Reviewer

Review Date

Provider Enrollment Date

Processed By

**South Carolina Department of Social Services
ABC Child Care Voucher System
FAIR HEARING PROCESS**

If you disagree with the decision that resulted in the denial or termination of your ABC Child Care Voucher System services, you may request a fair hearing before the South Carolina Department of Social Services. If you wish to appeal, you must notify the Department of Social Services in writing, postmarked within 30 days of receiving a services denied notice or termination of services notice. Your notice of intent to appeal should be directed to:

**South Carolina Department of Social Services
Individual and Provider Rights
P.O. Box 1520
Columbia, SC 29202-1520**

If you do not give the Department of Social Services notice of your intent to appeal within the 30-day period, you lose your right to challenge the denial or termination decision and it will become final.

Note for Clients:

If your child was terminated for excessive absences, you or your child care provider can submit doctor's excuses or other documentation to request a waiver of some or all of the absences. The documentation must include the client name and social security number, and the name of the child. All information must be sent to the address listed below **BEFORE** the date of your termination. Documentation to request absence waivers should be sent to:

**South Carolina Department of Social Services
ABC Child Care Program
P.O. Box 100160
Columbia, SC 29202-3160**

**South Carolina Department of Social Services
ABC Child Care Program
CLIENT ELIGIBILITY WORKSHEET**

Client or Foster Child Name: _____ Social Security No.: _____
 Application Signed Date: _____ Fund Source: _____
 CCVS Application No.: _____ County: _____

Parent A		Parent B	
Employment/School/Training/Disability Status: <input type="checkbox"/> Employed _____ Hours Per Week <input type="checkbox"/> In School _____ Hours Per Week <input type="checkbox"/> Training _____ Hours Per Week <input type="checkbox"/> Disabled (Verification must be provided) <input type="checkbox"/> Foster Child Foster Parent Name: _____		Employment/School/Training/Disability Status: <input type="checkbox"/> Employed _____ Hours Per Week <input type="checkbox"/> In School _____ Hours Per Week <input type="checkbox"/> Training _____ Hours Per Week <input type="checkbox"/> Disabled (Verification must be provided) <input type="checkbox"/> Foster Child Foster Parent Name: _____	
Weekly Pay: (Client gets paid once a week) Hourly Rate _____ x _____ Avg. No. of Hours Per Week = _____ x 4.33 = _____ OR Weekly Gross Pay: _____ + _____ + _____ + _____ = _____ _____ divided by 4 = _____ x 4.33 = _____		Weekly Pay: (Client gets paid once a week) Hourly Rate _____ x _____ Avg. No. of Hours Per Week = _____ x 4.33 = _____ OR Weekly Gross Pay: _____ + _____ + _____ + _____ = _____ _____ divided by 4 = _____ x 4.33 = _____	
Bi-Weekly Pay: (Client gets paid every other week) Hourly Rate _____ x _____ Avg. No. of Hours Per Week x 2 = _____ x 2.16 = _____ OR Bi-Weekly Gross Pay: _____ + _____ = _____ divided by 2 = _____ x 2.16 = _____		Bi-Weekly Pay: (Client gets paid every other week) Hourly Rate _____ x _____ Avg. No. of Hours Per Week x 2 = _____ x 2.16 = _____ OR Bi-Weekly Gross Pay: _____ + _____ = _____ divided by 2 = _____ x 2.16 = _____	
Semi-Monthly: (Client gets paid 2 times a month) Semi-Monthly Gross Pay: _____ + _____ = _____		Semi-Monthly: (Client gets paid 2 times a month) Semi-Monthly Gross Pay: _____ + _____ = _____	
Monthly: (Client gets paid once a month) Monthly Gross Pay: _____		Monthly: (Client gets paid once a month) Monthly Gross Pay: _____	
Self-Employed? Average Gross Monthly Income: _____		Self-Employed? Average Gross Monthly Income: _____	
Family Income	Parent A	Parent B	Other
Gross Earned Income			
FI Stipend			
Foster Care			
Alimony			
Child Support			
Social Security			
Unemployment			
Disability Income			
Worker's Comp.			
Other: (Specify)			
Total Income			
List Eligible Children and Ages		Total Monthly Income =	Client is Eligible <input type="checkbox"/> Yes
		Family Size =	Client is approved for <input type="checkbox"/> FT care and/or
		Max. Entrance Income =	<input type="checkbox"/> HT care, which includes employment,
		Max. Exit Income =	school, training hours plus _____ hours
			travel time.
			<input type="checkbox"/> Client is not eligible and the reason
			is: _____

DSS/ABC Control Center Staff Person: _____ Date: _____

Connect to: _____ (_____) Start Date: _____ No. of Weeks: _____
 Provider Name FEIN/SSN

South Carolina Department of Social Services
ABC Child Care Program
GUARDIANSHIP/IN LOCO PARENTIS VERIFICATION

Guardian's Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Date: _____

I am currently providing care for the child or children listed below. The child or children live with me, but the child's or children's parents do not. I am responsible for their care in all aspects of daily living.

Child(ren)'s Names:

Please give a brief explanation, including the parent's whereabouts, if known, as to why you are responsible for the care of this child or children. Or you may attach a copy of any legal guardianship papers you have.

Do you receive other benefits for this child? Check all that apply:

Food Stamps? Yes No

Medicaid? Yes No

TANF? Yes No

NOTE: This form must be notarized.

Signature of Guardian Date

State of South Carolina County of _____.

Sworn to and subscribed before me, on this _____, day of _____, 20_____.

Signature of Notary Public

(Printed Name of Notary Public), Notary Public

My commission expires: _____

Name of FFN Provider: _____

**South Carolina Department of Social Services
ABC Child Care Program
FAMILY, FRIEND, AND NEIGHBOR
CENTRAL REGISTRY RELEASE OF INFORMATION AND CONSENT FORM**

The ABC Child Care Program policy requires that all Family, Friend, and Neighbor (FFN) child care providers and household members 18 years and older must have a Central Registry and SLED Sex Offender Registry review conducted by SC DSS to determine if any abuse or neglect has been perpetrated by the person upon a child. This form must be completed by the provider and an additional copy of the form must be completed on any household members 18 years and older.

This serves as my consent to authorize SC DSS Child Care Licensing to conduct a search of the Central Registry of Child Abuse and Neglect and SLED Sex Offender Registry on myself. I understand that all information provided on this form will be released to the ABC Child Care Program. This consent is effective for a search of the Central Registry and SLED Sex Offender Registry for the purpose of providing child care to a child eligible for an ABC Child Care voucher. I understand that the information may prove unfavorable to me. I agree to hold any source of information, SC DSS and its staff, harmless from liability associated with the release of this information. I understand that if the result of the review is unsatisfactory, the ABC Child Care Program will terminate or deny me as an ABC Child Care Provider. **NOTE: If additional research is required for SC DSS to complete the review, providers may be conditionally approved as an ABC Child Care Provider.** Upon completion of the review, if it appears to me that the information in the Registry has not been updated or is inaccurate, I will notify SC DSS immediately at 1-800-262-4416.

Print or type: Spelling of the entire name is required; your review will be delayed if initials or abbreviations are used.

Full Name: (No initials) _____
First Middle Last

Maiden/Former Name: (If applicable) _____

DOB: _____ Sex: _____ Race: _____ Complete SSN: (No X's) _____
mm/dd/yyyy

Current Address: _____
Street Number and Name City/State Zip Code

Previous Address: _____
Street Number and Name City/State Zip Code

***** I AFFIRM BY MY SIGNATURE THAT I AM NOT LISTED IN THE CENTRAL REGISTRY OR SEX OFFENDER REGISTRY AS A PERPETRATOR OF CHILD ABUSE OR NEGLECT.**

Signature of Applicant/Household Member: _____ Date: _____

Telephone Number to contact you, if necessary: _____

To be completed by only authorized DSS employee. The results of the search of the Central Registry and SLED Sex Offender Database are as follows:

- The applicant is not listed as a perpetrator in the Central Registry of Child Abuse and Neglect.
- The applicant is listed as a perpetrator in the Central Registry of Child Abuse and Neglect.
- The applicant information requires research. An additional 10 days are needed to process this request.
- The applicant is not listed in the SLED Sex Offender Database.
- The applicant is listed in the SLED Sex Offender Database.

Database Review Completed by: _____ Date: _____

**South Carolina Department of Social Services
ABC Child Care Program
CLIENT RIGHTS AND RESPONSIBILITIES**

CLIENT RIGHTS:

1. You have the right to choose a child care center, family child care home, group child care home, church facility, or care by a neighbor, friend, or relative. If you are receiving services under Child Protective Services or Foster Care, you may choose only licensed facilities or programs.
2. You have the right to visit your child any time the child is in the provider's care.
3. You have the right to make complaints or discuss areas of concern or suggestions regarding the ABC Program by calling 1-800-763-2223.
4. You have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to **Individual and Provider Rights, SC DSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.**

CLIENT RESPONSIBILITIES:

1. It is your responsibility to provide current and accurate verification of gross family income, family size, age of child(ren), and employment/school/training and to report any changes to this information within 10 calendar days after the change occurs.
2. It is your responsibility to pay your provider for child care services you receive before or after the authorized dates of service.
3. It is your responsibility to choose a child care provider within 15 calendar days from the date you are notified of your eligibility for services.
4. It is your responsibility to pay a weekly co-pay fee based on your family size and income, for each child receiving child care services through the ABC Program. The weekly fee is due to your provider before the weekly child care service is provided. You may also be responsible for paying the difference between the maximum amount the ABC Program pays and what the provider charges.
5. It is your responsibility to assure your child attends the provider in accordance with ABC Child Care Program attendance policies.
6. It is your responsibility to call the ABC Child Care Program at 1-800-476-0199 to request approval to transfer to a new provider before you stop attending one provider and before transferring to another.

Departamento de Servicios Sociales de Carolina del Sur
Programa de Cuidado Infantil ABC
DERECHOS Y RESPONSABILIDADES DE LOS CLIENTES

RESPONSABILIDADES DEL SOLICITANTE:

1. Proporcionar información actual y correcta de los ingresos brutos familiares, el tamaño de la familia, edades de los niños y empleo/escuela/entrenamiento.
2. Reportar todos los cambios en los ingresos brutos familiares, tamaño de la familia, dirección, empleo, escuela o entrenamiento dentro de los 10 días hábiles siguientes a la fecha en que ocurre el cambio.
3. Pagar al proveedor el cargo semanal del cliente con base en el tamaño y los ingresos de la familia antes de que el servicio sea prestado. Los padres son responsables por el pago de la diferencia entre la cantidad máxima que el Programa ABC paga y el cargo del proveedor del servicio.
4. Pagar por los servicios de cuidado infantil cuando una reconsideración y una apelación estén en proceso.
5. Obtener aprobación del Centro de Control de cuidado infantil ABC (ABC Child Care Control Center) antes de transferirse a otro proveedor.
6. Avisar con anticipación antes de terminar los servicios.
7. Escoger un proveedor de cuidado infantil, dentro de los 15 días hábiles de la fecha de notificación de elegibilidad.
8. Cumplir con las políticas de asistencia para usar los servicios de cuidado infantil del Programa ABC.
9. Pagar por los servicios recibidos antes o después de las fechas autorizadas de servicio.

DERECHOS DEL SOLICITANTE:

1. Escoger un centro, casa de cuidado diario familiar, casa de cuidado diario grupal, instilación de una iglesia o cuidado prestado por un vecino, amigo o familiar. Los clientes que reciben servicios de protección al menor (Child Protective Services) o Cuidado de crianza temporal sólo pueden escoger instalaciones o programas autorizados.
2. Usted tiene el derecho de tener una audiencia justa con respecto a cualquier decisión que resulte en la negación o terminación de servicios, siempre que la decisión no corresponda a un pago. El aviso de apelación tiene que presentarse por escrito a: **Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, SC 29202-1520.**
3. Hacer reclamos o hablar de asuntos/sugerencias con respecto al Sistema de cupones de cuidado infantil ABC (ABC Child Care Voucher System) por llamar al 1-800-763-2223.
4. Visitar a su(s) hijo(s) a cualquier hora que él o ella se encuentre al cuidado del proveedor.

NOTA: El incumplimiento de estas responsabilidades podría resultar en la negación o terminación de los servicios.

**South Carolina Department of Social Services
ABC Child Care Program
LEVEL C PROVIDER RATE CERTIFICATION FORM**

New Increase
 Change Decrease

The service rates to be reimbursed under this Rate Certification shall not exceed the maximum rate established by the ABC Child Care Program for the type of care provided. The rates shall not exceed the provider's actual rate for all other children. When there are different actual rates charged for different ages within care types, the ABC Child Care Program will pay up to the highest rate charged within a care type for that care type, not to exceed the maximum rates established. The rates under this Agreement are as follows:

Full-Time Child Care (Weekly)

Age	ABC Rate (Not to exceed ABC Max Rate)	Facility Rate (Weekly rate you charge parents)
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18*	\$	\$

Half-Time Child Care (Weekly)

Age	ABC Rate (Not to exceed ABC Max Rate)	Facility Rate (Weekly rate you charge parents)
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18*	\$	\$

Less Than Half-Time Child Care (Weekly)

Age	ABC Rate (Not to exceed ABC Max Rate)	Facility Rate (Weekly rate you charge parents)
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18*	\$	\$

* Denotes child care arrangements for Special Needs

Do you charge a registration fee? (Check one) Yes No

Second Child Discount Percentage: _____ % off service cost. Second child discounts apply to all children in the same family except the youngest.

I certify that the facility cost and second child discount set forth above is the actual cost that I charge private paying clients. I further certify that I shall comply with all conditions of this rate certification form as a condition of payment.

Child Care Provider: _____ Date: _____
Signature of Owner or Authorized Agent of Owner

Facility/Provider Name: _____ Telephone: (____) _____

Federal ID/Social Security Number: _____ County: _____

SCDSS USE ONLY: Center Group Family

As of the below effective date, all new clients and reauthorized clients will be approved using the rates from this form.

Authorized Signature of the SCDSS

Effective Date of Change

South Carolina Department of Social Services
 ABC Child Care Program
FAMILY, FRIEND, AND NEIGHBOR
CHILD CARE ENROLLMENT AND AGREEMENT FORM

Social Security No.: _____ Relative of Child: Yes No _____
If Yes, Relationship to Child

Provider Name: _____

Provider County: _____ Provider Telephone: (____) _____

Provider Home Address: _____
Street Number or Route Number

Provider City/State: _____ Provider Zip Code: _____

Provider Mailing Address (If different than above)

Address: _____
P.O. Box, Street Number or Route Number

City/State: _____ Zip Code: _____ Alternate Telephone: (____) _____

Provider Category: (Mark one "X" in each column)

Private-for-Profit	X	Minority Owned		Sole Proprietor	X	State Employee	
		Non-Minority Owned				Non-State Employee	

I am available to provide care: (Fill in all that apply)

Monday From _____ AM To _____ PM Friday From _____ AM To _____ PM
 Tuesday From _____ AM To _____ PM Saturday From _____ AM To _____ PM
 Wednesday From _____ AM To _____ PM Sunday From _____ AM To _____ PM
 Thursday From _____ AM To _____ PM

Do you operate more than one shift? Yes No

The child will be cared for in: (Check only one)

- The child's home and I am: (Check one) A Relative A Neighbor A Friend
 My home and I am: (Check one) A Relative A Neighbor A Friend

The rates I will charge: (Per child per week)

Age Group	Full-Time	Half-Time	Less Than Half-Time
0-2 Years			
3-5 Years			
6-12 Years			
13-18 Years			

Password for ABC: _____

The password will be used for you to access information from the ABC Child Care Program about your payments, client services, etc. **Note: The password must be at least six characters (letters, numbers or a combination of the two). Please do not use punctuations or symbols.**

By my signature I confirm that the above information is true and correct:

Provider Signature: _____ Date: _____

INSTRUCTIONS FOR ENROLLMENT FORM 3774

- Social Security No.:** Enter your Social Security number as it is on your Social Security card.
- Relative of Child:** Check Yes if you are related by blood or law to the child, and write in how you are related. Check No if you are not related by blood or law to the child.
- Provider Name:** Write in your full legal name as it appears on your Social Security card.
- Provider County:** Write in the name of the county where you live.
- Telephone Number:** Write in your home telephone number or the telephone number where you can be reached while the child is in your care.
- Provider Address:** Write your complete address with street number and name. If you live on a rural route, please put the name of the road or highway.
- Provider City/State:** Write your city or town name and state.
- Provider Zip Code:** Write your 5- or 9-digit zip code.
- Provider Mailing Address:** Write in the address where you want us to send your payments and all information, if it is different from your home address.
- Provider Category:** Mark the correct box under each category.
- Mark Non-Minority if you are a white male, otherwise, mark minority owned.
- Mark state employee if you are an employee of the State of South Carolina, non-state if you are NOT an employee of the State of South Carolina
- Availability of Care:** Write in the start and end time for each day you are available to provide care.
- Where the child will be cared for:**
- Check in the home of the child if you are caring for the child in the child's home.
- Check in my home and I am a relative if you are a family member and will provide care in your home.
- Check in my home and I am a friend if you are a friend caring for the child in your home.
- Check in my home and I am a neighbor if you are a neighbor caring for the child in your home.
- The rates I will charge:** Indicate in each box the rates you will charge for each care type listed for full, half, and/or less than half time care. The ABC Child Care Program will pay up to the highest rate charged within a care type not to exceed the maximum rate established.
- Password for ABC:** Write in a password of your choice. This password will be used to verify your identity when you call into the ABC Child Care Control Center for information regarding your payment, client services, etc.

NOTE: If you are applying to provide child care services in the child's home, and you are not related to the child as an aunt, uncle (first generation only), sibling, grandparent, or great-grandparent, you will not be approved as an in-home care provider.

Additionally, if you are applying to provide child care services in the child's home, and you are not related to the child as stated above, and the client does not have at least 5 children needing child care services, you will not be approved as an in-home care provider.

Family, Friend, and Neighbor Child Care Provider Agreement

The child will be cared for in:

- The child's home and I am: (Check one) A Relative A Neighbor A Friend
 My home and I am: (Check one) A Relative A Neighbor A Friend

Provider Name: _____ Social Security No.: _____

Parent Name: _____ Social Security No.: _____

AS A CONDITION OF PARTICIPATION AND PAYMENT, I AGREE:

- that this Agreement shall not be assigned or transferred to another individual.
- that all services provided and claims submitted shall be in accordance with 45CFR98 (1991), Provider Business Procedures issued by the South Carolina Department of Social Services (DSS), and all applicable federal and state laws, rules and regulations.
- that I will provide child care only at the address listed on this agreement.
- to allow parents immediate access to the child in my care.
- to accept children without discrimination with regard to race, color, national origin, age, sex, religion or physical or mental disability.
- to provide children with adequate food, shelter, rest, and age appropriate activities.
- not to allow anyone else to care for the children under this Agreement.
- to collect client fees from parents as indicated on the connection letter, along with any difference between what ABC pays and I charge.
- to protect children from abuse/neglect and to report any suspicion of child abuse and neglect to DSS.
- to submit the Service Voucher Log (SVL) for payments for active, eligible children who have been authorized by DSS.
- that I will not be paid for services when the Service Voucher Log (SVL) is submitted to DSS more than 12 months following the end of service.
- to maintain daily attendance records, payment records and fee receipts for a minimum of three years and provide these records to county, state, federal officials and others as authorized in writing by DSS.
- to become familiar with the policies and procedures in the Family, Friend, and Neighbor Child Care Provider Business Procedures.
- to notify DSS within 3 working days of excessive absences or irregular child care usage.
- to notify DSS within one working day if a child is no longer in my care for reasons other than termination by DSS.
- that I shall not stop serving any child without prior notification to DSS. This notification must include the reason for stopping services and must be properly documented.
- that if I refuse or deny service for a week, or do not allow a child to finish a week of care, I will not be paid for that week.
- that I will not be paid by DSS for services I provide prior to receiving written authorization from DSS.
- that I understand this Agreement may be terminated by either me or DSS with proper notice given as outlined in the ABC Child Care provider termination policy.
- this Agreement may also be terminated immediately and without advance notification if a child's health or safety is endangered.
- that I will safeguard the use and disclosure of information concerning clients or recipients of services in accordance with all applicable federal and state laws and regulations and restrict access to, and use disclosure of such information in compliance with said laws and regulations.

- that I have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.
- that if any dispute of an adverse action by DSS shall arise under the terms of this Agreement, the sole and exclusive remedy shall be the filing of a Notice of Appeal within 30 calendar days of receipt of written notice of the South Carolina Department of Social Services' (DSS) action or decision which forms the basis of the appeal. Administrative appeals shall be in accordance with the DSS regulation R. 126-150, et seq., Code of Laws of South Carolina (1976, as amended), Volume 27, and in accordance with the Administrative Procedures Act, Section 1-23-380, Code of Laws of South Carolina (1976, as amended).

By signing this agreement, I certify that I have read, understand, and agree to all terms and conditions of this Agreement and the enrollment information I have furnished is true, accurate, and complete.

I also acknowledge receipt of information regarding the rules and policies of the South Carolina Department of Social Services ABC Child Care Program.

Family, Friend, and Neighbor Child Care Provider:

Signature of Provider: _____ Date: _____

Print Your Name: _____

Home Address: _____

Mailing Address: _____ City: _____ State: _____

Telephone: (____) _____ County: _____

Client Name: _____

Print Name: _____

SAMPLE

**South Carolina Department of Social Services
ABC Child Care Program**

FAMILY, FRIEND, AND NEIGHBOR CHILD CARE CERTIFICATION

The Family, Friend, and Neighbor Child Care Certification is required for approval of your provider in the ABC Child Care Program. Both you and the provider must complete, sign, and date this form. This form certifies the services between you and your provider. **The starred items are required for approval of your provider.**

Parent Name:	Parent Social Security Number:
*Provider Name:	Provider Social Security Number:
*Provider Address: (List the physical address of the provider's residence)	
Provider Mailing Address: (List the provider's mailing address)	
*Is the provider 21 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No, Note: The provider must be at least 21 years old.	*Will the provider allow the parents to see the child anytime while they are in care? <input type="checkbox"/> Yes <input type="checkbox"/> No

My children needing child care by this provider:

Child's Full Name (First and Last)	Age of Child	Child's Birth Date

* My child is age appropriately immunized based on the "Recommended Childhood Immunization Schedule."
 Yes No

My child will receive care: (Check one)

- In the home of the child
 In a family member's home
 In a friend's home
 In a neighbor's home

List below the number of children who will also be in the home during the hours my child receives care:

Provider's Children:	Provider's Family Member's Children:	Other Children:
----------------------	--------------------------------------	-----------------

Is there at least one adult per six children? Yes No

The provider is related to my child by marriage, blood, court decree or adoption who lives outside the home of the child:
 Yes No

Check One: Parent Grandparent Great-grandparent Uncle Aunt Brother Sister

Other: (How is child related?) _____

Will there be other adults 18 years old or older in the home during the hours my child will be in care? Yes No

If yes, explain: _____

The house in which my child will receive care:	Yes	No
is clean.		
is danger free.		
has enough exits in case of fire.		
has safe and vented heaters or fireplaces.		
* has a smoke detector and fire extinguishers.		
has a way to keep food from spoiling.		
has a safety plan to follow if there is danger.		
has running water from an approved water supply.		
has clean, working bathrooms.		
has equipment, toys and supplies in good shape.		
has safety caps on electrical outlets.		
has adequate heating, cooling and lighting.		
has a first aid kit.		
has strong screens or bars on windows above the first floor.		
has a safe place to play outdoors with no litter.		
has a bed or mat for every child.		

The provider will provide the following:

Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No	Morning Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Afternoon Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indoor Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toys/Educational Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	Games	<input type="checkbox"/> Yes <input type="checkbox"/> No
** Crib	<input type="checkbox"/> Yes <input type="checkbox"/> No		
** Crib slats no more than 2 3/8 inches apart for children under 2 years old.			

My provider and I agree:

about child rearing.

Yes No

about how to reward and discipline my child.

Yes No

Comments: _____

My provider knows not to deprive my child of food, naps or the bathroom. Yes No

My provider:

knows how to reach me in an emergency.

Yes No

has access to a car in an emergency.

Yes No

has the name of my child's doctor in an emergency.

Yes No

has access to a working phone.

Yes No

Days and hours I need child care:

Monday Begin: _____ End: _____

Tuesday Begin: _____ End: _____

Wednesday Begin: _____ End: _____

Thursday Begin: _____ End: _____

Friday Begin: _____ End: _____

Saturday Begin: _____ End: _____

Sunday Begin: _____ End: _____

Parent/Guardian's Signature: _____ Date: _____

Print Name: _____

Provider's Signature: _____ Date: _____

Print Name: _____

SAMPLE

**South Carolina Department of Social Services
ABC Child Care Program
Family, Friend, and Neighbor Provider
HEALTH AND SAFETY GRANT REIMBURSEMENT REQUEST**

The ABC Child Care Program requires clients who select family, friend, and neighbor care arrangements for their children to make sure the home has the following:

1. A minimum of one fire extinguisher (type 5 lb. 2-A:10 B:C) in the cooking area, and
2. A minimum of two operating smoke detectors properly placed within the home in areas occupied by children.

Child care providers who do not have a fire extinguisher or two smoke detectors, as verified by the client, may request and receive a grant to assist them in purchasing these items. The grant funds will be reimbursed after the equipment is purchased by the provider and the grant request and original receipts are submitted to the ABC Child Care Program.

Upon approval of the grant request, the ABC Child Care Program will issue payment to the provider based on the receipts submitted, not to exceed \$45.00.

Terms and Conditions:

1. Grants are limited to one per provider, and are available after the provider is selected by an ABC eligible client.
2. The health and safety grant will provide reimbursement only for the purchase of a fire extinguisher and/or smoke detectors.
3. The child care provider is responsible for additional costs that exceed \$45.00.

Request:

I certify that I have read and fully understand the requirements of this health and safety grant reimbursement request, and if approved, shall comply with the above terms and conditions.

Grant Amount Requested: \$ _____

Provider Name: (Please print) _____

Provider Street Address: _____

Provider City, State and Zip Code: _____

Provider Social Security Number: _____ Provider Phone Number: (____) _____

Provider Signature: _____

For DSS Use Only

Grant Approved: Yes No

Approval Date: _____ Approval Signature: _____

**South Carolina Department of Social Services
ABC Child Care Program
PRE-AUTHORIZATION NOTICE**

Date: _____

CLIENT INFORMATION			
Client or Foster Child Name:		Social Security Number:	
Address:			
RECIPIENT(S) ARRANGEMENT			
Child's Name	Full Time/Half Time	Child's Name	Full Time/Half Time
FEE			
Client required to pay a fee: <input type="checkbox"/> Yes* <input type="checkbox"/> No Client is also responsible for the difference between the maximum amount ABC program pays and what the provider charges.			
*Yes, client fee is \$ _____ per child. Client will pay a total of \$ _____ to the provider each week unless the provider charges more than the ABC programs pays.			

Child care services have been approved for the child(ren) listed above to attend _____ beginning _____. The child(ren) should not be taken to any provider before the beginning date. **If services are provided before the approved date noted above, or care type changes without prior approval, DSS will not pay and the client will be responsible for these changes.** If the child(ren) exceeds his/her allowable absences there is a risk of termination. Please call DSS if a request for waiver of absences is needed.

DSS should be notified promptly if the child(ren) is no longer attending the child care facility and of any other related changes. Please note that child care services may be terminated at any time, but client and provider will be given notice before termination.

If there are any questions, you may contact me at _____.

Support Services Specialist: _____

Departamento de Servicios Sociales de Carolina del Sur
SOLICITUD PARA EL SISTEMA DE CUPONES PARA CUIDADO INFANTIL ABC

Apellido del Solicitante:		Nombre del Solicitante:		Inicial del Segundo Nombre:	
Dirección de la Calle:		Ciudad:		Estado: Código Postal:	
Condado donde Reside:		Teléfono del Hogar:		Teléfono del Trabajo:	
Fecha de Nacimiento:		Nº de Seguro Social:		Sexo: <input type="checkbox"/> Hombre <input type="checkbox"/> Mujer	
Nivel Educativo: <input type="checkbox"/> Menos que Escuela Secundaria		<input type="checkbox"/> Graduado de la Escuela Secundaria		<input type="checkbox"/> GED <input type="checkbox"/> Posgraduado	
Raza: <input type="checkbox"/> Negro <input type="checkbox"/> Blanco		Composición de la Familia:		Tamaño de la Familia:	
<input type="checkbox"/> Indígena Americano <input type="checkbox"/> Otro		<input type="checkbox"/> Padre/Madre Soltero(a) <input type="checkbox"/> Padres <input type="checkbox"/> Tutor <input type="checkbox"/> Crianza Temporal		Ingreso Total:	
Padre/Madre A			Padre/Madre B		
Nombre:			Nombre:		
<input type="checkbox"/> Empleado <input type="checkbox"/> En la Escuela		Número de Seguro Social:		<input type="checkbox"/> Empleado <input type="checkbox"/> En la Escuela	
<input type="checkbox"/> En Entrenamiento				<input type="checkbox"/> En Entrenamiento	
Empleador/Escuela/Programa en el que Entrena:			Empleador/Escuela/Programa en el que Entrena:		
Dirección de la Calle:			Dirección de la Calle:		
Ciudad:		Estado:		Código Postal:	
Ciudad:		Estado:		Código Postal:	
Persona de Contacto en el Trabajo/Escuela:		Nº de Teléfono para la Persona de Contacto: ()		Persona de Contacto en el Trabajo/Escuela:	
				Nº de Teléfono para la Persona de Contacto: ()	

Los Niños para los Cuales se Solicita el Servicio

Número del Niño	Primer Nombre	Nº de Seguro Social	Fecha de Nacimiento	Etnia	Sexo	Tipo de Cuidado	Número de Semanas de Cuidado		
							Tiempo Completo	Medio Tiempo	Menos de Medio Tiempo
						<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12			
						<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12			
						<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12			
						<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12			
						<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12			
						<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-12			

Yo certifico que toda la información descrita anteriormente es verdadera y correcta. Yo entiendo que los oficiales del estado pueden verificar la información y que información dada intencionalmente distorsionada puede ser sujeta a persecución bajo estatutos criminales federales y estatales aplicables. Además entiendo al momento de mi aprobación para este programa me evaluará por la información que he entregado y que me van a designar una tarifa; y que estoy de acuerdo, por medio de mi firma en pagar la tarifa de acuerdo a los términos y condiciones del proveedor de cuidado para niños aprobado. Yo también certifico que he leído los derechos y responsabilidades del cliente y cumpliré con las responsabilidades.

Firma del Solicitante:	Fecha Firmada:
------------------------	----------------

For Agency Use Only (Sólo para el Uso de la Agencia)

Eligibility Category:					
<input type="checkbox"/> LIAAC <input type="checkbox"/> FI <input type="checkbox"/> FI/CO <input type="checkbox"/> TCC1 <input type="checkbox"/> TCC2 <input type="checkbox"/> TCC24 <input type="checkbox"/> TCC/FS <input type="checkbox"/> PROTECT <input type="checkbox"/> FOSTER <input type="checkbox"/> CCDBG <input type="checkbox"/> HEAD START <input type="checkbox"/> SPECIAL NEEDS <input type="checkbox"/> SSBG <input type="radio"/> Protect In <input type="radio"/> Foster Care Child <input type="radio"/> Protect Out <input type="radio"/> Baby of Foster Care Child					
Purpose of Care: <input type="checkbox"/> Foster Care <input type="checkbox"/> Protective Services			Referral Source: <input type="checkbox"/> DHEC <input type="checkbox"/> DSS <input type="checkbox"/> DDSN <input type="checkbox"/> DHHS <input type="checkbox"/> SDE		
<input type="checkbox"/> Regular Child Care <input type="checkbox"/> Special Needs			<input type="checkbox"/> HS <input type="checkbox"/> DSS/WR		
FI Status:		Client Fee:		Family Information Verification Requested:	
<input type="checkbox"/> Current FI <input type="checkbox"/> Form FI <input type="checkbox"/> Non-FI				<input type="checkbox"/> Income Verification <input type="checkbox"/> Emancipated Minor Status <input type="checkbox"/> Guardianship Papers	
Worker ID:	Date Keyed:	Time Keyed:	Provider Selected Name and Address:		FEIN/SSN:
					Start Date:



Si necesita esta aplicación en idioma español, llame al 1-800-476-0199 por favor.

PLEASE COMPLETE IN BLUE OR BLACK INK

FOR AGENCY USE ONLY				
Program Name: _____		CCVS Application No.: _____		
Eligibility Category Check the eligibility category for this application:				
<input type="checkbox"/> ACC	<input type="checkbox"/> CPS-Out	<input type="checkbox"/> FI/Two Parent	<input type="checkbox"/> Special Needs	<input type="checkbox"/> TCC2
<input type="checkbox"/> CCDF/DISC	<input type="checkbox"/> FI	<input type="checkbox"/> First Steps	<input type="checkbox"/> TCC/FS-1	<input type="checkbox"/> TCC24-1
<input type="checkbox"/> CDV/CCDF	<input type="checkbox"/> FI/CO	<input type="checkbox"/> Foster Care	<input type="checkbox"/> TCC/FS-2	<input type="checkbox"/> TCC24-2
<input type="checkbox"/> CPS-In	<input type="checkbox"/> FI/CARES	<input type="checkbox"/> HS Slots	<input type="checkbox"/> TCC1	<input type="checkbox"/> Other: _____

PLEASE NOTE
The ABC Child Care Program WILL NOT pay for any children who are served prior to receiving written authorization by the ABC Program.

1. Tell us who you are and where you live.

Last Name: _____		First Name: _____		Mid. Initial: _____	Social Security Number: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Residence Address: _____				City: _____	State: SC	Zip: _____		
Mailing Address: (If different than residential address) _____				City: _____	State: SC	Zip: _____	Birthdate: _____	
CHIP Case No.: (If applicable) _____			County (You live in) _____		E-Mail: _____			
Home: () - -			Work: () - -		Cell: () - -			

Race	Check Yes or No	Family Composition (Select One)	Marital Status (Select One)	Educational Level (Select One)
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Single	<input type="checkbox"/> Less than High School Graduate
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Married	<input type="checkbox"/> High School Graduate
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Single Parent Guardian/In Loco Parentis	<input type="checkbox"/> Separated	<input type="checkbox"/> GED
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Two Parent Guardian/In Loco Parentis	<input type="checkbox"/> Divorced	<input type="checkbox"/> Post Graduate (College)
White	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Foster Child of a Single Parent Family	<input type="checkbox"/> Widowed	
Ethnicity	Check Yes or No	<input type="checkbox"/> Foster Child of a Two Parent Family	<input type="checkbox"/> Not Applicable – Child	
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Foster Child with a Child		

2. Tell us about your family.

Sources of Income									
Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?	Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			
Housing Voucher or Cash Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N				Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N			
TANF (Family Independence)	<input type="checkbox"/> Y <input type="checkbox"/> N				Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N			
Food Stamps	<input type="checkbox"/> Y <input type="checkbox"/> N				Disability Income	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI or Other Federal Cash Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N				Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N				Veteran's Pension	<input type="checkbox"/> Y <input type="checkbox"/> N			
Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			

3. Tell us who lives in your home. (List your name on the first line.)

Last Name	First Name	Middle Initial	Gender	Birth Date	Age	How is this person related to you?

4. Tell us where you work or attend school or training.

Parent A – Work/School/Training Information		Parent B (Spouse or Child's Other Parent, if in same household) Work/School/Training Information	
Name of Parent/Guardian/Foster Parent:		Name of Parent/Guardian/Foster Parent:	
Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Disabled <input type="checkbox"/> Employed and Attending School/Training <input type="checkbox"/> Protective Services <input type="checkbox"/> Federal Declared Emergency		Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Disabled <input type="checkbox"/> Employed and Attending School/Training <input type="checkbox"/> Protective Services <input type="checkbox"/> Federal Declared Emergency	
Employer:	School/Training Program Attending:	Employer:	School/Training Program Attending:
Employer Address: (Including city, state, zip)	School/Training Address:	Employer Address: (Including city, state, zip)	School/Training Address:
Contact Person at Work:	Contact Person at School/Training:	Contact Person at Work:	Contact Person at School/Training:
Contact Person's Phone No.: ()	Contact Person's Phone No.: ()	Contact Person's Phone No.: ()	Contact Person's Phone No.: ()
How many hours do you work each week?	How many hours do you attend school/training each week?	How many hours do you work each week?	How many hours do you attend school/training each week?

If you need to enter additional children, make another copy of this page before completion.

5. Tell us about the children who need child care services.

Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	Check Yes or No	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	Health	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Answer Yes or No			Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	Check Yes or No	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	Health	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Answer Yes or No			Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	Check Yes or No	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	Health	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Answer Yes or No			Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

Note: Checking **No** under immunizations up-to-date does not automatically disqualify your child.

6. Please read the following Applicant Rights and Responsibilities.

Applicant Rights

1. You have the right to choose a child care center, family child care home, group child care home, church facility, or care by a neighbor, friend, or relative. If you are receiving services under Child Protective Services or Foster Care, you may choose only licensed facilities or programs.
2. You have the right to visit your child any time the child is in the provider's care.
3. You have the right to make complaints or discuss areas of concern or suggestions regarding the ABC Program by calling 1-800-763-2223.
4. You have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.

Applicant Responsibilities

1. It is your responsibility to provide current and accurate verification of gross family income, family size, age of child(ren), and employment/school/training and to report all changes to this information within 10 calendar days after the change occurs.
2. It is your responsibility to pay your provider for child care services you receive before or after the authorized dates of service.
3. It is your responsibility to choose a child care provider within 15 calendar days from the date you are notified of your eligibility for services.
4. It is your responsibility to pay a weekly client fee, which is based on your family size and income, for each child receiving child care services through the ABC Program. The weekly fee is due to your provider before the weekly child care service is provided. You may also be responsible for paying the difference between the maximum amount the ABC Program pays and what the provider charges.
5. It is your responsibility to assure your child(ren) attends the provider in accordance with ABC Child Care Program attendance policies.
6. It is your responsibility to call the ABC Child Care Program at 1-800-476-0199 to request approval to transfer to a new provider before you stop attending the provider and before transferring to another.

7. By my signature below:

I certify that all of the information I have provided is true and correct. I understand that state officials may verify the information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I further understand that upon my approval for this program, I may be assessed a fee based on the information I have provided. I agree, by my signature, to pay that fee according to the terms and conditions of the approved child care provider. I further certify that I have read the Applicant Rights and Responsibilities and will comply with the Responsibilities.

Please print your name: _____

Signature of Parent/Caretaker: _____ Date: ____/____/____

Name of Provider Selected: _____

Address of Provider Selected: _____

CHECKLIST

- Have you signed and dated this Application?
- Have you attached copies of paystubs for the last **4 weeks**, or a letter from your employer on company letterhead that shows your gross pay and hours worked for the last 4 weeks? This information must also be provided for your spouse or your child's second parent if in the home.
- If you attend school or a training program, have you attached a copy of the schedule and proof of paid registration for the term during which you are applying for services? This information must also be provided for your spouse or your child's second parent if in the home.
- If you are self-employed, did you attach your most recent income tax forms?

If you are not sure what to send, or need assistance in completing this application, please call 1-800-476-0199.