

Child Care and Development Fund (CCDF) Plan For South Carolina FFY 2019-2021

1 Define CCDF Leadership and Coordination with Relevant Systems

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

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: South Carolina Department of Social Services

Street Address: 1535 Confederate Avenue P.O. Box 1520

City: Columbia

State: South Carolina

ZIP Code: 29202-1520

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Joan

Lead Agency Official Last Name: Meacham

Title: Acting Director

Phone Number: 803-898-1805

Email Address: Joan.Meacham@dss.sc.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Michele

CCDF Administrator Last Name: Bowers

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

Phone Number: 803-898-7307

Email Address: michelle.bowers@dss.sc.gov

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

Street Address: 1535 Confederate Avenue P.O. Box 1520

City: Columbia

State: South Carolina

ZIP Code: 29202-1520

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

CCDF Co-Administrator First Name: NA

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the role of the Co-Administrator:

Phone Number:

Email Address:

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

Street Address:

City:

State:

ZIP Code:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

- Other.

Describe:

2. Sliding-fee scale is set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

3. Payment rates are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

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

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments

- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

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

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

Describe

c) Who issues payments?

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

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note : The contents of the

written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Beginning in 2006 the Lead Agency (LA) relocated eligibility operations from local county Department of Social Services offices to the state office to be managed directly by staff in the Division of Early Care and Education (DECE). This department is divided into key eligibility categories that include the Child Protective Services/Foster Care, Family Independence/Transitional Care, and Special Needs units. In addition, other child care eligibility categories include Criminal Domestic Violence, Homelessness, and Dual Language Learners. The TANF program is based at the LA and managed by another division. DECE staff provides training for state and local TANF staff to assure that they are knowledgeable and updated by the child care eligibility process and the types of providers parents may select.

In 2009 the Division of Early Care and Education instituted a broad-based consumer education /marketing campaign about quality child care. A key component of this campaign is to improve parents and the overall community's awareness about key components of high quality child care and available resources/services that provide guidance that enables families to make informed decisions. The LA works with community-based organizations to broaden efforts to use traditional and contemporary marketing initiatives that help to provide information about the DECE and the state's quality rating and improvement system for child care providers. The Child Care Resource and Referral Network (CCR&RN), has played a key role in supporting the LA efforts to make information available to parents seeking child care and the general public about indicators of quality child care, availability of child care providers, and financial assistance for the provision of child care services.

The LA maintains contractual agreements with and subcontracts through the CCR&RN. Key components of the contract with the CCR&RN focuses on three components; child care referral, services to support child care providers (technical assistance and training designed to support providers' ability to maintain compliance with state regulatory requirements and assist them to achieve higher ratings in the state's quality rating and improvement system), and services to communities which focus on initiatives promoted by the DECE, the CCR&RN, and participation in local events that will lead to greater awareness and interest in

the child care system.

All contracts have an assigned contract manager who is based in the DECE. Contract managers are responsible for coordinating with contractors in the development of the scope of work and associated budget as well as the oversight and monitoring of deliverables as specified to assure compliance with CCDF and state regulations. CCR&RN is required to submit program reports at least twice yearly and include data that demonstrates improvements in the providers' overall ability to offer high quality child care.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

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

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

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The LA has an Agency Chief Information Security Officer (CISO). In addition, the SC Department of Administration has established a Division of Information Security. Based upon guidelines established at the state level of SC agencies, SCDSS CISO, working in conjunction with the agency's audit team, established an Information Security Policy for Privacy. This policy requires the LA to conduct a privacy impact assessment on information systems that handle personal identifiable information (PII). These assessments identify what information is to be collected, why it is collected, the intended use, with whom the information may be shared, and how it will be secured. The privacy assessment for the child care systems has been previously documented in consultation between the information technology staff, program staff, security staff, and the documentation is updated during designated review cycles. The SC Department of Administration also provides a learning management system for hosting and delivery of statewide and agency-level online training information. SC has created and requires state employees to complete the "Information Privacy Basics for State Employees" course. The training defines privacy and the information types covered under privacy rules, the principles guiding the securing, maintenance, and use of covered data, and the best practices for handling information defined as confidential or included as a personally-identifiable element. This training is required of program staff and technology staff supporting the SC child care systems to convey the requirements of state and federal privacy policies. Additionally, the LA Personnel Manual provides specific guidance to employees on the SCDSS Agency Policy on Confidentiality. This policy provides specific guidance on employee behavior to protect confidential information from unauthorized access, use, modification, disclosure, release or destruction. The LA's Policy on Confidentiality states: Employees must exercise extreme caution in handling information that is confidential. This requirement applies regardless of whether the information is in written, oral, electronic, or other form.

State and federal statutes and regulations make certain information confidential. The exact restrictions will vary from one program to another. The statutes and regulations have been implemented through LA policy and procedures. For example, Food Stamp, Family Independence, and Human Services manual materials. It is the responsibility of all employees who access or use client information to understand and adhere to confidentiality requirements that apply to the records they create, use, or have access to. Protected health

information is a category of confidential client information controlled by federal law, the Health Insurance Portability and Accountability Act (HIPPA). The SCDSS HIPPA manual contains agency policies, procedures, and references to federal requirements related to HIPPA.

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

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

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

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

Consultation

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

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

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

Through the DECE's consumer awareness campaign, staff participated in the Municipal Association of South Carolina's annual conference and the Community Development Association of SC conference. Staff used these events to present exhibits which facilitated opportunities to meet and talk with elected officials about ABCQ and the need

for access to high quality child care, and to distribute informational brochures about child care services in the state.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The SC Early Childhood Advisory Council is managed by the SC First Steps to School Readiness (SCFS), a public-private partnership developed through legislation. The DECE staff met with the director and other staff from SCFS on May 1, 2018 to consult with them on the State Plan. During the meeting, information was provided about the DECE's newly implemented initiatives and ongoing work to support services/programs designed to improve the quality of child care. Currently the council doesn't have any active initiatives in place. The Advisory Council is under new leadership and as appropriate the DECE will consult with them.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

The Catawba Nation is the only federally recognized tribe in South Carolina. The CCDF Administrator and other staff from the DECE met with the Catawba Tribal Child Care Administrator on April 12, 2018. The Tribal Child Care Administrator serves as the information liaison between the LA and the Catawba Nation. New leadership of the tribal child care program has led to renewed discussion of concerns specific to the Catawba Tribe and possibilities for future collaboration as well as a review of current services provided to the tribe by the LA. The tribal child care center participates in ABCQ as well as the SC Voucher Program and has used the LA's opportunities for FA/CPR training. They plan to participate in the newly offered Train-the-Trainer course for FA/CPR and the Health and Safety Pre-Service Certification training through ProSolutions available through the LA. Much interest was expressed about cultural competency training and the needs of parents living both on and off the reservation. The tribal child care center has used ABCQ grant funds to bring training from an out-of-state tribal leader as well as to make other improvements to the center.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The CCDF Administrator traveled to all four regions of the state to present the draft State Plan to early childhood stakeholders at the Technical Assistance Coordination Team (TACT) meetings. The meetings are managed by the SC Child Care Resource & Referral (CCR&R) Network. TACT meetings are open forum meetings that facilitate opportunities for technical assistance providers across the state to share information, strategies, news, and to discuss particular issues that impact child care providers' capability to maintain compliance with regulatory requirements and offer high quality child care. The meetings were held on April 11, 18, 25, and May 9, 2018. Through a contractual agreement with the University of South Carolina (USC)-College of Education for the CCR&R Network services, a key component is the Child Care Data Team (CCDT). The DECE staff consulted closely with members of the team about available data and recommended responses for questions regarding evaluative indicators. On May 17, 2018, the CCDF Administrator presented the draft State Plan at the annual Early Childhood Leadership Institute. Persons in attendance were early childhood coordinators from across the state located at technical colleges. The technical college system plays a lead role in facilitating opportunities for persons in the child care workforce to obtain professional development credentials and an associate degree in early childhood education. The coordinators offer valuable information and recommendations about coursework and professional development pathways for the workforce that lead to state credentials and/or college degrees.

On May 15, 2018 the CCDF Administrator met with First Steps County Partnership Executive Directors by phone. The purpose of the call was to make them aware of the State Plan requirements and the process for completion. On May 21, 2018 the Administrator met with Head Start Executive Directors and the Head Start Collaboration Office Director by phone. An overview of the components of the State Plan and process for completion was discussed. The Administrator met with the Build Leadership Team on April 27, 2018 to provide an overview of the State Plan. Information was provided on key requirements and the overall process for completion. The team includes a cross-section of public and private agencies that support/have an interest in early care and education, SC First Steps to School Readiness, SC Department of Education, SC Department of Mental Health, SC Department of Health and Human Services (Medicaid Agency), and SC Thrive.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 06/04/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a)). 05/14/2018

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

Notification of the public hearing was posted on the LA's website (www.dss.sc.gov) and the DECE's website (www.scchildcare.org). Notice was also sent out through a newsletter and on social media platforms.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. There was one hearing site: the LA, SCDSS 1535 Confederate Avenue, Columbia, South Carolina 29202-1520, Room 310. Columbia is the state capitol and is geographically located in the center of the state, allowing access for statewide attendees. The CCDF Administrator presented the State Plan in all four regions of the state at TACT meetings, which bring together technical assistance providers, and staff representing ABCQ, child care licensing, First Steps County Partnership, Head Start, and other early care and education community stakeholders for updates on a regular basis.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

The draft plan was posted on DECE's website (www.scchildcare.org) on 05/25/2018. The plan's website was shared by the CCR&R Network, SC Program for Infant and Toddler Care (SCPITC), and the SC Inclusion Collaborative (SCIC).

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All comments were reviewed for consideration by the LA when finalizing the plan.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<http://www.scchildcare.org>. The plan is located on the front page titled News and Announcements.

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

The CCDF Administrator met with the Governor's Advisory Committee on the Regulations of Child Care Facilities on April 24, 2018. An overview of the State Plan process and components was discussed. Subsequent to federal approval, the LA will make the plan and amendments available to this committee.

Working with child care resource and referral agencies.

Describe:

The CCDF Administrator traveled to all four regions of the state to present the draft

State Plan to early childhood stakeholders at TACT meetings. The CCR&R Network coordinates and hosts the TACT meetings.

Providing translation in other languages.

Describe:

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

The statewide CCR&R Network provides a link on its Facebook page and via monthly newsletters.

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

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

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

- (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

Through the DECE's consumer awareness campaign, staff participated in the Municipal Association of South Carolina's annual conference and the SC Community Development Association's conference. Staff used these events to present exhibits which facilitate opportunities to meet and talk with elected officials about ABCQ, the need for access to high quality child care, and to distribute informational brochures about child care services in the state. DECE's outreach manager also collaborates with the City of Charleston in an effort to provide more services to people experiencing homelessness in the cities of Mount Pleasant, Charleston, Summerville, and North Charleston.

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

Describe the coordination goals and process:

The SC State Advisory Council is staffed by SCFS office. SCFS is under new leadership and plans are being made for the Advisory Council to become more active.

- Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

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

Describe the coordination goals and process, including which tribe(s) was consulted:

The Catawba Indian Nation is the only federally recognized tribe in South Carolina. The Child Care Administrator from the Catawba Indian Nation serves as the information liaison between the DECE and the Catawba Nation. New leadership of the tribal child care program has led to renewed discussion on better coordination between the tribe and the LA. As an enrolled center in ABCQ, the center actively participates in the SC Voucher System and uses incentives provided by ABCQ such as the recent quality grant initiative, online training for the health and safety preservice certification, FA/CPR certification, and T.E.A.C.H scholarships. The tribal child care center staff was invited to and plans to participate in the newly offered train-the-trainer course for FA/CPR. The new child care program leadership is enthusiastically seeking training on cultural competency and has sought and received help from tribes in Mississippi and Oklahoma. Opportunities to share new concepts and learning at state professional development conferences so that staff statewide can become more aware of the cultural diversity within the state have been discussed. There is an expressed need to address matters for parents living both on and off the reservation, such as teenage parenting skills, drug and alcohol abuse, domestic violence, lack of sufficient native foster care homes, improper nutrition for young children, and trust issues with non-native individuals. Plans for a summer feeding program have been discussed and the LA staff will contact states with Indian tribes to learn about their efforts to coordinate services. In addition, the DECE staff will maintain contact with the Tribal Child Care Administrator to discuss and identify opportunities to work in partnership to resolve issues of concern. Short-term goals include ensuring conference scholarships for staff to attend state level professional development conferences, encouraging tribal child care program staff to conduct presentations at state conferences, and ensuring that the Catawba Nation takes full advantage of opportunities through ABCQ and the SC Voucher Program.

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

- (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and and

Part B, Section 619 for preschool).

Describe the coordination goals and process:

The LA's staff serve on several coordinating councils regarding children with special needs: Governor-appointed member of the Inter-Agency Coordinating Council for the Individuals with Disabilities Education Act (IDEA) Part C-BabyNet; voluntary member of the preschool advisory board for IDEA Part B- 619; and voluntary member of school-based mental health advisory board. Members of these councils coordinate efforts regarding early care and education for young children with disabilities, work to develop relevant policy and program changes, and problem solve service related issues in a coordinated manner. In addition, the DECE funds the SCIC to focus on the needs of young children with disabilities or developmental delays in early care and education settings. This entity coordinates the provision of specific topical information in this area with Part B 619 and Part C providers and advises the LA on needed policy and procedural changes and supports.

(REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

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

investigate a process for reciprocity.

- (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

Child Care Licensing (CCL), a department within the DECE, enforces the regulations requiring children's files in child care facilities to contain a current SC immunization record. The DECE works with the public health agency, SC Department of Health and Environmental Control (DHEC), when technical assistance is needed for child care providers that have questions related to immunization records. In addition, the DECE coordinates and makes visits with DHEC when required to assist child care programs resolve DHEC, as well as CCL regulatory concerns. CCL is a stakeholder for public health issues that directly affect schools and child care programs including reviewing and discussing changes to health regulations. CCL collaborates with DHEC for information dissemination by mass mailing information they have determined to be crucial information for child care providers. These notices are also posted on the DECE website as needed. The DHEC is responsible for developing a list of exclusions of contagious and communicable diseases which have been incorporated into CCL regulations. The DECE website links to the DHEC website so child care providers can download and print exclusion lists. This also helps parents to be knowledgeable of contagious diseases that could affect their child's ability to attend child care. CCL also collaborates with DHEC by working to update the state's Shaken Baby video to add specified information regarding Safe Sleep, SUIDS, and SIDS. The DECE has an active partnership with DHEC's Division of Nutrition, Physical Activity, and Obesity (NAPO) to design and implement system changes toward healthy eating and increased physical activity in child care programs statewide through standards embedded in ABCQ. SC is a national leader in incorporating those standards in ABCQ. That initiative led to a statewide breastfeeding friendly designation for child care programs and an outdoor learning initiative that promotes physical activity through redesign of the outdoor learning environment. The ABC Grow Healthy initiative for child care centers has completed 5 years of standards implementation with a report using data from reviews of ABCQ centers to address the impact of the initiative for the Centers for Disease Control, a primary funder of the joint initiative. The next phase will target implementation of similar nutrition and physical activity standards for family and group child care homes in ABCQ. The DHEC leadership are

included on the DECE's Build Leadership Team. The DECE also has representation on DHEC's Child Well Being Coalition group.

(REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

The Temporary Assistance for Needy Families (TANF) program is administered by the LA. SC Voucher staff coordinates with TANF staff to ensure the availability of quality child care for participants to support their efforts to comply with their employment and/or training requirements. The DECE provides child care training for the county TANF staff to ensure efficient and appropriate referrals. The DECE is exploring an opportunity with the Department of Employment and Workforce and a community-based organization on the expansion of child care availability.

(REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

The DECE has historically partnered with the State Department of Education (SDE) on joint initiatives, most notably the state's ELS. The newly adopted SC ELS have been formally adopted by the State Board of the Department of Education, which is its first formal adoption of a common set of ELS to be used by all early care and education programs serving children birth to 5K entry. With the adoption of these standards by the DECE, the SDE, and Head Start, South Carolina now has a seamless system of learning standards for all children birth through grade 12. The SDE is represented on the DECE's Build Leadership Team. The DECE will strategize options with the SDE for augmenting the preK program duration with child care services that extend the day/year to meet the needs of working families. The intent will be to expand the availability of child care for children in preK to provide wrap around care to match the duration of parents' work schedules.

(REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

CCL is based at the LA and managed by the CCDF Administrator within the DECE. CCL, ABCQ, and Child and Adult Care Food Program (CACFP) staff conduct regular reviews of policies and procedures to assure consistency and to minimize/avoid

provider deficiencies. To the extent possible, revisions and clarifications are made to strengthen coordination across program areas within DECE. CCL staff serves on DECE's Action Team. The Action Team meetings serve as a forum for discussions related to non-compliance, needed internal and external coordination of services, and other issues that can help to promote the provision of high quality child care. As appropriate, CCR&R, Head Start, and SC Voucher staff may participate in these meetings. CCL works to support DECE goals by participating in webinars with ABCQ staff to ensure child care providers understand the collaboration between the programs to promote high quality child care. CCL is the foundation upon which the ABCQ program begins. South Carolina law requires the Governor's Advisory Committee on the Regulations of Child Care Facilities to review the child care regulations every three years. As a part of the most recent review, the committee and LA promulgated and submitted updated regulations in 2018 to the SC General Assembly for approval. If enacted, the proposed changes would improve the health and safety standards for child care centers. By ensuring the health, safety, and well-being of children, CCL helps to promote and strengthen the goals of the CCDF plan. CCL is working with a national consultant to develop a training plan for reliability among CCL staff, supervisors, and specialists. CCL recognizes the need for consistency among the four regional licensing offices and determined that developing a training plan for reliability is a necessary step to collecting data on citations and information gathering when processing the results of CCL inspections. Becoming reliable in citing violations of CCL laws and regulations, the DECE will ensure consistency among the 4 regional offices regarding the health and safety of children in child care facilities. South Carolina has been selected to participate in the Best Practices in Child Care Regulation, phase 2 individualized technical assistance opportunity offered by the ECQA Center in partnership with ECQA's consultants at the National Association for Regulatory Administration (NARA). In 2017, CCL participated in Best Practices with ECQA Center and collaborated with other programs within the DECE (ABCQ, the professional development program, SC Voucher, and CACFP). In phase 2, which will begin in June 2018, CCL hopes to further improve its organizational and regulatory management by examining overall leadership, strategic planning, financial and human resources, professional development, communication, and statutory rule, and policy responsibilities within DECE and the LA. CCL is also working with the consultant to develop an interpretative guide for the policy manual for child care providers to assist them in understanding regulations.

- ☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

The CACFP is housed at the LA within the DECE. Many of the DECE's goals involving improving the quality of meals/snacks provided to children in care directly include the CACFP. CACFP collaborates with ABCQ, CCL, and Head Start staff when establishing program aids that will help child care providers meet CACFP and other nutrition standards for meals/snacks. CACFP provided training on the new meal pattern to ABCQ, CCL, and CCR&R staff to ensure all individuals visiting child care programs have a basic understanding of the new requirements. CACFP participates in child care conferences, resource fairs, and other activities sponsored or facilitated by the DECE, partner agencies, or other groups to increase the awareness of CACFP among non-participating child care facilities. An online application and claims system was implemented for the CACFP which will facilitate enrolling more child care facilities in the program. CACFP staff will continue to provide training and technical assistance to child care providers on nutrition and other topics which will help providers effectively and efficiently improve the quality of their meals.

- ☑ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

The DECE has been partnering with the SDE's McKinney-Vento State Coordinator, the SC Coalition for the Homeless, and the four regional Coalitions for the Homeless to develop referral processes for child care vouchers to increase access to high quality care. The SDE administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act), which is the primary federal legislation dealing with the education of children and youth experiencing homelessness. The coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The coordinator also administers grants to selected school districts that provide additional coordinated services. While some local school district liaisons are able to identify families with very young children, their primary focus is on the 4k through grade 12 population. DECE is augmenting this by coordinating additional referral processes with

the four regional Coalitions for the Homeless. They operate the majority of the family shelters as funded through HUD and can serve as a valuable source of referrals for families with very young children. The South Carolina Coalition for the Homeless functions as a coordinating and service entity, designed to assist the local coalitions.

(REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The TANF program is administered by the LA. SC Voucher and TANF staff coordinate to ensure the availability of quality child care for participants to support their efforts to comply with their employment and/or training requirements.

(REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

The DECE works with the SC Department of Health and Human Services (DHHS) to ensure that information regarding resources and referrals for Medicaid-funded services are coordinated through the Interagency Coordinating Council. In addition, DHHS is a member of the state Leadership Build team which examines improvements to systems level coordination and the state planning team regarding the reduction/elimination of early childhood expulsion. The DECE and DHHS staff work collaboratively on the development and pilot implementation of infant-early childhood mental health competencies and endorsements.

(REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

The DECE and SC Department of Mental Health (DMH) staff work to ensure that information regarding resources referrals for mental health services are coordinated through the Intergency Coordinating Council. The DMH is a member of the state Leadership Build team which examines improvements to system level coordination and the state planning team regarding the reduction/elimination of early childhood expulsion. The DECE and DMH staff work collaboratively on the development and pilot implementation of infant-early childhood mental health competencies and endorsements.

- (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals and process:

The DECE staff coordinates with the CCR&R Network in support of several initiatives designed to improve and sustain child care providers' compliance with regulatory requirements, strengthen and increase participation in ABCQ, and promote awareness of indicators of high quality child care. The DECE also coordinates with the CCR&R Network to provide varied training opportunities that align with regulatory and ABCQ requirements. In addition, the DECE maintains a strong partnership with two and four year higher education institutions for the provision of early childhood coursework for child care providers and individuals working with them in order to maintain and increase the availability of a well-trained and skilled workforce.

- (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

The SC Afterschool Alliance (SCAA) and DECE staff are working collaboratively to develop an action plan. Examples of issues to be explored include establishing a stakeholder group for out of school time, creating an updated statewide definition and parameters of "out of school time/school age care", and strengthening professional development opportunities for school age providers.

- (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

The DECE through CCL has a long-standing relationship with the state's Emergency Management Division (EMD) and their local offices. In the past, the DECE has participated in EMD lead meetings with child care providers and mock disaster training. The DECE is housed in the state's human services agency and, therefore, has ongoing collaborative opportunities involving state emergency events. CCL receives information from EMD regarding plans when there are emergency-related events in the forecast as well as responses to an event. The DECE developed its emergency plan alongside the LA's emergency plan to better coordinate services during disaster events. The DECE provides information on its website that offers guidance and templates to child care providers that can be used to develop

emergency plans to be used in their facilities. Included in the information is an emergency plan brochure, emergency plan guidelines, and an emergency plan template. The emergency plan templates are tailored to child care centers, group and family child care homes, license-exempt facilities, and family, friend, and neighbor providers. The federal requirements for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions and requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates. The DECE's Child Care Disaster Plan includes guidance and requirements for continuing CCDF-funded child care services after a disaster, provisions for temporary child care, and temporary operating standards after a disaster.

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

[State/territory/local agencies with Early Head Start - Child Care Partnership grants.](#)

[Describe](#)

The DECE continues to support the EHS-CC Partnerships. ABCQ, CCL, and SC Voucher staff met with EHS-CC Partnership grantees to provide on-site training and technical assistance regarding state regulatory requirements, guidance to enroll in ABCQ, and eligibility requirements to enroll in the SC Voucher program. Subsidy slots have been provided to the 5 EHS-CC Partnerships to support program participation.

[State/territory institutions for higher education, including community colleges](#)

[Describe](#)

Through contractual agreements, the DECE has established and maintained long-term working partnerships with four and two year institutions of higher learning to support professional development opportunities that lead to advanced college degrees. These agreements facilitate coordination and alignment with CCDF priorities and are designed to enhance the knowledge and skills in early childhood education of the child care workforce and of those who provide guidance and technical assistance to providers. The DECE provides ongoing support for the annual Early Childhood

Leadership Institute for early childhood coordinators employed at technical colleges. The Institute serves as a training opportunity (offering training from national and state trainers) and is a forum for exchanging information and sharing ideas about how coordination between DECE and the technical college system may be enhanced. Recognizing the need to expand the state's pool of professionally trained individuals working in and/or with early childhood programs, the DECE provides support for the provision of college coursework that leads to a Master's in Education (M.Ed). The DECE worked in coordination with the HSCO and the technical college system to achieve NAEYC accreditation for their Early Childhood Education programs. South Carolina had the first college to achieve this distinction and currently 14 of the state's 16 technical colleges early childhood education programs are nationally accredited.

- [Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

[Describe](#)

The DECE continues to work in partnership with the United Way Association of SC(UWASC) to coordinate and provide support for local community-based initiatives to expand the availability and accessibility of child care to meet the needs of young children and their families. Activities include afterschool programs and support children with special needs, and infant/toddler care.

- [State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The Children's Trust of South Carolina administers the Maternal Infant and Early Childhood Home Visiting Program. Four evidence-based models are supported by Children's Trust: Healthy Families America, Nurse-Family Partnership, Parents As Teachers, and Family Check-Up. The outreach manager for the DECE serves on the Community Advisory Board for Nurse-Family Partnership.

- [Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

NA

[State/territory agency responsible for child welfare.](#)

[Describe](#)

Child welfare services are based in the LA. The State Director included CCL in a Safe Sleep Workgroup she convened to develop consistent messaging related to safe sleep in all areas of the agency. The LA develop a charter for the Safe Sleep Workgroup which included capturing data around unsafe sleep practices in SC.

[State/territory liaison for military child care programs.](#)

[Describe](#)

CCL collaborates with Child Care Aware to provide information regarding military reimbursement for child care providers. Child Care Aware operates a Military Fee Assistance Program dedicated to providing subsidies to military families utilizing off-base child care. This has led to an opportunity for the DECE to collaborate by providing detailed CCL inspection reports as requested. In 2016 CCL staff began to assist military parents to locate appropriate child care programs off base. The DECE continues to work with military installations around the state as necessary to support its ongoing efforts to regulate off-based family child care providers for military families. Meetings and discussions have taken place to further clarify the DECE's role regarding child care on military installations and family child care home providers near the installations. In the new Air Force Instruction (AFI) for County, State, and Country licensing, some providers must meet county, state, or country requirements. If the county, state, or country in which the family child care home is located requires individuals that provide care in their home to be licensed, certified, or registered, the Air Force family child care providers must have the appropriate documentation from CCL. In January 2017, CCL and Charleston AFB Installation staff met to discuss procedures in more detail, reviewed the AFI self-assessment checklist that providers must complete each month to verify their home is in compliance, and received information regarding background checks providers must complete. CCL staff offers guidance on policies regarding the Air Force's Child and Youth Programs to help them meet their requirements for child care on-base facilities.

[Provider groups or associations.](#)

[Describe](#)

ABCQ has long standing working relationships with the three largest statewide

professional early childhood associations. Through these associations the DECE provides support for scholarships for ABCQ enrolled providers to attend a conference of their choice. These associations include the SC Early Childhood Association (SCECA), SC Association for the Education of Young Children (SCAEYC), and the SC Association for Early Care and Education (SCAECE). These scholarship opportunities provide exposure to state, regional, and national presenters and networking opportunities in a professional setting for caregivers and directors. The conferences are also an opportunity for ABCQ staff to promote best practices and to recruit providers to ABCQ.

[Parent groups or organizations.](#)

[Describe](#)

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

[Other.](#)

[Describe](#)

[1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds](#)

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use

multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

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

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

To join forces for a common purpose, in this case for the purpose of addressing child care needs of children served by specific other programs that are consistent with CCDF goals.

b) Which funds you will combine

CCDF funds will be used to provide child care within defined parameters in support of other programs' services to children such as Head Start, Early Head Start, TANF, Child Welfare, programs administered by the LA (Child Protective Services and Foster Care), state and private pre-k programs funded by the SDE Improvement Act (EIA) and the Child Early Reading Development and Education Program (CERDEP), SDE's McKinney-Vento homeless education program, state and regional Coalitions for the Homeless, county First Steps to School Readiness Partnership offices' specifically-

defined child care services funded by state appropriations, local United Way programs that provide specifically-defined child care services funded by private funds; the DHEC program "South Carolina's Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health funded by the Centers for Disease Control and Prevention in support of ABC Grow Healthy activities of the DECE; institutions of higher education funded by multiple state, federal, and private sources; multiple early childhood professional associations (SCAEYC, SCECA, SCAECE); and SDE's Office of Special Education Services, the preschool committee of the SC Advisory Council on the Education of Students with Disabilities, Family Connections of SC (for families of children with special abilities and needs) funded by federal, state, and private funds.

c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

Grant funds used to enhance quality of services for ABCQ enrolled providers, extending the day and year of services for full-day, full year programming for working families; enhancing and aligning the quality of services; linking comprehensive services to children in child care or expanding the supply of child care for vulnerable populations.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

DECE will explore services provided through other programs that are funded by other sources with CCDF-funded subsidies, grants, contracts, and agreements for specifically-defined child care activities that are consistent with CCDF provisions of the final rule. Combined at the state level for distribution at the program level.

e) How are the funds tracked and method of oversight

CCDF funds paid through grants, contracts, and agreements for specifically-defined activities are and will be overseen/tracked/approved for reimbursement by contract managers and program staff of the DECE. CCDF-funded subsidies will be managed by the SC Voucher Program and overseen by program managers and other staff.

Expenditures will be tracked through the state accounting system, SCEIS, and the SC Voucher system.

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

Note:

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

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- N/A - The territory is not required to meet CCDF matching and MOE requirements
- Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

-- If checked, identify the source of funds:

State appropriations.

-- If known, identify the estimated amount of public funds that the Lead Agency will

receive: \$ 7,517,437

- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

-- If checked, are those funds:

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

-- If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

Multiple local United Way organizations throughout SC through the United Way Association of South Carolina, 300 Arbor Lake Drive, Suite100 Columbia, South Carolina 29223, contact Naomi Lett, President and CEO; and the Medical University of South Carolina, Department of Pediatrics, P.O. Box 250561 Charleston, South Carolina 29425, contact Kerrie Schnake.

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

- State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent): 30%

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

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

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

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

In coordination with the SDE, the DECE will explore offering child care subsidies to CCDF-eligible children in preK to expand the availability of child care that wraps around the preK day to match the duration of their parent(s)' work schedules.

- State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

No

Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

In coordination with the SDE, the DECE will explore offering child care subsidies to CCDF-eligible children in preK to expand the availability of child care that wraps around the preK day to match the duration of their parent(s)' work schedules.

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

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

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

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$ 817,054

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The DECE continues to maintain a state-level grant agreement with the United Way Association of SC to provide support for local, community-based afterschool programs, programs that care for children with special needs, and child care availability. In addition, the DECE maintains agreements with some local First Steps County Partnerships to expand the availability of child care across the state. The intake process is managed by the local partnerships and eligibility is determined by the SC Voucher Program staff. Eligibility criteria are in keeping with CCDF requirements (parents must be working, in school, or training), for these child care slots. This is a form of a shared services process, building on the well-established prompt payment structure at DECE.

DECE has partnered for 6+ years with DHEC to improve the nutrition and physical activity standards in the state QRIS (ABCQ). A variety of nutrition and physical activity standards have been embedded in the ABCQ standards to improve the well-being of young children served. DHEC has provided a small grant to ABCQ to advance this initiative. A report summarizing the findings over the first 5 years will be released in June 2018. An offshoot of this initiative has been the Breastfeeding Friendly designation now available statewide under the auspices of the SC Program for Infant Toddler Care (SCPITC), a fully-funded initiative of

the DECE. Additionally, another offshoot has been the Outdoor Learning Environment initiative, which promotes naturalization of the outdoor learning environment to encourage physical activity and learning. The DECE was awarded a Team Nutrition grant which led to the inclusion of three health educators in ABCQ, thereby providing another resource to programs implementing healthier menus and increased physical activity.

Following designation as an Office of Child Care Impact Project, SCPITC developed an Infant Early Childhood Mental Health Initiative, which was funded initially by the DECE with CCDF funding and then joined by W.K. Kellogg Foundation funding. The DECE continues to explore the benefits of supporting a budding shared services alliance in the state. Areas of initial interest include addressing the issue of substitutes in child care programs, fringe benefits, pedagogical leadership, and food cooperatives. The DECE is collaborating with Palmetto Shared Services Alliance to develop supports for provider business practices, such as human resource management, the development of policies regarding compensation and benefits, and other administrative policies addressed in the revised ABCQ center standards. The shared services model would enable providers to share reduced costs and improved access to resources by leveraging the collective power of the membership of the Alliance and the support of the DECE.

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

[1.7 Coordination With Local or Regional Child Care Resource and Referral Systems](#)

[Lead Agencies may use CCDF funds to establish or support a system of local or regional child](#)

care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R system. If yes, describe the following:
a) What services are provided through the CCR&R organization?

The CCR&R Network is a statewide system comprised of the following services:
Child Care Referral - providing assistance to parents/caregivers when selecting child care is one of the essential components of CCR&R services. CCR&R works to provide information that addresses a wide range of factors that families must consider to make an informed decision about child care services. To adequately assist parents/caregivers with their selection of a child care program, information is provided about the types of child care available, key features of care offered (infant/toddler care, care for children with special needs, and specialized curricula), hours of operation, state and federal child care regulations, and the types of financial assistance available. Families are also provided with information regarding other critical indicators such as health and safety indicators, group size, staff-child ratios, caregiver education, ABCQ levels, and recommendations about what to look for in the facility so they can make the best decision possible for the care of their children. Information is provided about Head Start and Pre-Kindergarten programs. Based on the family's needs and in an effort to facilitate the parent's understanding, CCR&R quality coaches utilize various forms of communication (oral, written hard and electronic) to convey information in an understandable and thorough manner. Information from the most recent reporting period (Bi Annual Report - July 1, 2017- December 31, 2017) indicates child care referrals constituted 45% of phone calls received and 2,185 visitors accessed the "Search for Child Care" page on the CCR&R's website.

Services to Support Child Care Providers - with the provision of technical assistance and training, CCR&R quality coaches work to improve and expand child care providers' knowledge and skills that are critical to providing high quality care. Technical assistance is made available to all regulated child care programs. Utilizing a technical assistance model, collaborative relationships are established with child care providers that facilitate the development of customized and mutually agreed upon quality enhancement plans. The plan is based on the provider's needs and interests,

and outlines goals that typically include achieving and maintaining compliance with CCL's and ABCQ's requirements, adopting business management strategies, and improving the overall functioning of the program. The intensity and duration of technical assistance is based upon the extent of the objectives to be achieved, the provider's commitment, and the quality coach's ability to establish a trusting and respectful relationship with child care providers. Limited technical assistance is provided by way of electronic communication in certain circumstances. Quality coaches continue to serve as the lead conveners for the Technical Assistance Coordination Team (TACT) meetings. TACT meetings are held in each CCL region on a quarterly basis. The team is comprised of (but not limited to) CCL and ABCQ staff, other technical assistance providers, (SCIC, SCPITC) First Steps county directors and TA staff, DHEC, technical college early childhood coordinators, and SC Center for Child Care Career Development (CCCCD) staff. These meetings serve as a forum for discussions regarding child care providers' needs, strengths, and resource availability. They help to facilitate coordination of technical assistance, training, and program development to minimize or avoid duplication of services. TACT meetings also serve as an opportunity to inform stakeholders of the DECE policy and program updates and changes. Quality coaches are state-certified trainers in early childhood education. They are well-trained in an array of early care and education evidenced-based practices, curricula, and adult learning principles that are essential to providing ongoing high-quality training opportunities for the child care workforce. As such, quality coaches are prepared to offer training opportunities for child care providers working with young children (infants, toddlers, preschoolers, and school-age) in all types of settings. The trainings are structured to demonstrate links between research, theory, and practice to improve the quality of child care provided by the caregivers. In partnership with CCL, quality coaches conduct regional director trainings to support best practices in health and safety, which help to resolve corrective action plans related to this issue.

Services to the Communities - Quality coaches engage in a variety of community-based activities that foster opportunities to establish and/or strengthen relationships local organizations. They work in partnership with an array of public and private organizations to promote early care and education and the CCR&R Network across the state. Partnerships have been successfully established that provide opportunities to offer early care and education resources, engage in consumer education activities about quality child care, and participation in community fairs/events.

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?

The CCR&R Network operates under a CCDF-funded contract between the LA-DECE and the University of South Carolina (USC) - College of Education. The office is located in the Yvonne & Schuyler Moore Child Development Center on the campus of USC. The network is based on a regional structure to coincide with the four CCL regions. The Network works in support of and coordinates with the DECE regarding statewide and regional initiatives designed to enhance the state's early care and education system. The CCR&R Network staff assist parents to make informed decisions when selecting child care, provide guidance and support to child care providers to improve health/safety conditions and the quality of care offered in their programs, and collaborate with community-based organizations across the state to promote high quality child care. The network includes the Child Care Data Team (CCDT) which works to collect and analyze data that helps guide the DECE policy and program decisions. The CCDT members are currently working closely with the DECE staff to conduct a Child Care Workforce Study.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

The DECE through the CCL department has a long-standing relationship with the state's EMD and their local offices. In the past, the DECE has participated in state EMD's lead meetings with child care providers in mock disaster training. The DECE is housed in the state's human services agency and has on-going collaborative opportunities involving state emergency events. CCL staff receives information from EMD regarding plans when there are emergency-related events in the forecast as well as information regarding the responses to an event. The DECE staff developed its emergency plan alongside the LA's emergency plan to better coordinate services during disaster events. The LA is the state's ESF 6, which is mass care, and works under a mutually supportive relationships with the following agencies: American Red Cross, The Salvation Army, SC Department of Health and Environmental Control, SC Department of Health and Human Services, SC Lieutenant Governor's Office on Aging, SC Department of Mental Health, SC Department of Alcohol and Other Drug Abuse, SC Vocational Rehabilitation Department, SC Department of Disabilities and Special Needs, SC Department of Motor Vehicles, SC Assistive Technology Program, and the Southern Baptist Disaster Relief. The DECE regularly coordinates with the CCR&R Network to disseminate messages regarding an impending disaster, and they are intertwined throughout the emergency plan as an integral team member. Information on the DECE website offers guidance and templates to child care providers for the development of emergency plans to be used in their facilities. This information includes an emergency plan brochure, emergency plan guidelines, and an emergency plan template. The emergency plan templates are tailored to child care centers, group and family child care homes, license-exempt providers, and family, friend, and neighbor (FFN) providers. The DECE's Child Care Disaster Plan meets federal requirements for continuing CCDF assistance and child care services after a disaster as it includes provisions for temporary child care and temporary operating standards after a disaster, and templates for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, children with chronic medical conditions, and requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates. CCL staff is working to coordinate

work with HSCO to ensure a consistent process for child care programs when disaster events occur.

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

Based on information regarding statewide disaster reports, the DECE director or designee determines that emergency child care is needed and the budget officer verifies that funding is available for emergency child care. Once Emergency Child Care is activated, the LA will provide affected areas with staff who will be available to take calls and/or conduct onsite interviews at shelters or application centers for those needing assistance and enroll them in emergency child care in accordance with the LA's Disaster Plan.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The disaster toll-free line will be activated to allow child care providers to report damages, report closures due to the disaster event, or request expanded capacity or relocation if needed. The CCL Central Office will provide information regarding which facilities can expand their capacity to allow another facility space to care for children. Those centers must have a history of compliance with health and safety regulations to be considered. Field staff and partners will work with child care providers to document the location and the status of children and adults who are relocated. The DECE staff will continue to periodically assess providers until they have resumed normal operations. If a facility closes due to damages and wishes to continue operating by relocating, a written request with the name and address of the location must be submitted to the CCL director. The CCL director, with input from the regional supervisors and the CCL fire marshal, will approve or deny the establishment of each proposed temporary child care site using the special CCL procedures for "Child Care Programs in Emergency Situations". Once approved, the program will receive a letter of

"Temporary License" which must be posted for parents to see. This letter will also grant programs the ability continue to receive subsidy payments.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

CCL regulations (114-505 H (3)) require the facility to have a current written plan for evacuating in case of fire, natural disaster, or other threatening situations that may pose a health or safety hazard. The facility shall also include procedures for staff training in this emergency plan. There are emergency preparedness templates on the DECE's website that child care providers can print and complete. Additionally, when CCL conducts a program's renewal process, CCL reviews the Emergency Preparedness Plan to ensure the regulation is met and a proper plan is implemented. If a disaster is declared and the LA is activated, any requests by facilities to relocate must be reviewed and approved by the CCL director with input from the regional supervisor and the CCL fire marshal. The emergency plan describes how toilets must be available, provisions for hand washing if no running water is available, and how cribs, a diaper changing station, and diapering supplies must be provided if infants are cared for before approval can be given.

In the emergency preparedness plan that providers must submit to CCL, they must include their plans for reunification. Providers may use the emergency preparedness plan template that is on our website which guides them to describe their procedures for releasing children to their parents. Guidance is included regarding safeguards to prevent the inappropriate release of a child to an unauthorized person. They are also required to have a relocation site in case the facility has to evacuate.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

Pre-service training is required of all programs receiving CCDF funding. Emergency preparedness training is included in the preservice training course. Regulated providers must practice fire drills as a part of regulations (114-505 H (1)). Private and public child care centers shall comply with the regulations and codes of the State Fire Marshal.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

<http://www.scchildcare.org/library/emergency-preparedness-resources.aspx>

2 Promote Family Engagement through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies

will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

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

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

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

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations

Other.

Describe:

The DECE has started a Dual Language Learner (DLL) initiative using CCDF funds for a bilingual quality coach position through the CCR&R Network contract with USC-College of Education. This individual provides assistance to families with limited English proficiency to acquire child care assistance and local appropriate child care arrangements. This individual is also responsible for outreach with family serving organizations and groups to provide information regarding quality child care and financial assistance for DLL families. The LA contracts with an organization that provides interpretation and translation services in over 100 languages upon request.

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

- Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- Caseworkers with specialized training/experience in working with individuals with disabilities
- Ensuring accessibility of environments and activities for all children
- Partnerships with state and local programs and associations focused on disability-related topics and issues
- Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- Other.

Describe:

Under a contract with USC-College of Education, the DECE funds the SCIC which assist families to locate quality care for a child who may have a disability. Additionally, the SCIC specifically supports families who have experienced problems in accessing

or maintaining child care services. The SCIC facilitates communications between child care providers and families to develop a service plan that works for all. The SCIC, in partnership with Family Connection of SC, developed an online training module for families of children with disabilities who are looking for child care. The module contains information about the child care system in South Carolina and provisions of the ADA that relate to child care. The module is available at no cost to families. The ELS are ADA compliant and are available on the DECE's website.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16; 98.32).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

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

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

Consumers have several mechanisms to submit complaints: call the toll-free telephone hotline, call the LA's child protective service hotline: submit complaints through the DECE website: and email. When complaints are made against child care facilities that are legally exempt from regulations but receive child care subsidy funding, ABCQ will make every effort to resolve the complaint by reviewing it with the provider and developing a solution. If there are allegations of serious health and safety risks, ABCQ will visit to investigate and will contact CCL staff for technical assistance if needed. If the complaint is substantiated, depending on the severity level of the incident, ABCQ will either refer the provider to the CCR&R Network for technical assistance, place them on a quality improvement plan or terminate them from ABCQ. For licensed/regulated CCDF providers, complaints are entered in the CCL system and a CCL specialist visits the provider to investigate the complaint. If a complaint is substantiated, the facility is cited based on the law and/or regulation violated. The citation must be corrected in a set number of days based on the severity of the violation. A CCL specialist conducts a follow-up visit to ensure compliance. If the incident is severe, other negative actions may be taken, such as revoking the license or registration, filing for an injunction to close the program, or referring the program to other agencies (law enforcement). The LA also maintains a fraud hotline and forwards to DECE cases which are researched and followed-up as appropriate.

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

For licensed/regulated non-CCDF child care providers, complaints are entered in the CCL system and a CCL specialist visits the provider to investigate the complaint. If the complaint is substantiated, the facility is cited based on the law and/or regulation violated. The citation must be corrected in a set number of days based on the severity of the violation. A CCL specialist conducts a follow-up visit to ensure compliance. If the incident is severe, other

negative actions may be taken, such as revoking the license or registration, filing for an injunction to close the program or referring the program to other agencies (law enforcement).

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

South Carolina maintains a CCL database. Complaints are maintained in the database as per the LA's file retention policy.

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Substantiated complaints are made available on DECE's website by searching for the name of the child care facility in the search query box, then clicking on the facility's name to open a page containing the facility's contact information with a general description and dates of any substantiated deficiencies. Requests for additional information regarding a complaint can be made by calling the respective CCL regional office. See <http://www.scchildcare.org/parentsfile-complaints.aspx> for additional information.

2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints:

<http://www.scchildcare.org/parents/file-complaints.apsx>

2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The DECE's websites (scchildcare.org and abcquality.org) provide multiple ways consumers can search for child care providers, including searches by zip codes, county, city, facility/provider name, facility operator, and facility/provider type. The websites define many terms including exempt care, facility/provider types, quality, severity levels of violations, and the different program areas within the DECE. The results of inspections are provided on each individual provider's web page, and any violations are categorized based on risk to children. The website's navigation is set up by topics: Help for Parents, Help for Providers, Departments, Helpful Resources, and Library. All of these navigation functions are located on the homepage. During the most recent reporting period (July 1, 2017-June 30, 2018) a total of 33,594 new users accessed the website.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The DECE website includes a Spanish translation function, and any information on the website can be translated into other languages upon request to the translation service for the LA.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

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

2.3.4 Lead Agency processes related to child care.

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

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

<http://www.scchildcare.org/providers/become-licensed.aspx>;

<http://www.scchildcare.org/providers/become-licensed/licensing-exemptions.aspx>

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

<http://www.scchildcare.org/providers/become-licensed.aspx>

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

http://www.scchildcare.org/providers/become-licensed/licensing_requirements/safe-live-scan-digital-fingerprinting.aspx

2.3.5 List of providers

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

a) Provide the website link to the searchable list of child care providers:

www.abcquality.org or www.scchildcare.org

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.
Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Consumers who search by zip code will see a list of licensed and registered child care programs including centers, Head Start programs, 4k programs, regulated family child care homes, and license-exempt CCDF eligible centers near them. The list is displayed such that the highest quality rated child care programs are at the top. When a consumer clicks on a child care provider, they go to provider's page on the website and can find information regarding a quality rating (if applicable), health and safety inspections and violations, and contact information for the provider. FFNs are not listed on the websites due to privacy concerns for the providers. This information also includes contact information regarding the assigned licensing specialist.

License-Exempt, non-CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information

Monitoring Reports

Other.

Describe:

No information is included on the website regarding this provider category.

License-Exempt CCDF Center Based Providers

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

Quality Information

Monitoring Reports

Other.

Describe:

Consumers who search by zip code will see a list of licensed and registered child care programs including centers, Head Start programs, 4k programs, regulated family child care homes, and license-exempt CCDF eligible centers near them. The list is displayed such that the highest quality rated child care programs are at the top. When a consumer clicks on a child care provider, they go to provider's page on the website and can find information regarding a quality rating (if applicable), health and safety inspections and violations, and contact information for the provider. FFNs are not listed on the websites due to privacy concerns for the providers. This information also includes contact information regarding the assigned licensing specialist.

License-Exempt CCDF Family Child Care

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

- Quality Information
- Monitoring Reports
- Other.

Describe:

Relative CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

No information is regarding relative CCDF providers on the website.

Other.

Describe:

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

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

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

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- School-age standards, where applicable
- Other.

Describe

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

- Licensed CCDF providers.

Describe the quality information:

Providers are assigned a quality rating at one of five levels, which is displayed on the website.

- Licensed non-CCDF providers.

Describe the quality information:

- License-exempt center-based CCDF providers.

Describe the quality information:

Providers are assigned a quality rating at one of five levels, which is displayed on the

website.

License-exempt FCC CCDF providers.

Describe the quality information:

License-exempt non-CCDF providers.

Describe the quality information:

Relative child care providers.

Describe the quality information:

Other.

Describe

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

The LA's inspection reports listed on the child care website include deficiencies that were cited, the severity of the citation, definition of the level of severity which is color coded and the status of the finding. The website encourages parents and the public to contact

local regional licensing offices if they have questions are need additional information. A link is provided to the regional office. Findings for license-exempt providers in the ABCQ program can be obtained by contacting 1-800-763-2223.

b) Are monitoring and inspection reports in plain language?

If yes,

[include a website link to a sample monitoring report.](#)

The LA is working to expand information that is currently on the child care website. To that end, full reports regarding complaints, renewals, and annual inspections of all regulated providers will be placed on the child care website as required in a timely manner. The reports will include the date of inspection, information regarding what action was taken, and any health and safety violations. Plain language summaries are included on all provider-specific pages on the websites, www.schildcare.org and www.abcquality.org. The name of the licensing specialist is listed with a telephone number in the event the consumer would like to get additional information.

Results from ABCQ reviews are summarized into the assigned rating, which are posted on the provider's listing on the website. Full reports are available by request. ABCQ is working on a plain language summary using an info graphics format to accompany the full ABCQ report which can be lengthy.

If no,

[describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.](#)

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries.

[Describe how these health and safety violations are prominently displayed.](#)

Currently the results of inspections are provided on each individual provider's web page which includes any violations. Violations are categorized low, medium or high

based on risk to children. The LA is working to expand information that is currently on the child care website. To that end, full reports regarding complaints, renewals, and annual inspections of all regulated providers will be placed on the child care website as required in a timely manner.

[Corrective action plans taken by the State and/or child care provider.](#)

[Describe](#)

The website indicates whether the deficiency was corrected onsite or is pending correction.

[d\) The process for correcting inaccuracies in reports.](#)

The providers must notify their CCL specialist or regional supervisor to report inaccuracies or to request reconsiderations. The CCL staff will research the request and revise information when necessary. A similar process is used by ABCQ for license-exempt providers.

[e\) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.](#)

Within two weeks of receipt of the deficiency notice, the operator of the facility may file a written request with CCL for administrative reconsideration of the notice of any portion of the notice. CCL shall grant or deny the written request and shall notify the operator of the facility of the decision.

[f\) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken](#)

Currently, the information is posted after the visit is conducted, typically within a week. If deficiencies were cited, a letter to the operator is generated for the regional CCL supervisor's review which ensures that reports are accurate and are posted timely. CCL staff is reviewing the definition of "timely" as it is upgrading the CCL database. CCL may change the definition of what is considered timely as it views automation and database capability along with reviewing roles.

g) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Reports are maintained on the website for three years. Removing citations from the website is an automated process. The website is programmed to only pull citations with no resolve date or those with a resolve date within three years of the current date. If the citation does not have a resolve date it will remain on the website until it is either given a resolve date outside of the 3 years or it will state that the citation is resolved and remain on the website until the 3 year limit has been met. In special circumstances a citation can also be removed from the website if it is designated as "Void" or "Unfounded" in the licensing system.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

- License-exempt non-CCDF providers
- Relative child care providers
- Other.

Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

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

The CCL office is responsible for collecting reports of any serious injuries or deaths of children occurring in child care pursuant to the regulations 114-503D(1)(a)(2)(a). The provider shall report accidents or injuries to a child that require medical treatment and that occur at the provider to the parents/guardians immediately and shall provide written notification to the LA within 48 hours. The death of a child or staff person that occurs at the provider must be reported to the LA immediately. The LA posts information about deaths, injuries, and substantiated child abuse in child care settings on its website at <http://www.scchildcare.org/library/charts-and-graphs.aspx>.

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

a) Inflicts or allows to be inflicted upon the child physical or mental injury or engages in acts or omissions which present a substantial risk of physical or mental injury to the child, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which: (i) is administered by a parent of person in loco parentis; (ii) is perpetrated for the sole purpose of restraining or correcting the child; (iii) is reasonable in manner and moderate in degree; (iv) has not brought about permanent or lasting damage to the child; and (v) is not reckless or grossly negligent behavior by the parents. b) commits or allows to be committed against the child a sexual offense as defined by the laws of this State or engages in acts or omissions that present a substantial risk that a sexual offense as defined in the laws of this State would be committed against the child; c) fails to supply the child with adequate food, clothing, shelter, or education as required under Article 1 of Chapter 65 of Title 59, supervision appropriate to the child's age and development, or health care though financially able to do so or offered financial or other reasonable means to do so and the failure to do so has caused or presents a substantial risk of causing physical or mental injury. However, a child's absences from school may not be considered abuse or neglect unless the school has made efforts to bring about the child's attendance, and those efforts were unsuccessful because of the parents' refusal to cooperate. For the purpose of this chapter "adequate health care" includes any medical or nonmedical remedial health care permitted or authorized under state law; d) abandons the child; e) encourages, condones, or approves the commission of delinquent acts by the child and the

commission of the acts are shown to be the result of the encouragement, condonation, or approval; or f) has committed abuse or neglect as described in subsections (a) through (e) such that a child who subsequently becomes part of the person's household is at substantial risk of one of those forms of abuse or neglect.

c) The definition of "serious injury" used by the Lead Agency for this requirement.

Accidents or injuries involving any child occurring at the facility requiring professional medical treatment.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

The child care website captures the aggregate number of deaths and serious injuries for each provider category and licensing status. It also captures substantiated cases of child abuse and neglect that occurs in child care settings each year.

<http://www.scchildcare.org/library/charts-and-graphs.aspx>

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The LA provides referrals to the CCR&R Network by including a page titled "Who can help me with child care?" on its website: <http://www.scchildcare.org/parents/who-can-help.aspx>

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:

The consumer education website includes a link on how consumers can contact the LA in various ways: <http://www.abcquality.org/contact> and <http://www.childcare.org/contact-us.aspx>

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

www.scchildcare.org and www.abcquality.org

2.3.12 Other. Identify and describe the components that are still pending per the instructions on CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

The DECE is working to expand the detail of the monitoring reports from CCL and ABCQ inspections.

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The DECE shares information with parents, the general public, and child care providers utilizing three media: 1) written materials; 2) in-person interactions; and 3) websites. The written materials the DECE distributes are crafted for various audiences and are available in English and Spanish. The written information helps parents understand how to identify and select high quality child care. Written information for providers explains the various programs available to them that can help them operate a more efficient, more profitable, and higher quality child care program. The information for the public is intended to increase awareness about the DECE and the state's quality rating and improvement system for child care providers. In-person interactions are targeted mostly towards new or expecting parents; however outreach staff also attend events to discuss the importance of stable, accessible and affordable high quality child care programs with pediatricians, obstetricians, and municipal officials. The DECE's websites provide information about all of the programs that support the provision of high quality child care to all children in SC. The websites allows parents to email or call the child care subsidy control center to apply for child care assistance. The DECE constantly updates its websites to provide updated, accurate, and complete information to consumers, providers, and the general public about priority areas and how to apply for those subsidy opportunities. The DECE will explore the feasibility of expansion of the application process to include other programs for which the family may be eligible, such as preK or Head Start. During the most recent reporting period (July 1, 2017-June 30, 2018) DECE outreach staff participated (exhibits) in the state's Municipal Association and the American Academy of Pediatrics conferences and provided promotional materials about ABCQ program at local community sport events.

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

The DECE has formed partnerships with homeless coalitions, the CCR&R Network, TANF, SDE (family literacy vouchers), Child Welfare, SC First Steps to School Readiness, local First Steps County Partnerships, Head Start, Wellcare (serves soon-to-be mothers receiving Medicaid), and the SC Coalition Against Domestic Violence & Sexual Assault.

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

Temporary Assistance for Needy Families program:

The DECE provides information on TANF on its website on two pages: <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>

Head Start and Early Head Start programs:

The DECE provides information on Head Start and Early Head Start on its website on two pages: <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>

Low Income Home Energy Assistance Program (LIHEAP):

The DECE provides information on LIHEAP on its website on a page titled "Financial Assistance Programs for Eligible Families" <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

Supplemental Nutrition Assistance Programs (SNAP) Program:

The DECE provides information on SNAP on its website on two pages:
<http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>

Women, Infants, and Children Program (WIC) program:

The DECE provides information on WIC on its website on a page titled "Financial Assistance Programs for Eligible Families" <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx>

Child and Adult Care Food Program(CACFP):

The CACFP is based in the DECE. As such, information is provided to the public on the DECE's website, www.scchildcare.org. CACFP is in the process of exploring methods to develop program materials and a website url.

Medicaid and Children's Health Insurance Program (CHIP):

The DECE provides information on Medicaid and CHIP on its websites on a page titled "Financial Assistance Programs for Eligible Families" <http://www.scchildcare.org/helpful-resources/financial-resources-programs-for-eligible-families.aspx>

Programs carried out under IDEA Part B, Section 619 and Part C:

The DECE provides information on programs carried out under Section 619 and Part C of the IDEA on its website on two pages: <http://www.scchildcare.org/helpful-resources/financial-assistance-programs-for-eligible-families.aspx> and <http://www.scchildcare.org/helpful-resources.aspx>. Specifically, the links to BabyNet, Child Find, SCIC, and the SC Department of Disabilities and Special Needs are the relevant programs.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and

physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

The DECE makes available to parents, providers, and the general public information on research and best practices concerning children's development on its websites; www.scchildcare.org and www.abcquality.org. The division engages consumers in these topics by writing blog articles or having guest expert authors blog articles which are posted at <http://www.abcquality.org/blog/>. These are shared on social media platforms administered by the DECE and the CCR&R Network. The articles are intended to keep families engaged in their children's learning in and outside of a child care setting and also to provide information on social and emotional development, nutrition, activity, and general early childhood development. Partners include the SCIC, SC Department of Disabilities and Special Needs, SDE, CACFP, SCPITC, BeginningsSC, CCR&R Network, ABCQ, CCL, and the SC Voucher Program. The DECE also makes information on best practices and research available for child care providers on [scchildcare.org](http://www.scchildcare.org) in the form of a newsletter, copies of which can be viewed at <https://www.scchildcare.org/library/newsletters.aspx>. The newsletters are created by the DECE and include input from DHEC, ABCQ, SC's child care workforce professional development program, CACFP, CCL, SC Voucher, and the CCR&R Network.

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

The DECE posts the policy on social-emotional development and behavior health on its website. The policy explains the role of the state and what supports may be offered to the community at large. The policy has specific sections for providers. It addresses supporting the social, emotional, and behavioral health of young children in conjunction with the

reduction and/or elimination of preschool expulsion. The newly revised ABCQ standards includes adopted policies and procedures regarding social-emotional and behavioral well-being of children. The standards address children's mental health pertaining to discipline and suspension and expulsion policies. Child care programs will create a portfolio of structural quality standards to include policies that support social emotional development and behavioral health (III.C.9) and the adoption of suspension and expulsion policies (III.C.8-ABCQ Program Manual, page 23). ABCQ will determine how to best present this information to families and the general public. The information will be provided to the child care program as a result of a review.

As a part of the CCL regulations, the DECE policies regarding social-emotional and behavioral issues and early childhood mental health of young children is supported by several regulations. Regulations 114-506 B (1-8) is the discipline and behavior management section of the CCL regulations. This section speaks to how children shall and shall not be handled or addressed while they are in regulated child care which helps to support the social-emotional well-being of the child. In the discipline and behavior management sections, there are 7 specific standards that must be adhered to.

- (1) The facility's discipline policy shall outline methods of guidance appropriate to the ages of the children. Positive, non-violent, non-abusive methods for managing behavior shall be implemented.
- (2) All teacher/caregivers shall sign a facility agreement to implement the discipline and behavior management policy, with a statement that specifies no corporal punishment.
- (3) Emotional abuse is also prohibited, including but not limited to: profane, harsh, demeaning or humiliating language in the presence of children. Threatening, humiliating, ignoring, corrupting, terrorizing, or rejecting a child is prohibited.
- (4) Withholding, forcing, or threatening to withhold or force food, sleep or toileting is prohibited.
- (5) Unsupervised isolation of a child shall not be allowed. The child shall be within sight of staff if isolation from the group is used.
- (6) The use of children to discipline other children is prohibited.
- (7) Children shall not be restrained through drugs or mechanical restraints.

2.4.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

The DECE has adopted policies focused on the elimination of preschool expulsion. Through the promotion of social, emotional, and behavioral health the DECE supports providers serving families with young children. The division staff leads an interagency workgroup focused on implementing the policy using the toolkit provided by the federal technical assistance center. The policy is shared on the DECE's website. The DECE and its partners recognize the importance of children's social-emotional and behavioral health. The division believes high quality early childhood environments and positive experiences nurture social-emotional and behavioral health. Exclusionary practices such as expulsion and suspension, are negative experiences that hinder children's development and learning. Therefore, it is DECE's policy to work toward eliminating expulsion and suspension practices across early learning systems in South Carolina.

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

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

This policy address 4 key areas: education about exclusionary discipline practices; identification of the use of these practices in early childhood settings; creation of goals for the reduction in the use of these exclusionary practices; and support for the workforce through education and training about positive discipline techniques and behavior management systems. The ABCQ standards are focused on positive guidance techniques. Quality assessors observe classroom staff in each enrolled program, measuring the use of these strategies. With the development of the state policy on social-emotional development and

behavioral health, beginning 10/1/2016 all CCDF providers must have policies that address all of the following:

- (1) Ensure that all children's social-emotional and behavioral health are fostered in an appropriate high quality early learning program, working toward eliminating expulsion and suspension practices across early learning settings;
- (2) Communicate appropriate policies that are implemented consistently and without bias or discrimination across the diversity of young children represented in early learning settings.
- (3) Use evidence-based practices to create positive climates and focus on prevention; develop clear appropriate, and consistent expectations and consequences to address challenging behavior; and ensure fairness, equity, and continuous improvement.
- (4) Communicate preventative guidance and discipline practices;
- (5) Communicate expulsion, and suspension policies; and
- (6) Access technical assistance for the workforce related to preventing expulsion and suspension.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

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

Collecting information: the DECE has an appointed seat on the Interagency Coordinating Council where information and resources from the Part C entity (BabyNet) are provided. Other agencies providing developmental screenings and therapeutic services attend the meetings and provide updates, including the Part B 619 coordinator. The DECE staff coordinates with Part B 619 and Part C entities to ensure that information and resources regarding developmental screening is current. The DECE staff serves on several committees focused on inclusion, access to developmental screening and expansion of services to support social-emotional and behavioral health. Disseminating information: the DECE funds the SCIC which serves as the training and technical assistance entity for provider education regarding the referral process for and the conducting of developmental screenings. SCIC provides training on developmental screening for providers and access to Ages and Stages Questionnaire-3 (ASQ-3) kits. ABCQ has a scoring rubric with defined standards related to conducting developmental screening and promotes the regular use of developmental screening for all children in child care programs. Additionally, the standards address the provision of community resource information to families, specifically related to the referral process and to providers who conduct developmental screening. Help Me Grow SC disseminates information to families on conducting developmental screenings in child care.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). All subsidy providers must be enrolled in ABCQ which has standards regarding providing information on and making referrals for developmental screening. Screenings available through Medicaid, BabyNet (Part C) and Child Find (Part B 619) are included in the information and resources shared with child care providers. The DECE provides

information regarding developmental screening and monitoring resources as part of its eligibility packet for subsidy enrollment.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

The DECE provides information regarding developmental screening and monitoring resources as a part of its eligibility packet for subsidy enrollment.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Providers enrolled in ABCQ (which makes them eligible to accept CCDF) use the resources of the SCIC to make referrals to the Part B and/or Part C entities for children they serve who may have a delay or disability. Additionally, if trained in the ASQ-3, providers can conduct developmental screenings as part of the child care program using the resources and training from SCIC or they can utilize the existing screening process available through Part B and C service providers or Help Me Grow SC. Families receiving CCDF subsidies may receive developmental screenings from their child care provider. If the child care provider does not conduct screenings within the program, families are given information regarding community resources available about developmental screenings and support services.

e) How child care providers receive this information through training and professional development.

The SCIC provides statewide training and coaching to child care providers on completing a developmental screening (i.e., ASQ-3) for the children in their care. The DECE supports providers in the use of the SC-ASQ Online System developed by USC. In addition, the DECE support providers' use of the hard copy version of the ASQ-3. Training and coaching includes how to use the ASQ-3, how to interpret results, how to encourage parent participation in the screening process, and how to make referrals when appropriate. Providers are trained to screen each child (1 month-5 1/2 years) in their care two times per year. In order to make this available broadly throughout the state, the SCIC provides site-based training and coaching as well as online learning modules regarding the appropriate use of the ASQ-3. SCIC recently launched online training modules

regarding ADA and associated requirements. Developmental screening components are included in the online series. Referrals are made to SCIC by CCL, ABCQ, and CCR&R Network. SCIC also provides trainings statewide through all major early care and education conferences, and host its own conference, Champions for Young Children Symposium. The symposium offers professional development regarding inclusive practices in early care and education. Help Me Grow SC provides training and information to child care providers at regional conferences and onsite trainings. Additionally they provide information to families at family events and through its website. They utilize the Center for Disease Control's Milestones information, Watch Me Thrive. The DECE offers CCDF-funded scholarships for individuals working in ABCQ enrolled child care programs to attend early care and education conferences.

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

Excerpt from SC policy on Preschool Expulsion: "Invest in the workforce development system by assisting providers in establishing preventative disciplinary policies that limit or eliminate the use of expulsion and suspension and promote the use of evidence-based practices. Reviewing and updating policies regarding program quality that are specifically targeted to both increase overall quality of early learning services and reduce or eliminate expulsions" ABC Quality Standard III.D Child Screening and Referrals ([http://www.scchildcare.org/media/57202/ABC-Quality-Program-Manual-PILOT-YEAR-41819\).pdf](http://www.scchildcare.org/media/57202/ABC-Quality-Program-Manual-PILOT-YEAR-41819).pdf))

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

DECE provides a copy of the parent handbook which contains the consumer statement information. All communications to parents contain a link to scchildcare.org,

b) What is included in the statement, including when the consumer statement is provided to families.

The consumer statement includes information on how the parent obtains information about the providers' health, safety, regulatory, and quality information.

c) Provide a link to a sample consumer statement or a description if a link is not available.

The following is DECE's consumer statement to parents.

The DECE website provides resources to assist parents in choosing a quality child care arrangement by making specific information about child care providers available, including: a listing of providers throughout South Carolina; a summary of provider-specific health and safety records; licensing and regulatory requirements met by the provider; the last date of inspection; any health and safety violations the provider has had in the past three years; and the quality rating achieved by the provider, if applicable. Providers are presented provider level in descending level of quality with the highest quality listed at the top, followed by those not participating in ABCQ. If a consumer is not able to find information about a specific provider, they are directed to contact the SC Voucher Control Center at (800) 476-0199. If they need more assistance finding a quality child care provider, they are directed to call the CCR&R Network at (888)335-1002. To make a complaint about a child care provider, they are directed to scchildcare.org and are instructed to contact their regional licensing office.

3 Provide Stable Child Care Financial Assistance to Families

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

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

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

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

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

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

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

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

"residing with":

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

"in loco parentis":

In the position or place of a parent. Guardianship does not have to be formalized through the court. This is determined on a case by case basis.

3.1.2 Eligibility criteria based on reason for care

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

"Working":

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

"Job training":

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

"Education":

An applicant is considered participating in an educational program if the program results in one of the following: A) high school diploma, B) general equivalency diploma (GED), C) Associates degree, or D) other college degree. Clients must be in classes at least 15 hours per week (travel time can be included to make up the number of educational hours). College students must have at least part-time credit hours. Clients participating in the TANF program may have educational classes that meet less than 15 hours per week. Child care is provided to allow them to participate.

"Attending job training or education" (e.g. number of hours, travel time):

Activity must be at least 15 hours per week to be eligible for child care (travel time can be included to make up the number of educational hours).

3.1.2 Eligibility criteria based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

No.

If no, describe the additional work requirements:

Yes.

If yes, describe the policy or procedure:

Based on funding source, eligible families are allowed to be in a training or educational component that is not in conjunction with a work activity.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

No.

Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

At initial and re-determination eligibility, job search or seeking employment is an eligible activity not to exceed 3 months.

3.1.2 Eligibility criteria based on reason for care

d) Does the Lead Agency provide child care to children in protective services?

No.

Yes. If yes:

i. Please provide the Lead Agency's definition of "protective services":

Children under the age of 13 whose physical health, mental health, or welfare is harmed or threatened with substantial risk of harm by acts of omissions of parent(s), guardian(s), or others responsible for the child's well-being. The child may need individualized materials, equipment, or instruction; the child is diagnosed with developmental delays; the child demonstrates a delay in cognitive, communication, motor, or social development. Referral sources include SC Department of Disabilities and Special Needs, BabyNet (IDEA, Part C), SC School for the Deaf and Blind, Children's Rehabilitative Services, and Individual Education Plan or 504 Plan developed by the local school districts. The child may have an open child protective services case or have a parent(s) who are permanently or temporarily disabled. Child care is also provided for children with an open foster care case. The foster parent(s) must need child care in order to work, school, training or have a verified disability. The monthly gross income shall not exceed 150% of poverty based on a family size of one. The child may remain in child care as long as other eligibility criteria are met and the child's monthly gross income does not exceed 175% of poverty for a family of one. To assure continuity of care, 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 or until the child care eligibility period ends. Child care assistance for children experiencing homelessness and Dual Language Learners are considered vulnerable populations and therefore are included in this definition.

Program criteria requires that the CPS and Foster Care children must be in a licensed child care facility. For situations in which a licensed facility is not available for a child, a waiver to policy must be requested by the CPS or Foster Care worker and sent to the state office. The CPS or Foster Care worker will assess the facility to ensure that it meets the need of the child and staff the situation with their supervisor. Children may be in the custody of a caregiver due to potential risk factors with their parents, law enforcement interaction, or other need for removal from their parents. These cases are reviewed to ensure they meet program criteria and may be approved without regard to income.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- No
- Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

- No
- Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- No
- Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

The source and amount of current gross income earned by all adults in the countable family unit in the home through the receipt of wages, tips, salaries and/or commissions, piece rate payments, cash bonuses earned, and armed services pay, including uniform and living allowances.

b) Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3044	2587	1674	55%
2	3980	3383	2189	55%
3	4917	4179	2704	55%
4	5853	4975	3219	55%
5	6790	5771	3734	55%

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

N/A

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year. 2018 LIHEAP

e) Identify the most populous area of the State used to complete the chart above.

Statewide

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 10//0/1/2018

g) Provide the citation or link, if available, for the income eligibility limits.

<http://www.scchildcare.org/media/61240/2019-Income-Standards.pdf>

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

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Applicants self-certify on the child care application that their assets do not exceed \$1,000,000.

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

No.

Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

Priority is given to children with special needs and families experiencing homelessness.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- Establishing minimum eligibility periods greater than 12 months
- Using cross-enrollment or referrals to other public benefits
- Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- Providing more intensive case management for families with children with multiple risk factors;
- Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- Other.

Describe:

The DECE works closely with Head Start and agencies referring children with special needs and 4K to promote continuity of care when authorizing child care services.

3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

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

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

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

Describe the policies and procedures.

Entrance is based on 55% of SMI and exit is based on 85% SMI.

Provide the citation for this policy or procedure.

<http://www.scchildcare.org/media/61240/2019-Income-Standards.pdf>

- The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

Provide the second tier of eligibility for a family of three.

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:

Fees are only 3% or lower of any family's monthly income.

ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

Families enter the program with income less than 55% of SMI and are allowed to remain in the program, if otherwise eligible, until their income exceeds the second tier which is 85% of SMI.

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

Families enter the program with income less than 55% of SMI and are allowed to remain in the program, if otherwise eligible, until their income exceeds the second tier which is 85% of SMI.

iv. Provide the citation for this policy or procedure:

SC Voucher Policy Manual - 2.3 Child Care Assistance Requirements.

Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

At redetermination, the copay is adjusted if the income has increased.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (*Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.*)

No.

Yes.

Describe:

The client must report and verify the following changes within 10 calendar days of the date the change occurs: Income, family size, address, employment/educational training status, or a change in hours of employment/training/education.

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income,

including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

- Average the family's earnings over a period of time (i.e. 12 months).

Describe:

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

- Request earning statements that are most representative of the family's monthly income.

Describe:

- Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

Temporary or irregular increases in wages are deducted from the family standard income level.

- Other.

Describe:

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

Applicant identity.

Describe:

Client self-certifies on child care application; verified if questionable.

Client may be asked to provide a copy of their driver's license or other state/federal issued identification card.

Applicant's relationship to the child.

Describe:

Client self-certifies on child care application; verified if questionable.

Client may be asked to provide documentation such as a birth certificate or legal documentation proving relationship. Ie.custody or guardianship papers.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

Client self-certifies on child care application; verified if questionable.

Client may be asked to provide documentation such as a birth certificate or other legal documentation proving name, date of birth and citizenship status.

Work.

Describe:

Copies of check stubs, wage statements from employers, SSA benefits, unemployment compensation, IRS tax statements if self-employed, etc. CHIP system may also be used to verify information for SNAP and TANF clients.

Job training or educational program.

Describe:

Copies of paid school registration and class schedule. CHIP system is also used to verify information for SNAP and TANF clients.

Family income.

Describe:

Copies of check stubs, wage statements from employers, SSA benefits, unemployment compensation, IRS tax statements if self-employed, etc.CHIP system

may also be used to verify information for SNAP and TANF clients.

Household composition.

Describe:

Client self-certifies on child care application; verified if questionable.

Clients may be asked to provide marriage licenses or legal proof of separation or divorce if the marital status is questioned. Also, if there are other non-biological minor children in the home, custody or guardianship verification may also be requested.

Applicant residence.

Describe:

Client self-certifies on child care application; verifies if questionable. If questionable, copies of utility bills, lease agreements, driver's license, state identification card, or voters registration.

Other.

Describe:

Out of pocket medical expenses for children with special disabilities or special healthcare needs.

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

Time limit for making eligibility determinations

Describe length of time:

Staff are instructed to process eligibility within 1-3 business days from receipt of the child care application and verifications.

Track and monitor the eligibility determination process

Other.

Describe:

Caseload quotas and work loads are monitored by eligibility supervisors and manager.

None

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

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

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

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

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

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

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

"Appropriate child care":

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

central registry and sex offender registry checks are conducted on the FFN provider and other household members.

"Reasonable distance":

Distance is defined by the LA as the fair and reasonable travel distance to a child care facility that will not interrupt TANF participation. Parents must be given parental choice to select the child care facility that best meets the needs of the child. The subsidy worker, in collaboration with the TANF casemanager, will determine reasonable distance.

"Unsuitability of informal child care":

Informal child care arrangements must meet the needs and parental choice rights of the TANF participant. Informal child care arrangements must comply with policy and procedures developed by the SC Voucher program. Additionally, an FFN Child Care Certification Form, which addresses certain health and safety issues must be completed by the parent on any informal child care provider. Central registry and sex offender registry checks are done on the FFN provider and family members in the home.

"Affordable child care arrangements":

Affordable child care arrangements are determined by results of the market rate survey.

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

- In writing
- Verbally
- Other.

Describe:

d) Provide the citation for the TANF policy or procedure:

Section 15.2 of the TANF Manual.

3.2 Increasing Access for Vulnerable Children and Families

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

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.2.1 Describe how the Lead Agency defines:

a) "Children with special needs":

The child needs individualized materials, equipment, or instruction; the child is diagnosed with developmental delays; or the child demonstrates a delay in cognitive, communication, motor, or social development. Referral sources include SC Department of Disabilities and Special Needs, BabyNet (IDEA, Part C), SC School for the Deaf and Blind, Children's Rehabilitative Services, or an IEP or IFSP developed by the local school districts. Child care for children with disabilities is part of the priority of child care funding. Funding is monitored to ensure ongoing services.

b) "Families with very low incomes":

Families with income that falls below 55% of the SMI. TANF recipients are prioritized based on lower income levels.

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

a) Identify how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

Funding is set aside for families experiencing homelessness. Referrals are made to McKinney-Vento coordinators in the local school districts along with the 4 regional homeless coalitions throughout the state.

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

SC uses priority rules to meet the needs of TANF families, those transitioning off of TANF due to income, and families at risk of becoming dependent on TANF via child care categories (families with children with special needs, families involved in Head Start, First Steps, Criminal Domestic Violence, Family Literacy, and homeless families).

3.2.3 List and define any other priority groups established by the Lead Agency.

Children experiencing homeless and Dual Language Learner families.

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

The LA agency designates set-aside slots for these protective services priority groups.

3.2.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers

and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

The ABCQ assessment, CCL, and SC Voucher protocols are updated to provide for a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are homeless or in foster care. Internal LA reports will be reviewed for verification of client status.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- Lead Agency accepts applications at local community-based locations
- Partnerships with community-based organizations
- Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- Other

In South Carolina, the Department of Education administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act). The McKinney-Vento State Coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The State Coordinator also administers subgrants to selected school districts that provide additional coordinated services. While some local school district liaisons (especially those receiving subgrants) are able to identify families with very young children, their primary focus is on the 4k through grade 12 population. The State Coordinator will interface with local liaisons who currently outreach to homeless families and then coordinate with the LA on those families that appear to meet eligibility requirements for subsidies. The South Carolina Coalition for the Homeless functions as a coordinating and service entity, designed to assist the local coalitions. However beginning in 2016, the board for the South Carolina Coalition for the Homeless was expanded to include state agency representatives such as the Department of Social Services. The expanded board will further solidify agency partnerships. The LA recognizes the need for

trainings with the Department of Education and the Homeless Coalitions on procedures to access subsidies and other services through the Lead Agency. The LA is coordinating referral processes with the four regional Coalitions for the Homeless. These four coalitions operate the majority of the family shelters (primarily funded through HUD) and other homeless services in local communities and have well-established relationships and outreach programs. They can serve as a valuable source of referrals for families with very young children. The Lead Agency will provide information and training to the child care providers via scchildcare.org, ABC Quality assessors, CCL specialists, and SC Voucher child care eligibility and control center staff to inform them of the McKinney-Vento definition of homelessness. Child care providers will be made aware of available child care resources. The following McKinney-Vento definition and checklist will be used: McKinney-Vento Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence. This includes:

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

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

3.2.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

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

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

The DECE has been partnering with SDE's McKinney-Vento State Coordinator, the SC Coalition for the Homeless, and the four regional coalitions for the homeless to assist in identifying homeless families in need of child care assistance and to develop referral processes for subsidy vouchers to increase access to high quality child care. Beginning January 1, 2016, a specified amount of voucher slots and a policy prioritizing homeless children was implemented.

Provide the citation for this policy and procedure.

SC Voucher Program Policy Manual, section 219.

Children who are in foster care.

The ABCQ, CCL, and SC Voucher protocols are updated to provide for a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are homeless or in foster care. Internal LA reports will be reviewed for verification of client status.

Provide the citation for this policy and procedure.

While these current protocols are not in policy yet, they are based on the controlling regulations. The SC Voucher program intends to add the protocol language to its

program manual in section 4.2.

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

The ABCQ, CCL, and SC Voucher protocols are updated to provide for a grace period to comply with immunization and other health and safety requirements to expedite enrollement for children who are homeless or in foster care. Internal LA reports will be reviewed for verification of client status.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

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

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break

for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

Child care eligibility is determined by priority of funding and availability. Parents who are eligible for child care will remain eligible regardless of temporary changes, such as changes in employment, absence from employment due to medical leave to include maternity leave, changes in seasonal work schedule, school or training, school breaks (spring/summer break or break between consecutive semesters). Once a child has been determined eligible for child care assistance, the child is eligible for a minimum of 12 months regardless of temporary changes in a parent's work, school or training activities or family income, as long as the income does not exceed 85 percent of state median income (SMI). Child care assistance may not be terminated prior to the end of the 12 month period if a family experiences a temporary job loss or temporary change in participation in a training or school activity.

b) How does the Lead Agency define "temporary change?"

Parents who are eligible for child care will remain eligible regardless of temporary changes, such as changes in employment, absence from employment due to medical leave to include maternity leave, changes in seasonal work schedule, school or training, school breaks (spring/summer break or break between consecutive semesters). Temporary changes are defined as a situation not expected to last more than 3 months. These changes, include but are not limited to the following: Student holiday or break (Spring/summer/winter breaks), leave of absence from a job, extended medical leave, seasonal work, temporary loss of a job not expected to last more than 3 months, change of residency within the state, increase in wages that does not exceed 85% SMI, reduction in work, school, or training hours (as long as the parent is still in work, school or training), a change in age including a child turning 13 years old during the eligibility period.

c) Provide the citation for this policy and/or procedure.

Section 2.3.1 in the SC Child Care Voucher Program Policy Manual.

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

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

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

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Child care may be terminated for non-temporary changes, such as loss of job or cessation of education or training; however, three months of child care will be provided to give the parent time to search for a job, work on his/her resume, or

attend an education/training program as soon as possible. Child care may continue if activities are resumed and the client remains eligible for the child care category. Child care may continue if activities are resumed and the as long as the income does not exceed 85 percent of state median income (SMI).

ii. Describe what specific actions/changes trigger the job-search period.

Loss of job or cessation of education or training however, three months of child care will be provided to give the parent time to search for a job, work on his/her resume, or attend education/training program as soon as possible. Child care may continue if activities are resumed and the client remains eligible for the child care category.

iii. How long is the job-search period (must be at least 3 months)?

3 months.

iv. Provide the citation for this policy or procedure.

Section 2.3 of the SC Voucher Program manual.

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

Not applicable.

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

i. Define the number of unexplained absences identified as excessive:

Over 31 absences in a 12 month period.

ii. Provide the citation for this policy or procedure:

Section 6.1 of the SC Voucher Program manual.

A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Section 6.13.3 of the SC Voucher Program manual.

- Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Section 5.19.18 of the SC Voucher Program manual.

3.3.3 Change reporting during the 12-month eligibility period.

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

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

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

care provider).

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

- Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

- Changes that impact the Lead Agency's ability to contact the family.

Describe:

Clients are required to report changes in their address within 10 days of the change so that they will be able to receive all correspondences sent to them.

- Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Clients are required to request a transfer date when they want to change child care providers. Failure to do so will mean the new child care provider may not receive payment.

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

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

- Phone
- Email
- Online forms
- Extended submission hours
- Postal Mail
- FAX
- In-person submission
- Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Families are allowed to report changes in family size and income at any time. If these changes reduce the weekly copay, the copay will be adjusted down and the subsidy increased.

ii. Provide the citation for this policy or procedure.

SC Voucher Program policy manual, section 6.10.

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

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

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

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

- Advance notice to parents of pending redetermination
- Advance notice to providers of pending redetermination
- Pre-populated subsidy renewal form
- Online documentation submission
- Cross-program redeterminations
- Extended office hours (evenings and/or weekends)
- Other.

Describe:

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- Postal Mail
- Email
- Online forms
- FAX
- In-person submission
- Extended submission hours
- Other.

Describe:

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	1674	48	3%	2587	87	3%
2	2189	48	2%	3383	87	3%
3	2704	48	2%	4179	87	2%
4	3219	48	1%	4975	87	2%
5	3734	48	1%	5771	87	2%

b) What is the effective date of the sliding-fee scale(s)? 10/01/2018

c) Identify the most populous area of the state used to complete the chart above.
Statewide.

d) Provide the link to the sliding-fee scale:

<http://www.scchildcare.org/media/61237/2019-Fee-Scale-Print.pdf>

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

3.4.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply.

The fee is a dollar amount and:

- The fee is per child, with the same fee for each child.
- The fee is per child and is discounted for two or more children.
- The fee is per child up to a maximum per family.
- No additional fee is charged after certain number of children.
- The fee is per family.
- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

Other.

Describe:

The fee is a percent of income and:

- The fee is per child, with the same percentage applied for each child.
- The fee is per child, and a discounted percentage is applied for two or more children.
- The fee is per child up to a maximum per family.
- No additional percentage is charged after certain number of children.
- The fee is per family.
- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

Number of hours the child is in care.

Describe:

Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

Other.

Describe:

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

No, the Lead Agency does not waive family contributions/co-payments.

Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.

Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead

Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

Copays are waived for TANF recipients, foster children, and families experiencing homelessness.

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

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

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the

range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

The DECE sends two (2) letters to parents after they have been determined eligible and approved to receive a CCDF-funded child care subsidy: (1) the eligibility letter informs them that their application has been approved for their child(ren), specifying each child's name, age, eligibility category, and the number of weeks of full- time or half-time care approved per child. The letter specifies they have 15 calendar days to select a child care provider and if they need help locating a provider in their area. The parent may visit scchildcare.org for a list of enrolled providers. If they do not have access to a computer they may call the SC Voucher Program at 1-800-476-0199 for a printed list. The letter states a packet of information will be mailed to them that includes a connection information form they'll need to complete and return after they select a child care provider. The connection form includes information that is needed to authorize the selected provider to serve their child(ren) (provider selected, name of parents & child(ren) approved for subsidy, type of care needed—full or half-time or both, requested start date, signature of parents and provider, along with a list of things to think about when selecting a child care provider—enough adults to care for all children, allows parent to visit at any time, clean and safe environment, schedule that allows for nap/inside/outside activities, positive interactions between adults and children, responsive to parents expressed needs and concerns, uses positive discipline, and after services begin, their child enjoys going there daily. The packet includes information and options for selecting high quality providers. (2) After a parent returns the completed connection form to the DECE, a second letter called the authorization/connection letter is sent to both the parents and the selected provider. It specifies that the parent has chosen the named provider at a site address to serve listed child(ren), the care type, provider rate, client fee (co-pay), billing rate, start date, stop date and weeks of care. The letter specifies that the DECE will pay for child care services from the start date through the stop date unless services are terminated early. It states if the provider's weekly rate exceeds what the DECE will pay, the parent is

responsible for paying the difference, along with the weekly client fee (co-pay). It states that the parent and provider will be notified in writing if services ends prior to the stop date. It reminds providers that they cannot serve more children than they are licensed to serve. The letter is copied to the provider at their address.

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

Check all that apply.

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

Describe:

The eligibility packet that is sent to parents after their application is approved for a CCDF-funded subsidy includes a parent handbook that describes their options for choosing a child care provider, specifying all the listed categories, as well as other information about the subsidy, their rights/responsibilities and those of the LA and provider they choose.

4.1.3 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.4.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The type(s) of child care services available through grants or contracts:

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

iv. The process for accessing grants or contracts:

v. How rates for contracted slots are set through grants and contracts:

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

vii. If contracts are offered statewide and/or locally:

4.1.3 Child care services available through grants or contracts.

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

Programs to serve children with disabilities

Programs to serve infants and toddlers

Programs to serve school-age children

- Programs to serve children needing non-traditional hour care
- Programs to serve children experiencing homelessness
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other
 - Describe
 - N/A

4.1.3 Child care services available through grants or contracts.

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

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

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

All providers receiving CCDF funds must comply with the mandatory licensing standard that affords parents unlimited access to their children whenever their children are in the care of the provider. This standard is part of ABCQ eligibility criteria that are reviewed annually by ABCQ assessor and CCL specialist. Exempt CCDF providers are reviewed annually by the ABCQ assessor.

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

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

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

- Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

Provider must be 21 years or older and not living in the same household as the child.

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

Describe:

- Restricted to care by relatives.

Describe:

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

Describe:

Families who need child care for children with special needs or medical conditions are allowed to choose an in-home care provider.

- Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

All in-home care that is provided by a non relative must meet specified health and safety requirements to include background checks including fingerprint checks for all caregivers and annual unannounced on-site health and safety inspections. Any non-relative providing in-home care must complete the health and safety pre-service requirement within the first 90 days.

- Other.

Describe:

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

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

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

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

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

- MRS
- Alternative methodology.

Describe:

- Both.

Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

On January 26, 2017, the DECE convened a meeting of child care partners and stakeholders for consultation in planning and conducting the upcoming market rate survey. Representatives from the SCFS program, Florence County First Steps

Partnership, local child care providers (owners/administrators of center-based and family child care providers), universities with programs providing training and technical assistance to local child care providers such as the Medical University of South Carolina (SCPITC), USC (SCIC and CCR&R Network, early care and education professional associations (SC Association for the Education of Young Children, and the SC Association of Community Action Partnerships representing local Head Start) participated in the meeting, along with the long-term contractor for previous market rate surveys (USC's Institute for Public Service and Policy Research) and staff from the DECE. The DECE staff explained the purpose and requirements for the market rate survey according to the CCDF regulations and requested input from participants on the methodology, including the questionnaire and process. Participants shared their perspectives during the meeting and were asked to email or to call designated LA staff with any additional input.

b) Local child care program administrators:

Representatives from child care programs participated in the meeting held on January 26, 2017 for consultation in planning and conducting the upcoming market rate survey. Representatives included individuals from family child care homes and child care centers.

c) Local child care resource and referral agencies:

Staff from the statewide CCR&R network participated in the meeting held on January 26, 2017 for consultation in planning and conducting the upcoming market rate survey.

d) Organizations representing caregivers, teachers, and directors:

Members of early care and education professional associations were in attendance at the meeting held on January 26, 2017 for consultation in planning and conducting the upcoming market rate survey.

e) Other. Describe:

N/A

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

South Carolina's market rate survey is valid and reliable because it meets the following benchmarks:

- (a) It includes the priced child care market of providers that charge parents a price established through an arm's length transaction where the parent and the provider do not have a prior relationship that is likely to affect the price charged. Licensed centers, group and family homes, registered family homes and faith-based centers, and centers exempt from licensing but enrolled in the Lead Agency's quality rating and improvement system (ABCQ, which is a component of the CCDF-funded system that includes subsidies) were included in the market rate survey.
- (b) The survey captures the universe of providers in the priced child care market using the child care licensing data base, along with the database of license-exempt providers enrolled in ABCQ. The prices in the survey were collected within a 3-month time period from July 21, 2017 through October 10, 2017.
- (c) It represents geographic variation by including providers from all geographic parts of the State, drawn from the database of regulated child care providers along with the database of license-exempt providers that are enrolled in ABCQ.
- (d) Rigorous data collection procedures were used: The lists of child care providers in SC were divided into strata from which the sample was selected (strata were differentiated between urban and rural locations for: licensed centers, group and family homes; registered faith-based centers; registered family homes; ABC Quality centers exempt from regulation). For each stratum in which there were 250 or fewer child care providers, all providers were included in the survey; for strata with more than 250 providers, a random sample of providers was selected for inclusion in the sample. Emailed invitations to complete the market rate survey online were sent to sampled providers with an email address. Paper copies of the survey with postage paid return envelopes were mailed to providers without email

addresses. Follow-up telephone calls were made to providers that had not responded after one month of receiving the survey to collect the information by phone. The survey response rate was 66%.

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

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

a) Geographic area (e.g., statewide or local markets). Describe:

SC's market rate survey reflects the weekly rates charged by child care providers according to their urban or rural geographic location. Statewide market rates by provider type are also reflected.

b) Type of provider. Describe:

SC's market rate survey reflects weekly rates charged by the following types of child care providers: urban centers-licensed, rural centers-licensed, urban centers-registered faith-based, rural centers-registered faith-based, urban SC Voucher-enrolled centers exempt from regulations, rural SC Voucher-enrolled centers exempt from regulations, urban group homes-licensed, rural group homes-licensed, urban family homes-licensed, rural family homes-licensed, urban family homes-registered, rural family homes-registered.

c) Age of child. Describe:

SC's market rate survey reflects weekly rates charged by child care providers according to the following age ranges of children served: birth through age 2, ages 3 through 5, and

ages 6 through 12.

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

SC's market rate survey reflects weekly rates charged by child care providers according to the following quality levels: A+ (highest quality level), A, B+, B, and C (lowest quality level). The market rate survey also included weekly rates charged for full-time care (30 or more hours per week) and half-time care (15-29 hours per week). Note: The LA will explore the feasibility of another category for less than 15 hours per week to meet the need of CDEP 4K programs which offer wrap-around care for less than 15 hours per week.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

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

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 11/03/2017

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 10/24/2018

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The report with the results is posted on the LA's website at <http://www.scchildcare.org/library/charts-and-graphs.aspx>. The report is titled Market Rate Survey Results-2017.

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

Included in the detailed report is a description of the meeting convened by the LA of stakeholders to obtain their views and comments for the development of the MRS, as well as the process of considering their shared perspectives.

4.3 Setting Payment Rates

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

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate \$ 185.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate \$ 135.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate \$ 185.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate \$ 135.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 162.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 125.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate \$ 120.00 per week unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 75th

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

Rate \$ 100.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

i) Describe how part-time and full-time care were defined and calculated.

Full-time care: 30 or more hours per week calculated as 30hours/week x 52 weeks; part-time care: 15-29 hours per week calculated as 15-29 hours/week x 52 weeks.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 10/01/2018

k) Identify the most populous area of the state used to complete the responses above.
Urban.

l) Provide the citation or link, if available, to the payment rates.

<http://www.scchildcare.org/library/sc-voucher-documents-resources.aspx>

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

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

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

Differential rate for *non-traditional hours*.

Describe:

Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

SC uses a payment rate add-on that is \$20 more than rates for other children in a specific type of care when requested by providers to support their efforts to accommodate and care for children with special needs.

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

Describe:

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

Describe:

- Differential rate for higher quality, as defined by the state/territory.

Describe:

SC's payment rates are established to progressively compensate providers based on their performance in meeting increasing quality criteria that exceed regulatory requirements. A tiered reimbursement payment system was implemented decades ago to incentivize the opportunity for more children with child care subsidies to have access to higher quality care. Since 1992, SC's Lead Agency has used voluntary standards higher than state regulatory requirements in conjunction with financial incentives to recognize and promote quality, ranging from Level C (basic health and safety regulations) to A+ (the highest level of quality criteria).

- Other differential rates or tiered rates.

Describe:

The LA uses a payment rate add on for children in foster care that is thirty dollars more than rates for other children in a specific type of care.

- Tiered or differential rates are not implemented.

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

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

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

How: The SC Child Care Voucher Program's eligibility packet and handbook given to parents when they are determined eligible/approved for a CCDF-funded child care subsidy explain that they can choose a provider from the entire range of child care categories (center based, family, in-home, or family/friend/neighbor child care); Extent: Approximately 35% of providers that responded to the 2017 statewide MRS indicated they serve children with CCDF-funded SC Vouchers. Barriers to participation in CCDF-funded SC Voucher Program: 3.5% of providers that responded to the MRS said payment rates; 3.3% said staff training/educational requirements; 2.2% said requirement for pre-service health and safety training within 90 days; 2% said paying staff for overtime to meet training/educational requirements; 1.3% said CPR/First Aid certification for all staff.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Payment rates will be increased effective 10/1/2018 as the result of the most recent 2017 MRS. The increased payment rates will range from the 75th percentile for providers in the SC Voucher Program at the foundational quality Level C serving children with CCDF-funded subsidies to the 85th/90th percentile for providers at the highest quality Level A+.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

In addition to increasing base payment rates to range from the 75th percentile of the most recent 2017 MRS for the foundational quality level to the 85th/90th percentile for the highest quality level, the LA is independently paying for the costs of many of the new health and safety requirements initiated with the reauthorization of CCDBG (pre-service health and safety training and first aid/CPR training of all staff of providers serving children with CCDF-funded subsidies, along with background checks). The LA also provides scholarships for staff of providers serving children with CCDF-funded subsidies to participate in professional development opportunities through training, coursework, and conferences. The LA's Head Start Collaboration Office is also funding professional development opportunities in conjunction with CCDF. By increasing payment rates and with the LA independently covering the costs of the new health/safety/professional development training and background checks, providers would be able to direct more funding to CCDF staffing requirements.

The LA calculated the estimated cost of care for child care centers, family child care homes, and group child care homes, differentiated by age of child and quality level to implement the health, safety, quality and staffing requirements included in the September 30, 2016 Child Care and Development Fund Final Rule. Calculations were based on the methodology developed by the Center for American Progress for its 2018 report, "Where Does Your Child Care Dollar Go?" which drew from states' licensing regulations and defaults in the U.S. Department of Health and Human Services' Office of Child Care's Provider Cost of Quality Calculator. Estimated total costs per child per week in 2017 ranged from \$37 for school-aged children in base quality level family child care homes to \$205 for infants and toddlers in high quality child care centers. The new payment rates exceed the calculated costs for all regulated types of care, differentiated by age of child and quality level.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance

standards, or State defined quality measures).

The LA took the cost of higher quality into account by increasing base payment rates progressively higher from the lowest to highest quality levels. The new payment rates that will be effective 10/1/2018 will range from the 75th percentile of the most recent 2017 MRS for the foundational quality level to the 85th/90th percentile for the highest quality level in the LA's QRIS called the ABC Quality Rating and Improvement System. In April 2018, revised ABC Quality Standards were launched. The first year following implementation of the new standards will be a statewide pilot to consider providers' performance. At the end of the pilot, quality level ratings will be determined. During the pilot, the new payment rates implemented 10/1/2018 will be considered to determine whether they reflect the estimated cost of care at each level of quality according to the new standards.

The LA calculated the estimated cost of care for centers, family child care homes, and group child care homes, differentiated by age of child and quality level. Calculations were based on the methodology developed by the Center for American Progress for its 2018 report, "Where Does Your Child Care Dollar Go?" which drew from states' licensing regulations and defaults in the U.S. Department of Health and Human Services' Office of Child Care's Provider Cost of Quality Calculator. Calculations for the costs of family and group child care homes were based on the November 2104 National Center on Early Childhood Quality Assurance's report, " Early Care and Education Program Characteristics Effects on Expenses and Revenues." Estimated total costs per child per week in 2017 ranged from \$37 for school-aged children in base quality level family child care homes to \$205 for infants and toddlers in high quality child care centers. The new payment rates exceed the calculated costs for all regulated types of care, differentiated by age of child and quality level.

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

Limit the maximum co-payment per family.

Describe: .

Family copayments are based on a sliding fee scale dependent on family size and

income ranging from \$6 to \$20 per child per week. These copayments are among the lowest in the region and the nation and have remained the same since October 2008.

Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and
Family copayments represent between 2% to 5% of family income.

Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

Other.
Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.
SC Voucher Program payment rates to providers have an established maximum. Providers may charge more and the parent is responsible for paying the difference. This has been a long-standing policy. The planned increase of provider payments to the 75th percentile for providers at the foundational level of quality up to the 80th/90th percentile for providers at higher quality levels on 10/1/2018 is expected to promote more affordability and access for families.

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

60.7% of providers serving children with CCDF-funded SC Vouchers charge families additional amounts above the required copayment and the CCDF subsidy,

according to their responses in the most recent 2017 market rate survey. They responded that the average differences charged to families weekly for full-time care of children age 2 or younger is \$58.74; for full-time care of children between the ages of 3 and 5 is \$45.84; for full-time care of children between the ages of 6 and 12 is \$23.42 and for part-time care is \$21.56.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

Through the planned increase of provider payments to the 75th percentile for providers at the foundational level of quality up to the 80th/90th percentile for providers at higher quality levels on 10/1/2018, the LA seeks to minimize the additional amounts charged to families by providers.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

The LA's payment practices support equal access to a range of providers by providing funding stability through timely, consistently dependable payments for services by the week. Payments are made to providers chosen by families for their children for the entire week of care as long as a child attends at least one day to ensure continuity of care for children with CCDF-funded subsidies. Payment practices also allow 31 days of absences to be paid in a 52-week eligibility period. Payment rates are being increased effective 10/1/2018 at or above the 75th percentile of the 2017 MRS for providers serving children with CCDF-funded subsidies. Evidence that children have equal access and are served by a range of providers is that 44.73% were served in Level B centers, 10.69% in Level B+ centers, 31.62% in Level C centers, 1.44% in Level A+ centers, 1.41% in Level C registered family child care, 0.94% in Level B group home child care, 0.36% in Level A centers, 0.3% in Level C group home child care, 0.23% in Level B registered family child care, 0.11 in Level B+ registered family child care, 0.08% in Level B+ group child care, 0.07 in Level B licensed family child care, 0.03% in Level C licensed family child care, 0.02 in Level B+ licensed family child care, and 7.87% in license-exempt and family/friend/neighbor care during FFY2018.

h) Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

Geographic area.

Describe:

Based on MRS results, payment rates for urban areas of SC are differentiated to be higher than those for rural areas.

Type of provider.

Describe:

Based on MRS results, payment rates are differentiated for child care centers, group child care homes, family child care homes, and family/friend/neighbor care. Family, friend and neighbor care is not included in the MRS and rates are less than the lowest level of regulated care.

Age of child.

Describe:

Based on MRS results, payment rates are differentiated for children in 3 age ranges: birth through age 2; ages 3 through 5, and ages 6-12.

Quality level.

Describe:

Based on MRS results, payment rates are differentiated by 5 quality levels ranging from the lowest for Level C, and progressively increasing to the higher quality levels for B, B+, A, A+, based on a provider's performance in meeting increasing quality criteria as quality levels advance.

Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

Payment rates will be increased effective 10/1/2018 as the result of the most recent

2017 MRS. The increased payment rates will range from the 75th percentile for providers in the SC Voucher Program at the foundational quality Level C serving children with CCDF-funded subsidies to the 85th/90th percentile for providers at the highest quality Level A+.

- Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

- Feedback from parents, including parent surveys or parental complaints.

Describe:

- Other.

Describe:

4.5 Payment Practices and the Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-

paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Child care payments are made within 4-5 working days after receipt of the on-line SVL or within 12-14 days to provider who do not submit their SVL through the on-line payment system.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

The LA pays by the week and allows up to 31 absences per 52-week eligibility period. Payments are made to providers for the entire week of care as long as a child attends at least one day to ensure continuity of care for children with CCDF-funded subsidies.

- Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Providers are paid on a full-time basis for 30 or more hours per week of child care services and part-time basis for between 15-29 hours per week.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

An annual registration fee per child is paid by LA after the third week of paid child care services for children with CCDF-funded subsidies.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum,

information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

Providers are paid in accordance with written provider enrollment agreements that include payment policies, approved payment rates, schedules, fees, and the dispute resolution process. This information is also included in child-specific service connection letters that are sent to families and providers when a family chooses a provider as their child(ren)'s caregiver.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

60 days prior to the end of child care services, the LA sends an "end of services" notice to the provider and family. When a family's eligibility for child care services will end due to an adverse action, the LA sends a termination notice to the provider and family two weeks prior to services ending.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

The DECE sends information about rights and responsibilities including the appeals process to families in their eligibility packet at the time child care services are approved, as well as in services termination notices.

g) Other. Describe:

N/A

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

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

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

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

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

In licensed family child care.

Data sources: Child Care Licensing database of licensed and registered providers and SC Voucher System database. Method of tracking progress to support equal access and parental choice: The SC Voucher System report, Children by Provider Type and Funding Report (report name: PRVFUND) lists the number of children with child care service weeks within a specified period of time (federal fiscal year, etc.) will be periodically reviewed in comparison to previous reports to determine variations in the types of providers serving children with CCDF-funded subsidies.

In licensed child care centers.

Other.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

a) Children in underserved areas. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

The LA has invested in the development of family child care networks through various strategies, more recently through a contract with a local university for a statewide child care resource and referral network (CCR&R). Among a variety of activities, the CCR&R network provides technical assistance to encourage and help family child care providers improve their quality, initially by becoming licensed .

Start-up funding.

Describe:

Technical assistance support.

Describe:

The LA contracts with several universities to provide technical assistance to providers to improve their overall quality, as well as to improve their ability to serve specific populations , such as infants and toddlers, children with special needs, etc.

Recruitment of providers.

Describe:

The LA actively recruits providers to become enrolled in the ABC Quality and SC Voucher Programs that serve children with CCDF-funded subsidies via its Outreach Coordinator and other staff who are in frequent contact with child care providers (such as Child Care Licensing inspectors, Head Start Collaboration Office, Child and Adult Care Food Program, etc.).

Tiered payment rates (as discussed in 4.3.2).

Describe:

The LA's tiered payment rates are established to progressively compensate providers based on their performance in meeting increasing quality criteria that exceed regulatory requirements. The LA's tiered payment system was implemented in 1992 to incentivize the opportunity for more children with child care subsidies to have access to higher quality care. The LA has used voluntary standards that are

higher than the state regulatory requirements in conjunction with financial incentives to recognize and promote quality, ranging from the foundational Level C (basic health and safety requirements) to Level A+ (the highest level of quality).

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

The LA has provided support for improving business practices of child care providers for decades, including for training and technical assistance by/through contractors (including university-based Child Care Resource and Referral Network, technical colleges, etc.) and providing scholarships for providers to participate in professional development opportunities to improve business practices (conferences sponsored by early childhood professional organizations, etc.) The LA is exploring opportunities for providers through shared services alliances.

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

For several years, the LA has been supporting an Infant-Early Childhood Mental Health and Teacher Wellness initiative through a contract with a local university. The goal of this initiative is to provide wellness services focusing on stress reduction/management, financial/nutrition/physical health wellness activities, environmental stress reduction and cross-sector supports to address workforce needs for infant and early childhood mental health.

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

For many years, the LA has been contracting with a local university to improve the quality of infant/toddler care in child care facilities statewide through training/technical assistance/coaching using the SC Program for Infant-Toddler Caregiving model .

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

The LA's payment rates for infants and toddlers are higher than payment rates for older children, based on the MRS.

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

For several years, the LA has been supporting an Infant-Early Childhood Mental Health and Teacher Wellness initiative through a contract with a local university. The goal of this initiative is to provide wellness services focusing on stress reduction/management, financial/nutrition/physical health wellness activities, environmental stress reduction and cross-sector supports to address workforce needs for infant and early childhood mental health.

Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

For many years, the LA has contracted with a local university to provide training and technical assistance/coaching for child care providers caring for children with

disabilities and developmental delays.

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2).

Describe:

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

Up to \$20 per week per child can be added to the LA's payment rates for CCDF-funded subsidized child care services for children with special needs/disabilities.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours. Check and describe all that apply

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

The LA is exploring options for increasing the supply of quality child care services for children needing care during non-traditional hours. We are also exploring the use of a differential rate for non-traditional care providers.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2).

Describe:

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

The LA provides CCDF-funded child care subsidies for all known children experiencing homelessness based on the McKinney-Vento definition of homelessness. In FFY2017, the number of children served nearly doubled as the result of the LA's outreach efforts. The LA intends to continue its practice of providing child care subsidies for all children experiencing homelessness.

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

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

Areas with a higher poverty percentage than 25.4% as cited for SC for ages 0-4 by the U.S. Census Bureau's Small Area Income and Poverty Estimates Program's 2016 Poverty and Median Household Income Estimates - States and National released November 2017: and an unemployment rate higher than 4.2% as cited for SC in April 2018 by the Bureau of Labor Statistics.

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

Areas in SC defined in 4.6.3 a) as having significant concentrations of poverty and unemployment will be assessed to determine the extent to which children have access to high quality child care or not. Based on that assessment, the LA will target areas without access to high quality child care programs, for incentives to build the supply. The incentives will be predicated on the extent of need in comparison to resources available to address the need.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Center-based child care.

Describe and Provide the citation:

Section 63-13-410 through 63-13-610 and 63-13-1010 of the Child Care Licensing Law, SC Child Care Licensing Regulations 114-500 through 114-509. A child care center must be licensed if the program operates more than four hours a day and more than two days a week. Facilities that need to be licensed must meet the following criteria:

1. Center Director/Co-Director

Must be at least 21 years old and meet one of the following requirements:

- i. A bachelor's degree or advanced degree from a state-approved college or university in early childhood education, child development, child psychology or a related field that includes at least eighteen credit hours in child development and/or early childhood education;
- ii. A bachelor's degree from a state-approved college or university in any subject area and six months experience working with children in a licensed, approved or registered child care facility;
- iii. An associate degree from a state-approved college or university in early childhood

education, child development, child psychology or a related field, that includes at least eighteen credit hours in child development and/or early childhood education with six months work experience in a licensed, approved or registered child care facility;

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

v. A High School diploma or GED, and Early Childhood Development (ECD) 101, with 3 years experience in a licensed, approved or registered child care facility. One year shall include supervision of child care staff.

2. Zoning Approval

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

4. Fire & Health Inspection

5. Child Care Licensing Inspection

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

7. Three Letters of Reference

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

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

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

Approved Child Care Centers

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

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

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

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

2. Zoning Approval

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

Fire & Health Inspection

4. Child Care Licensing Inspection
5. State and Federal Criminal Background Checks through Live Scan (Fees are required)
6. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation
7. DSS Form 2924 - Central Registry Release of Information (Fees are required)
8. Policies as described in the SC Child Care Regulations for Faith Based Facilities

Family child care.

Describe and Provide the citation:

Section 63-13-410 of the Child Care Licensing Law for Large Family Child Care (Group Child Care Homes), Section 63-13-810, Family Child Care Homes (small family care), Regulations 114-510 through 114-519 for Group Child Care Home and Licensed and Registered Family Child Care Home 114-528 and the Suggested Standards. **Group Child Care Home (GCCH)** - (7-12 children) A GCCH is defined as a residence occupied by the operator in which he/she regularly provides child care for at least seven but not more than twelve children, unattended by a parent or a legal guardian including those children living in the home and children received for child care who are related to the resident teacher/caregiver. Care may be provided for eight children without an additional caregiver within a residence occupied by the operator. When the attendance reaches nine or there are more than three children under the age of 24 months, an additional caregiver must be present at all times. A Group Child Care Home must be licensed and meet the following criteria: 1. Operator - Requirements are the same as licensing requirements stated above 2. Zoning Approval 3. Architectural Plans to be submitted to DSS Fire & Health Safety Chief at Central Office 4. Fire & Health Inspection 5. Child Care Licensing Inspection 6. State and Federal Criminal Background Checks through Live Scan (Fees are required) 7. Staff certified in Basic First Aid and Infant/Child CPR to cover all hours of operation 8. DSS Form 2924 - Central Registry Release of Information (Fees are required) 9. Policies as described in the SC Child Care Regulations for GCCH.

Licensed Family Child Care Home (LFCCH) The following is required: • Fire and Health inspection • Child care licensing inspection • First Aid and infant/child CPR certification 1. Zoning Approval from their local Zoning Board 2. Three Letters of Reference 3. Working, Listed Telephone Number 4. State and Federal Criminal Background Checks through Live Scan on operator, caregiver and all household

members 15 years and older. (Fees are required) 5. DSS Form 2924 - Central Registry Release of Information must be submitted on operator, caregivers and household member 18 years and older (Fees are required) 6. Child Care Licensing Pre-service Inspection 7. 10 hours of Approved Training Regular licenses expire two years from the date of issuance. Family Child Care Home (FCCH) - (Up to six children at any given time) A FCCH provides care for more than one unrelated family of children within a residence occupied by the operator on a regular basis for no more than six children including operator's own or related children. FCCH has the option of becoming licensed or registered.

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

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

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

Kindergartens, nursery schools or other daytime programs, with or without stated educational purposes, operating no more than four hours a day and receiving children younger than lawful school age;

School vacation or school holiday day camps for children operating in distinct sessions running less than three weeks per session, unless the day camp permits children to enroll in successive sessions so that their total attendance may exceed three consecutive weeks. (Section 114-500B(c) and (e) South Carolina Department of Social Services Regulations for Private and Public Child Care Centers). License-exempt providers do not endanger the health, safety, or development of children because all providers that participate in ABC Quality are required to meet the Preservice Health and Safety Requirements and all staff must have completed CPR/Pediatric First Aid training. The family, friend and neighbor (FFN) providers submit to a Central Registry and Sex Offender Registry check. Additionally all receive a monitoring inspection except relative FFNs.

[In-home care \(care in the child's own home\).](#)

[Describe and provide the citation \(if applicable\):](#)

63-13-20(13) Child Care Licensing Law, Definitions. An occupied residence in which child care is provided only for a child or children related to the resident caregiver or only for a child or children of one family or only for a combinations of these children is not a family child care home.

[5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children \(658E \(c\)\(2\)\(F\); 98.40\(a\)\(2\)\).](#)

[Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.](#)

License-exempt providers are allowed to participate in ABCQ and receive CCDF funds.

Provider staff members are required to meet the Preservice Health and Safety Requirements and are required to be monitored annually by ABCQ assessors. License-Exempt providers.

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

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

License-exempt providers can participate in ABCQ and receive CCDF funds. License-exempt provider's staff are required to meet all eligibility criteria, which includes the Preservice, Health, Safety, Pediatric First Aid, and Infant Toddler CPR certification. All Family, Friend, and Neighbor unrelated relatives who receive CCDF funds and provide care to children are required to have Central Registry and Sex Offender registry checks. Family, Friend, and Neighbor -unrelated provider are required to complete Health and Safety Preservice and Pediatric First Aid and Infant/Toddler CPR. Both the parent and Family, Friend, and Neighbor-unrelated provider complete and sign a self-certification safety checklist prior to enrollment. Annual inspections for license-exempt CCDF providers, including after-school providers, summer camps, and Family, Friend, and Neighbor -unrelated care, are conducted by ABCQ assessors.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Center-based child care.

If checked, describe the exemptions.

"Childcare facilities" means a facility which provides care, supervision, or guidance for a minor child who is not related by blood, marriage, or adoption to the owner or operator of the facility whether or not the facility is operated for profit and whether or not the facility makes a charge for services offered by it. This definition includes, but is not limited to, day nurseries, nursery schools, childcare centers, group childcare homes, and family childcare homes. The term does not include:

- (a) an educational facility, whether private or public, which operates solely for educational purposes in grade one or above;
- (b) five-year-old kindergarten programs;

- (c) kindergartens or nursery schools or other daytime programs, with or without stated educational purposes, operating no more than four hours a day and receiving children younger than lawful school age;
- (d) facilities operated 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 as defined in this chapter while parents or custodians of the children are occupied on the premises or are in the immediate vicinity and immediately available; however, these facilities must meet local fire and sanitation requirements and maintain documentation on these requirements on file at the facility available for public inspection;
- (e) school vacation or school holiday day camps for children operating in distinct sessions running less than three weeks per session unless the day camp permits children to enroll in successive sessions so that their total attendance may exceed three weeks;
- (f) summer resident camps for children;
- (g) bible schools normally conducted during vacation periods;
- (h) facilities for persons with intellectual disability provided for in Chapter 21, Title 44;
- (i) facilities for the mentally ill as provided for in Chapter 17, Title 44;
- (j) childcare centers and group childcare homes 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 childcare services; however, these facilities must comply with the provisions of Article 9, and Sections 63-13-60 and 63-13-110 and that these facilities voluntarily may elect to become licensed according to the process as set forth in Article 3 and Sections 63-13-30, 63-13-40, 63-13-70, 63-13-80, 63-13-90, 63-13-100, 63-13-160, and 63-13-170.

[Family child care.](#)

[If checked, describe the exemptions.](#)

If the provider does not care for children regularly (at least 2 days a week) and only cares for one family of children, it is exempt from licensing requirements. At the second unrelated family, the provider must be licensed.

[In-home care.](#)

If checked, describe the exemptions.

In home care refers to FFN care. An occupied residence in which child care is provided only for a child or children related to the resident caregiver or only for a child or children of one family or only for a combination of these children is not a family child care home.

5.2 Health and Safety Standards and Requirements for CCDF Providers

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

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

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

A child under 12 months of age.

-- Ratio:

1 teacher to 5 infants; ABCQ best practice ratio is 1 teacher to 4 infants.

-- Group size:

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A(1); ABCQ limits best practice group size to 8.

-- Teacher/caregiver qualifications:

(a) Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18

years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and

(iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.

(b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.

(c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

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

2. Toddler

-- How does the State/territory define toddler (age range):

A child of 12 months of age or older but younger than 24 months of age.

Recommended Best Practices for CCDF Providers (ABCQ)

One year olds

State/Territory age definition: A child 12 months of age or older, but younger than 24 months of age.

Two year olds

State/Territory age definition A child 24 months of age or older, but younger than 36 months of age

-- Ratio:

1 teacher to 6 toddlers.

Recommended Best Practices for CCDF Providers (ABCQ) - One year olds

Ratio One teacher to 5 children

Recommended Best Practices for CCDF Providers (ABCQ) - Two year olds

Ratio One teacher to 7 children

-- Group size:

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A(1).

Recommended Best Practices for CCDF Providers (ABCQ) - One year olds

Group size 10 recommended

Recommended Best Practices for CCDF Providers (ABCQ) - Two year olds

Group size 14 recommended

-- Teacher/caregiver qualifications:

- (a) Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and
- (iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.
- (b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.
- (c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

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

3. Preschool

-- How does the State/territory define preschool (age range):

A child of 3 or 4 years of age or older but not yet eligible for public kindergarten.

Recommended Best Practices for CCDF Providers (ABCQ)

Three year olds

State/Territory age definition A child 3 years of age or older, but less than 4 years of age

Recommended Best Practices for CCDF Providers (ABCQ)

Four year olds

State/Territory age definition: A child 4 years of age or older, but less than 5 years of age

-- Ratio:

1 teacher to 12 children; ABCQ ratio is 1 teacher to 11 children.

Recommended Best Practices for CCDF Providers (ABCQ) for 3 years of age

Ratio: One teacher to 11 children recommended

Recommended Best Practices for CCDF Providers (ABCQ) for 4 years of age

Ratio: One teacher to 13 children

-- Group size:

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A(1).

Recommended Best Practices for CCDF Providers (ABCQ) for 3 years of age

Group size 22 recommended

Recommended Best Practices for CCDF Providers (ABCQ) for 4 years of age

Group size 26 recommended

-- **Teacher/caregiver qualifications:**

- (a) Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and
- (iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.
- (b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.
- (c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this

chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

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

4. School-age

-- How does the State/territory define school-age (age range):

A child at least old enough to enroll in public kindergarten.

Recommended Best Practices for CCDF Providers (ABCQ) - Five year olds

State/Territory age definition: A child 5 years of age or older, but less than 6 years of age.

Recommended Best Practices for CCDF Providers (ABCQ) - Six-nine year olds

State/Territory age definition: A child 6 years old but less than 10 years old

Recommended Best Practices for CCDF Providers (ABCQ) - Ten through twelve year olds

State/territory age definition: A child at least 10 years old but less than 13 years old

-- Ratio:

1 teacher to 20 children (5-6 years old) and 1 teacher to 23 children (6-12 years old).

Recommended Best Practices for CCDF Providers (ABCQ) Five year olds

Ratio: One teacher to 15 children

Recommended Best Practices for CCDF Providers (ABCQ) Six through nine year olds

Ratio: One teacher to 18 children recommended

Recommended Best Practices for CCDF Providers (ABCQ) Ten through twelve

year olds

Ratio: One teacher to 20 children

-- Group size:

Restricted according to the square footage of each classroom pursuant to regulation number 114-507 A(1).

Recommended Best Practices for CCDF Providers (ABCQ) Five year olds

Group size of 30 children recommended

Recommended Best Practices for CCDF Providers (ABCQ) Six through nine year olds

Group size of 36 children recommended

Recommended Best Practices for CCDF Providers (ABCQ) Ten through twelve year olds

Group size of 40 children recommended

-- Teacher/caregiver qualifications:

(a) Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be

under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and

(iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.

(b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.

(c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

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

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

ABCQ ratios and group sizes apply to license-exempt child care centers. Group size is defined as twice the ratio.

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

Where there are mixed age groups in the same room, the staff:child ratio shall be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the mixed age group, the staff:child ratio for infants and toddlers shall be maintained. For mixed age groups, with one or more infants or toddlers, the ratios applicable to the youngest child in the group apply.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

The center director and co-director shall be at least 21 years of age and meet one of the following qualifications:

A bachelor's degree or advanced degree from a state-approved college or university in early childhood education, child development, child psychology or a related field that includes at least eighteen credit hours in child development and/or early childhood education;

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

An associate's degree from a state-approved college or university in early childhood education, child development, child psychology or a related field that includes at least eighteen credit hours in child development and/or early childhood education with six months' work experience in a licensed, approved or registered child care facility.

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

A high school diploma or GED with 3 years' experience in a licensed, approved, or registered child care facility.

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

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

A child under 12 months of age.

-- Ratio:

Large Family -1 caregiver to 4 children younger than 2 years old. Small Family -1 caregiver to 6 children.

-- Group size:

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

-- Teacher/caregiver qualifications:

Large Family - Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and

(iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.

(b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.

(c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this

chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

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

Small Family - the operator of a licensed family child care home shall be at least eighteen (18) years of age and must reside in the home. Someone must be on the premises at all times who can read and write. Caregivers less than eighteen years of age shall be permitted provided the following conditions are met:

- a. they are at least 14 years of age.
- b. they are not the person in authority and are properly supervised.
- c. the facility is in accordance with South Carolina Labor Laws regarding the employment of minors in non-hazardous jobs. (Refer to regulation promulgated by the Commissioner of Labor pursuant to S.C.Code Ann. 41-13-20 (1976) and the Appendix.

No person who has been convicted of child abuse or neglect, child molestation or sexual abuse or who is awaiting trial on such charges shall be knowingly employed in a family child care home.

The operator shall provide the department staff with three references from non-related sources to verify his/her suitability to care for children.

2. Toddler

-- How does the State/territory define toddler (age range):

A child under 12 months of age or older but younger than 24 months of age.

-- Ratio:

1 teacher to 6 toddlers.

-- Group size:

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A(1)

-- **Teacher/caregiver qualifications:**

Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and

(iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.

(b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.

(c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

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

advanced tiers.

3. Preschool

-- How does the State/territory define preschool (age range):

A child of 3 or 4 years of age or older but not yet eligible for public kindergarten.

-- Ratio:

1 teacher to 12 children.

-- Group size:

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A(1).

-- Teacher/caregiver qualifications:

Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is

exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and

(iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision.

(b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times.

(c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver.

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

4. School-age

-- How does the State/territory define school-age (age range):

A child at least old enough to enroll in public kindergarten.

-- Ratio:

1 teacher to 20 children (5-6 year olds) and 1 teacher to 23 children (6-12 year olds).

-- Group size:

Restricted according to the square footage of each classroom pursuant to regulation number 114-507A(1).

-- Teacher/caregiver qualifications:

Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six months experience as a teacher/caregiver in a

licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and (iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision. (b) Exception: A teacher/caregiver may be 16 or 17 years of age if he/she is continuously supervised by a qualified teacher/caregiver who is in the room at all times. (c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver. ABC Quality awards points for staff educational qualifications of basic, skilled, and advanced tiers.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

ABCQ minimum qualifications for small family child care homes are as follows:

Level B Family Child Care Home - Primary operator/caregiver must be at least 21

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

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

Level C Family Child Care Home (Licensed or Registered)

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

c) In-home CCDF providers:

1. Describe the ratios

In-home care for children from a single family has no ratio requirement. Providers from this type only care for children from a single home family.

2. Describe the group size

In-home care for children from a single family has no group size requirement. Providers from this type only care for children from a single home family.

3. Describe the maximum number of children that are allowed in the home at any one time.

N/A

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

N/A

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

N/A

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

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

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

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

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

This standard is defined in the Center-Based and Group Child Care Homes Child Care Licensing Regulations set forth in 2018. Family Child Care Home providers have the option of being licensed or registered. All licensed family child care providers must comply with these regulations. The prevention and control of infectious diseases (including immunizations) can be found in several places throughout the regulations. A current certificate of immunization must be kept in the child's record. Several regulations in the section for Health, Sanitation, and Safety address the prevention and control of infectious diseases, including a section on the child's health, sanitation at the facility, diapering procedures, staff's health, the facility's water supply including the maintenance and cleanliness of the water fountain, and bathrooms and children's rest equipment. This section also requires all food be from a source approved by the health authority and be clean, unspoiled, free from contamination, properly labeled and safe for human consumption. This section also covers the proper storage of food to protect against contamination, including the temperature for refrigeration and insulated facilities, the cleaning and handling of utensils and equipment, the care of infants and toddlers along with the mildly ill children for their safety and the safety of others.

Health and safety requirements for ABCQ are constructed based on applicable CCL standards for all types of CCDF providers including license-exempt providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810.

-- List all citations for these requirements, including those for licensed and license-exempt programs

Center Regulation: 114-503G(6) (a-c)-Child's Record: 114-505A- Children's Health; 114-505B-Sanitation; 114-505F(3-15)-Diapering Procedures; 114-404G-Staff Health; 114-507A(6)-Water Supply; 114-507D(2) Rest Equipment; 114-508A(4-6) Meal Requirements; 114-508(D) &(E)-Storage and Cleaning; Storage and handling of utensils and equipment; 114-509(a)(3)(a)-Feeding, Eating, and Drinking; 114-509(B)-Care for mildly ill children; Group Child Care Home Regulations 114-513G(6)(a-c)-Child's Record, 114-515A-Children' Health, 114-515B-Sanitation; 114-515F(1-6)-Diapering Procedure, 114-515G-Staff's Health,114-517A(6)-Water Supply, 114-517D(2)-Rest Equipment, 114-508A(4-6) Meal Requirements, 114-508(D)&(E)-Storage and Cleaning, Storage and handling of utensils and equipment; 114-409(A)(3)(a)-Feeding Eating and Drinking; 114-509(B)-Care for mildly ill children. Children's Code of Law-Title 63, Section 63-13-830E(1)(a). ABCQ requirements for license-exempt providers are constructed on applicable CCL standards to meet federal CCDF requirements.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are variations by category of care. The CCL regulations above are described by category. There are limited requirements for CCDF license-exempt providers.

-- Describe any variations based on the age of the children in care

There is a separate set of regulations for infants and toddlers to address some of their specific needs as related to their care. They are addressed in the regulations above.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from the licensing requirements.

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

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

This standard is defined in the Center-Based and Group Child Care Home Child Care Licensing Regulations set forth in 2018. Licensed family child care providers must comply with these regulations. Safe sleep practices aim to reduce the risk of sudden infant death syndrome (SIDS), align with Caring for Our Children, 3rd edition, 2011. The prevention of sudden infant death syndrome and use of safe-sleep practices are addressed in the regulations. Safe sleep practices are described through the use of appropriate sleep/rest equipment by ensuring that cribs meet the requirements of the US Consumer Products Safety Commission (CPSC) as well as ensuring that children are held while feeding, and infants are placed on their backs to sleep with no items in the crib that could cause strangulation or suffocation of the child. Sleep arrangements for children 12 months and under are reviewed to see if they sleep on mats, cots, or cribs. In addition, sleep locations are checked to determine if it is located on a different floor from where care is provided to ensure appropriate supervision for those children related to sleep. No Pack and Plays for sleep are allowed.

Requirements for ABCQ are constructed from CCL standards for all types of CCDF providers including license-exempt providers as appropriate. This requirement is not applicable for programs serving school-aged children only . Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure

compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center based regulations: 114-507A(5)(g)(i,ii,iii)-Environmental hazards, 114-507D-Rest Equipment; 114-509A(1)(a) infant and toddler care; 114-509A(3)(c)- Feeding, eating and drinking; 114-509A(5) Sleeping. Group Child Care Home: 114-517A(5)(g)(i,ii,ii)-Environmental hazards; 114-517D-Rest Equipment; 114-519A(1)(a)infant and toddler care; 114-519A(3)(c)-Feeding, eating, and drinking; 114-519A(5)-Sleeping.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are variations by category of care. The CCL regulations above are described by categories.

-- Describe any variations based on the age of the children in care

There is a separate set of regulations for infants and toddlers to address specific needs as related to their care. They are addressed in the regulations above.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from the licensing requirements.

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

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for all CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. This standard is defined for family child care providers by 2014 Act Number 295 (H.4665), Section 1, effective June 23, 2014, Child Care Licensing Law, Section 63-13-185. In

addition, this standard is defined throughout the center-based and group child care homes CCL regulations set forth in 2018. They are also defined in the CCL statutes, SC Code of Laws, Title 63, Chapter 13. There are several places throughout the regulations and a section in the law where the content is covered for the administration of medication.

Child care facility medication administration to children:

(A) For purposes of this section, "medication" means a drug that may be obtained with or without a prescription, excluding a topical ointment obtained without a prescription.

(B) It shall be unlawful for a director, owner, operator, caregiver, employee, or volunteer of a childcare facility to administer medication to a child under the care of the facility unless:

(1) the parent or guardian of the child has submitted to the child care facility prior to the administration of the medication a signed and dated parental consent form that authorizes the facility to administer the medication to the child, and the authorization is for not longer than one year;

(2) the medication is administered as stated on the label directions, or as amended in writing by the child's health care provider; and

(3) the medication is not expired.

(C) Notwithstanding subsection (B), a director, owner, operator, caretaker, employee, or volunteer of a childcare facility may administer medication to a child without a signed authorization if the parent or guardian:

(1) submits to the facility an authorization in an electronic format that is capable of being viewed and saved; or

(2) authorizes the childcare facility by telephone to administer a single dose of a medication.

(D) This section does not apply to a person who administers a medication as prescribed, directed, or intended, to a child, when that person has a good faith belief the child is suffering from a medical emergency and administering medication would prevent the death or serious injury of the child.

(E) A childcare facility shall maintain in each child's record all written documentation and records of verbal communication that confirm parental or guardian permission to administer medication to the minor child as required pursuant to this section.

(F) A person who violates the provisions of this section is guilty of a misdemeanor and, upon conviction, may be imprisoned for up to one year or fined not more than two thousand dollars, or both.

-- List all citations for these requirements, including those for licensed and license-exempt providers

2014 Act No. 295 (H.4665), Section 1, eff June 23, 2014. Child Care Licensing Law, Section 63-13-185.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations by category of care. ABCQ uses CCL regulations for license-exempt providers.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from the licensing requirements.

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

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

ABCQ uses CCL regulations as the foundation for health and safety standards for CCDF providers. Effective immediately, addendums will be added to ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. This standard is defined throughout the Center-based and Group Child Care Homes Child Care Licensing Regulations set forth in 2018. The regulations that address meal requirements stipulate that the facility must get written permission for dietary modifications signed by the child's health care providers or parent. Requirements for ABCQ are included in the Eligibility to Participate criteria (ABC Quality Program Manual- 04.02.18 FOR PILOT YEAR, page 7). All CCDF providers are required to meet these federal standards.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center-based regulation, 114-508A(9)(10)-Meal Requirements; Group Child Care Home Regulations 114-518A(6)(7). ABCQ Program Manual - 04.02.18 FOR PILOT YEAR, page 7.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations by category of care. License standards do not apply to license-exempt providers.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from the licensing requirements.

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

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

ABCQ uses CCL regulations as the foundation for health and safety standards for CCDF providers. Effective immediately, addendums will be added to ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810. This standard is defined throughout the Center-based and Group Child Care Homes Child Care Licensing Regulations set forth in 2018. There are several sections throughout the regulations where building and physical premises safety, including the

identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water and vehicular traffic, are addressed.

Fire safety and emergency preparedness:

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

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

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

Transportation

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

(a) The staffing ratios specified in 114 405.B.(1) through (3) apply. The driver of the vehicle shall not be counted in the ratios for infants and toddlers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Indoor space and conditions

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

(2) Ventilation

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

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

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

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

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

(4) Lighting

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

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

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

(5) Environmental hazards

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

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

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

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

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

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

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

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

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

(iii) Items that may cause choking such as materials smaller than 1 1/4 inch in

diameter, items with removable parts smaller than 1 1/4 inch in diameter, styrofoam objects and latex balloons.

(6) Water Supply

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

(b) The center shall have hot and cold water under pressure. (Forty PSI recommended). If an individual private well water supply is used, the director shall obtain approval pursuant to DHEC to ensure safe location, construction, and proper maintenance and operation of the system.

(c) Hot water shall meet current DHEC regulations for Retail Food Establishments 61-25.

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

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

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

(7) Temperature

(a) Temperature shall be maintained between 68 and 80 degrees Fahrenheit as appropriate to the season while children are present in the center. If temperature cannot be maintained in this range for more than four hours, the center must close.

(b) Caution shall be used with regards to weather and the length of time children are outside when the wind chill factor is below 20 degrees Fahrenheit or the heat index is above 95 degrees Fahrenheit.

(8) Sanitation

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

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

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

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

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

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

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

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

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

(9) Doors

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

(10) Landings, stairs, handrails, and railings

(a) Children shall not have access to a door that swings open to a descending stairwell or outside steps, unless there is a landing that is at least as wide as the doorway at the top of the stairs. (b) Each ramp and each interior stairway and outside steps exceeding two steps shall be equipped with a secure handrail at the height appropriate for the sizes of the children at the center.

(c) Stairs shall have a nonskid surface.

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

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

(11) Electrical sources

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

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

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

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

(12) Bathrooms

(a) There shall be at least one flush toilet for every 20 children over two years of age. Staff shall be included when determining availability of toilets if there are no staff rest rooms.

- (b) If seat adapters are used for toilet training, they shall be cleaned and sanitized after each use.
- (c) Toilet training equipment shall be provided to children who are being toilet trained.
- (d) There shall be at least one sink with running water under pressure for every 20 children over two years of age. Sinks shall be located in or near each toilet area. It is recommended that water be a minimum of 60 degrees Fahrenheit.
- (e) Toilets and sinks shall be at heights accessible to the children using them or shall be equipped with safe and sturdy platforms or steps.
- (f) Privacy shall be provided for toilets used by preschool and school age children.
- (g) Floor and wall surfaces in the toilet area shall have smooth, washable surfaces. Carpeting is not permitted in the toilet area.
- (h) Toilets, toilet seat adapters, sinks and restrooms shall be cleaned at least daily and shall be in good repair.
- (i) Liquid or granular soap and disposable towels shall be provided at each sink.
- (j) Children shall not be left unattended in a bathtub or shower.
- (k) Easily cleanable receptacles shall be provided for waste material. Toilet rooms used by women shall be provided with at least one covered waste receptacle.
- (l) Bathroom facilities shall be completely enclosed.

B. Outdoor space

- (1) The director shall provide at least seventy-five (75) square feet of outdoor play space per child. Where outdoor space is insufficient at the center, the director and/or staff may take the children outdoors in shifts or utilize parks or other outdoor play areas which meet safety requirements and which are easily accessible.
- (2) The outdoor space shall be free from hazards and litter.
- (3) Outdoor walkways shall be free from debris, leaves, ice, snow, and obstruction.
- (4) Children shall be restricted from unsafe areas and conditions such as traffic, parking areas, ditches, and steep slopes by a fence or natural barrier that is at least four feet high.
- (5) Outdoor recreational equipment shall meet the standards of the US Consumer Products Safety Commission (CPSC), if applicable. Recalled products listed by the CPSC shall not be accessible to children.
- (6) Outdoor recreational equipment shall be made of durable, non-rusting, non-poisonous materials, and shall be sturdy.
- (7) Stationary outdoor equipment shall be firmly anchored and shall not be placed on a concrete or asphalt surface.

- (8) Swings shall be located to minimize accidents and shall have soft and flexible seats.
- (9) Cushioning material such as mats, wood chips or sand shall be used under climbers, slides, swings, and large pieces of equipment. Cushioning material shall extend at least six (6) feet beyond the equipment and swings.
- (10) Slides shall have secure guards along both sides of the ladder and placed in a shaded area.
- (11) Outdoor metal equipment that is uncoated shall be located in shaded areas or otherwise protected from the sun. Teachers shall check the temperature by touch prior to children playing on it.
- (12) Outdoor equipment shall be arranged so that children can be seen at all times.
- (13) A properly fitting bicycle helmet that is approved by American National Standards Institute, Snell Memorial Foundation, or American Society for Testing and Materials, shall be worn by each child when riding a bicycle, skateboard, roller blades, or skates. Helmets are optional for use with tricycles

C. Furniture, toys, and recreational equipment shall:

- (1) Be clean and free from hazards such as broken or loose parts, rust or peeling paint, pinch or crush points, unstable bases, sharp edges, exposed bolts, and openings that could cause head or limb entrapment;
- (2) Meet the standards of the US Consumer Products Safety Commission (CPSC), if applicable. Recalled products listed by the CPSC shall not be accessible to children;
- (3) Be developmentally and size appropriate, accommodating the maximum number of children involved in an activity at any one time;
- (4) Playpens are not allowed in licensed care.
- (5) All arts and crafts and play materials shall be nontoxic;
- (6) The height of play equipment shall be developmentally and size appropriate.
- (7) Sand in a sand box shall be securely covered when not in use and, if outdoors, constructed to provide for drainage;
- (8) Indoor recreational equipment and furnishings shall be cleaned and disinfected when they are soiled or at least once weekly and shall be of safe construction and free of sharp edges and loose or rusty points.
- (9) Cushioning material shall extend at least six (6) feet beyond the equipment and swings;
- (10) Slides shall have secure guards along both sides of the ladder and placed in a

shaded area;

(11) Outdoor metal equipment shall be located in shaded areas or otherwise protected from the sun;

(12) Outdoor equipment shall be arranged so that children can be seen at all times;

(13) The height of play equipment shall be developmentally and size appropriate;

(14) Sand in a sand box shall be securely covered when not in use and, if outdoors, constructed to provide for drainage;

(15) Indoor recreational equipment and furnishings shall be cleaned and disinfected when they are soiled or at least once weekly and shall be of safe construction and free of sharp edges and loose or rusty points. Indoor recreational equipment and furnishings shall be clean and shall be of safe construction and free of sharp edges and loose or rusty points; and

(16) A properly fitting bicycle helmet that is approved by American National Standards Institute, Snell Memorial Foundation, or American Society for Testing and Materials, shall be worn by each child when riding a bicycle, skateboard, roller blades, or skates. Helmets are optional for use with tricycles.

D. Rest equipment

(1) Cribs shall meet the requirements of the US Consumer Products Safety Commission (CPSC).

(2) Each infant, toddler, two year old and preschool child shall be assigned an individual, clean, and developmentally appropriate crib, cot, or mat appropriately labeled with the child's name and/or charted and used only by that child.

(3) Cribs, cots, and mats shall be made of easily cleanable material.

(4) Placement of sleeping and napping equipment shall allow ready access to each child by staff.

(5) Individual, clean, appropriate coverings shall be provided.

(6) Cots and mats shall be stored so that the surface on which a child lies does not touch the floor.

E. Environmental hazards

(1) Poisons or harmful agents

(a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children.

(b) Poisons or harmful agents shall be purchased in childproof containers, if available.

(c) Play materials, including arts and crafts, shall be non-poisonous.

(d) Poisonous plants are not permitted.

(e) Pesticides shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site accessible only to authorized staff.

(2) Water hazards

(a) Swimming pools located at the center or used by the center shall conform to the regulations of DHEC for construction, use, and maintenance.

(b) Swimming pools, stationary wading pools and other water sources such as ditches, streams, ponds, and lakes shall be made inaccessible to children by a secure fence that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.

(c) Children shall not be permitted in hot tubs, spas, or saunas.

(d) Children shall not be permitted to play in areas where there are swimming pools or other water sources without constant supervision.

(3) Firearms, weapons, and ammunition are not permitted in the center or on the premises without the express permission of the authorities in charge of the premises or property. This does not apply to a guard, law enforcement officer, or member of the armed forces, or student of military science.

(4) Animals: The following requirements apply in regard to animals:

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

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

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

(d) Reptiles and rodents shall not be accessible to children.

(e) Children and adults shall wash their hands after touching animals.

Feeding chairs:

(a) Feeding chairs shall have a stable base.

(b) Feeding chairs shall have a T-shaped safety strap that prevents the child from

slipping or climbing out of the chair. The safety strap shall be used at all times the child is in the chair.

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

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

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

Sleeping:

(c) Cribs shall be spaced so that there is at least three feet of space on two sides of the crib. Cribs shall not be placed next to each other so that one child may reach into the other child's crib.

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

Equipment and materials:

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

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

(c) Mobile walkers are not permitted.

Care for mildly ill children:

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

Night Care:

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

(3) Sleeping equipment

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

(b) Cots and portable beds are not permitted.

Bathing:

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

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center regulations: 114-505 H-Fire Safety and emergency preparedness; 114505I-Transportation; 114-507 - Physical Site; 114509A(4)-Infant Care, Feeding Chairs; 114-509A(6)-Equipment and Materials; 114-509A(5)(c)&(d)-Sleeping; 114-509B(2)(d)-Mildly ill Children, 114-509 C(3)-Night Care; 509C(5)(a)-Bathing. Group Child Care Home regulation: 114-515 H-Fire Safety and emergency preparedness; 114515I-Transportation; 114-517 - Physical Site; 114519A(4)-Infant Care, Feeding Chairs; 114519A(5)(b)&(c)-Sleeping; 114-519A(6)-Equipment and Materials; 114-519C(3)-Night Care; 519C(5)(a)-Bathing. ABCQ Program Manual - 04.02.18 FOR PILOT YEAR, page 7.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are variations by category of care. The CCL regulations above are described by categories. License standards do not apply to license-exempt providers. All CCDF providers must comply with this requirement.

-- Describe any variations based on the age of the children in care

There is a separate set of regulations for infants and toddlers to address specific needs as related to their care. They are addressed in the regulations above.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

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

ABCQ has uses the CCL regulations as the foundation for health and safety standards for CCDF providers. Effective immediately, addendums will be added to the ABCQ

provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810. This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018.

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

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

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

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

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

Discipline and behavior management

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

(2) All teacher/caregivers shall sign a facility agreement to implement the discipline and behavior management policy, with a statement that specifies no corporal punishment.

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

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

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

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

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

Family Child Care Homes

DSS Regulation No. 114-528. H. (6) (d). Any child protective services reports involving the operator, household member(s), substitute caregiver(s), emergency person(s) or volunteer(s).

DSS Regulation No. 114-528. H.(7) The operator shall cooperate with Department staff, law enforcement and other involved agencies during an investigation of child abuse or neglect. Cooperation shall include but not be limited to the following:

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

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

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

Requirements for ABCQ are included in the Eligibility to Participate criteria (ABC Quality Program Manual- 04.02.18 FOR PILOT YEAR, page 7).

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center-based Child Care Licensing Regulations: 114-503C-Child Abuse; 114-506B-Discipline and Behavior management. Group Child Care Home Regulations 114-513C-Child Abuse; 114-516B-Discipline and Behavior management; Regulations for FCCBs 114-528 H(7); License standards do not apply to license-exempt providers. ABCQ Program Manual-04.02.18 FOR PILOT YEAR, page 7. All CCDF providers must comply with this requirement.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are variations as listed above by category of care.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ.

Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810. This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018.

Fire safety and emergency preparedness:

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

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

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

emergency preparedness plan template is posted on the sccildcare.org website. Child care providers may use this as a guide to develop their plan. Requirements for ABCQ are included in the Eligibility to Participate criteria (ABC Quality Program Manual- 04.02.18 FOR PILOT YEAR, page 7).

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regulations: 114-505H Fire safety and Emergency Preparedness. Group Child Care Home Regulations: 114-515H Fire Safety and Emergency preparedness. Children's Code of Law-Title 63, Section 63-13-830 E(1)(a). ABCQ Program Manual- 04.02.18 FOR PILOT YEAR, Page 7. All CCDF providers must meet the requirements of this standard.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations by category of care.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

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

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for all CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. Beginning in 2014, the LA was mandated by the state legislature to conduct

inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810. This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018.

Environmental hazards

(1) Poisons or harmful agents

(a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children.

(b) Poisons or harmful agents shall be purchased in childproof containers, if available.

(c) Play materials, including arts and crafts, shall be non-poisonous.

(d) Poisonous plants are not permitted.

(e) Pesticides shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site accessible only to authorized staff.

Requirements for ABCQ are included in Eligibility to Participate criteria (ABCQ Program Manual- 04.02.18 FOR PILOT YEAR, page 7). All CCDF providers must comply with this standard. In addition, they must take training on blood-borne pathogens annually.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center-based Regulation: 114-507E-Environmental Hazards. Group Child Care Home Regulations: 114-517E-Environmental Hazards. Children's Code of Law-Title 63, Section 63-13-830 E(1)(a). ABC Quality Program Manual - 04.02.18 FOR PILOT YEAR, page 7.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations by category of care. License standards do not apply to license-exempt providers. All CCDF providers must comply with this standard.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

9. Precautions in transporting children (if applicable)

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018.

Transportation

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

- (a) The staffing ratios specified in 114-504.B.(1) through (3) apply. The driver of the vehicle shall not be counted in the ratios for infants or toddlers.
- (b) Each child shall be secured in an individual, age-appropriate safety restraint at all times the vehicle is in motion.
- (c) Safety restraints shall be used in accordance with the manufacturer's instructions.
- (d) A child shall not be left unattended in a vehicle.
- (e) Transportation placement of children in the vehicle shall be in accordance with all applicable state and federal laws.
- (f) The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 20-7-2725 (A) (4) of the Code of Laws of 1976.
- (g) There shall be a first aid kit and emergency information on each child in the vehicle.
- (h) Use of tobacco products is prohibited in the vehicle.
- (i) Written consent from the parent is required prior to transportation.
- (j) When the facility provides transportation to and from the child's home, the facility

staff shall be responsible for picking the child up and returning the child to a designated location.

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

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

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

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

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

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

Requirements for ABCQ are included in the Eligibility to Participate criteria (ABCQ Program Manual- 04.02.18 FOR PILOT YEAR, page 7).

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regulations: 114-505I-Transportation; Group Child Care Home Regulation: 114-515I. Requirements for ABCQ are Eligibility to Participate criteria (ABC Quality Program Manual- 04.02.18 FOR PILOT YEAR, page 7).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There is a variation by category of care. For Group Child Care Home care, the driver of the vehicle shall not be counted in the ratios. There are no provisions for transportation in family child care homes. License standards do not apply to license-exempt providers. All CCDF providers must comply with this standard. Jacob's Law indicates no 15 passenger vans shall be used.

-- Describe any variations based on the age of the children in care

There is a variation by age of the children in that the driver of the vehicle shall not be counted in the ratios for infants or toddlers.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

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

The SC Code of Laws, Title 63, Chapter 13 defines this standard. First aid and CPR certificates: During the hours of operation all child care facilities, except registered family child care homes, must have on the premises at least one caregiver with a current certificate for the provision of basic first aid and child-infant cardiopulmonary resuscitation. ABCQ eligibility criteria requires current Pediatric First Aid and Infant/Child CPR certification for all staff responsible for caring for or supervising children. (ABCQ Eligibility Criteria, Item 3.) All CCDF providers are required to meet this standard. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ.

-- List all citations for these requirements, including those for licensed and license-exempt providers

SC Code of Laws: 63-13-110. ABC Quality Program Manual - 04.02.18 FOR PILOT YEAR, page 7.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations by category of care. License standards do not apply to license-exempt providers. All CCDF providers must meet this requirement and all staff responsible for caring for or supervising children must have current pediatric first aid and infant/child CPR certification.

-- Describe any variations based on the age of the children in care

There are no variations by age of the children.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

11. Recognition and reporting of child abuse and neglect

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ.

Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. Inspections are unannounced and conducted annually. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-13-810. SC Code of Laws, Chapter 7: Child Abuse and Permanency, Article 1. General Provisions, Section 63-7-310 refers to persons who are required to report child abuse and neglect in addition to the Child Care Licensing Regulations indicate who should report. They are listed below:

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

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

(B) If a person required to report pursuant to subsection (A) has received information in the person's professional capacity which gives the person reason to believe that a

child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but the reporter believes that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, the reporter must make a report to the appropriate law enforcement agency.

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

(D) Reports of child abuse or neglect may be made orally by telephone or otherwise to the county department of social services or to a law enforcement agency in the county where the child resides or is found. Regulations 114-503 (C) (1) (2) (a) (b) (c) Child Abuse for centers:

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

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

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

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

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

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

C. Child abuse

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

local law enforcement in accordance with South Carolina Code Annotated Section 20-7510.

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

(a) Participate in informational conferences with CPS staff;

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

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

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

C. Child abuse

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

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

(a) Participate in informational conferences with CPS staff;

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

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

Family Child Care Homes

DSS Regulation No. 114-528. H.(6)(d). Any child protective services reports involving the operator, household member(s), substitute caregiver(s), emergency person(s) or volunteer(s).

DSS Regulation No. 114-528. H.(7) The operator shall cooperate with Department staff, law enforcement and other involved agencies during an investigation of child abuse or neglect. Cooperation shall include but not be limited to the following:

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

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

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

Requirements for ABC Quality are included in the Eligibility to Participate criteria (ABC Quality Program Manual- 04.02.18 FOR PILOT YEAR, page 7).

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center Regulations 114-503 (C) (1) (2) (a) (b) (c) Child Abuse for centers; Regulations 114-513 (C) (1) (2) (a)(b)(c) for Group Child Care Homes; Regulations 114-523 (C) (1)

(2) (a) (b) (c) for Churches or Religious Entities; Family Child Care Homes: DSS Regulation No. 114-528. H.(7), DSS Regulation No. 114-528. H.(7)(a), DSS Regulation No. 114-528. H.(7)(b), DSS Regulation No. 114-528. H.(7)(c); Children's Code of Law-Title 63, Section 63-13-830 E(1)(a). ABCQ Program Manual - 04.02.18 FOR PILOT YEAR, page 7 applies to both licensed and license-exempt providers.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are variations as listed above.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

b) Does the Lead Agency include any of the following optional standards?

No, if no, skip to 5.2.3.

Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for all CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. This standard is defined through the Center and Group Child Care Home Child Care Licensing Regulations as set forth in 2018.

Meal requirements

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

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

(b) Meals and snacks provided shall be in compliance with the USDA Child Care Food

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

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

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

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

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

(3) Round, firm foods shall not be offered to children younger than four years old. Examples of such foods include: hot dogs, grapes, hard candy, nuts, peanuts, and popcorn. Hot dogs may be served if cut lengthwise and quartered; grapes may be served if cut in halves.

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

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

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

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

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

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

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

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

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

(10) Written permission/instructions for dietary modifications signed by the child's health care provider or parent or legal guardian are required.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center-based Regulations: 114-508A: Group Child Care Home 114-518A. ABC Quality Program Manual - 04.02.18 FOR PILOT YEAR, Element III: Child Well-Being, page 20 applies to both licensed and license-exempt providers.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variation by category of care.

-- Describe any variations based on the age of the children in care.

There is a variation by age. Only Grade A pasteurized fluid milk and fluid milk products may be given to any child less than 24 months old, except with a written permission from the child's health provider. Whole milk may not be served to children less than 12 months of age, except with a written permission from the child's health provider. Round, firm foods shall not be offered to children younger than four years old.

--Describe if relatives are exempt from this requirement

Relatives are exempt from licensing.

2. Access to physical activity

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for all CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. This standard is defined through the Center and Group Child Care Home Child Care

Licensing Regulations as set forth in 2018.

Program of activities

- (1) There shall be a written, planned, daily program of activities for all children.
- (2) Activities shall be developmentally appropriate.
- (3) Staff shall plan and provide daily age-appropriate activities in accordance with the child's developmental level, such as stories, music, art, cooking, living skills, puzzles, blocks, etc.
- (4) Children shall be provided daily indoor opportunities for freedom of movement.
- (5) Quiet areas with supervision shall be made available to children desiring to be alone or to work on homework.
- (6) Staff persons shall provide the opportunity for the children to ask questions and engage in conversations with others. Staff shall have frequent positive verbal communications with the children.
- (7) Age appropriate radio and television, VCR tapes, DVDs and other media shall be previewed by the director and staff and used only as a supplement and enhancement to the daily program. No child shall be required to view these media programs.
- (8) All children shall be given the opportunity for outdoor play, weather permitting.
- (9) Napping expectations and time periods shall be developmentally appropriate and meet the needs of the individual child.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center-based regulation: 114-506A, Group Child Care Home Regulations: 114-516A. ABC Quality Program Manual - 04.02.18 FOR PILOT YEAR, Element III: Child Well-Being, page 22.

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations.

-- Describe any variations based on the age of the children in care.

No CCL variations by age. ABCQ standards note developmental appropriateness and

meeting the needs of individual children.

--Describe if relatives are exempt from this requirement

Relatives are exempt from licensing regulations.

3. Caring for children with special needs

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

ABCQ uses the CCL regulations as the foundation for health and safety standards for all CCDF providers. Effective immediately, addendums will be added to the ABCQ provider agreement with registered family child care providers requiring compliance with all federal health and safety requirements in order to participate in ABCQ. This standard is defined through the Center and Group Child Care Home Licensing Regulations as set forth in 2018.

Access to and within the center, and physical site accommodations and equipment, shall be provided for children with disabilities to meet their health and safety needs in accordance with applicable state and federal laws. When children with special needs are enrolled, the director and staff members shall receive orientation and/or training in understanding the child's special needs and ways of working in group settings when children with special needs are enrolled.

ABCQ Program Manual addresses policies and procedures for Inclusive Practices Policy, page 16.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Center-based Regulation: 114-500C-General Provisions; 114-503(K)(5)(d)-Professional Development; Group Child Care Home Regulations: 114-510C-General Provisions: 114-513(K)(5)(d).

ABCQ Program Manual-04.04.18 FOR PILOT YEAR, page 16.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations.

-- Describe any variations based on the age of the children in care.

None.

--Describe if relatives are exempt from this requirement

Relatives are exempt from licensing.

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

Describe:

N/A

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

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

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

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children

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

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

15

2. Licensed FCC homes:

15

3. In-home care:

7 for non-related FFN

4. Variations for exempt provider settings:

7 for non-related FFN-only

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

Within 90 days.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

There are no differences in pre-service or orientation training requirements based on the ages of the children served.

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training

must be delivered

All ABCQ enrolled providers are required to participate in the SC 15 hour Health and Safety Pre-services Certificate coursework. This training is provided online and at no cost.

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

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

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: 98.41(a)(1)

Center Regulation: 114-503G(6)(a-c)-Child's Record; 114-505A-Children's Health; 114-505B Sanitation; 114-505F(3-15)-Diapering Procedures; 114-505G-Staff Health; 114507A(6)-Water Supply; 114-507 D(2)-Rest Equipment; 114-508A(4-6)-Meal Requirements; 114-508(D)&(E)-Storage and Cleaning, Storage and handling of utensils and equipment; 114-509(A)(3)(a)-Feeding Eating and Drinking; 114-509(B) Care for mildly ill children; Group Child Care Home Regulations 114-513G(6)(a-c) Child's Record, 114-515A-Children's Health, 114-515B-Sanitation; 114-515F(1-6) Diapering Procedure, 114-515G-Staff's Health, 114-517A(6)-Water Supply, 114517D(2)-Rest Equipment, 114-508A(4-6) Meal Requirements, 114-508(D)&(E) Storage and Cleaning, Storage and handling of utensils and equipment; 114509(A)(3)(a)-Feeding Eating and Drinking; 114-509(B)-Care for mildly ill children.

ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: 98.41(a)(1)(ii) Center based regulations: 114-507A(5)(g)(i,ii,iii)- Environmental hazards; 114-507D-Rest Equipment; 114-509A(1)(a) Infant and toddler care; 114-509A(3)(c)-Feeding, eating and drinking; 114-509A(5)-Sleeping. Group Child Care Home: 114-517A(5)(g)(i,ii,iii) Environmental hazards; 114-517D-Rest Equipment; 114-519A(1)(a) Infant and toddler care; 114-519A(3)(c)-Feeding, eating and drinking; 114-519A(5)-Sleeping ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 3. Administration of medication, consistent with standards for parental consent
Provide the citation for this training requirement, including citations for both
licensed and license-exempt providers

Federal 98.41(a)(1)(iii) SC Code of Laws, 63-13-185-Child care Facility medication administration to children; Center Based Regulations 505 D - Medication or Medical procedures, Group Child Care Home Regulations 515 D-Medication or Medical procedures ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions
Provide the citation for this training requirement, including citations for both
licensed and license-exempt providers

Federal: 98.41(a)(1)(iv) Centerbased regulation, 114-508A(9)(10)-Meal Requirements; Group Child Care Home Regulations 114-518A(6)(7). . ABC Quality Program Manual April 2018 Pilot Year Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care

for children unsupervised?

- Yes
 No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
 No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal 98.41(a)(1)(v) 114-505 HFire Safety and emergency preparedness; 114505I-Transportation; 114-507 - Physical Site; 114509A(4)-Infant Care, Feeding Chairs; 114-509A(6)-Equipment and Materials; 114-509A(5)(c)&(d)-Sleeping; 114-509B(2)(d)-Mildly ill Children, 114-509 C(3)-Night Care; 509C(5)(a)-Bathing. Group Child Care Home regulation: 114-515 HFire Sarty and emergency preparedness; 114515I-Transportation; 114-517 - Physical Site; 114519A(4)-Infant Care, Feeding Chairs; 114-519A(5)(b)&(c)-Sleeping; 114519A(6)-Equipment and Materials; 114-519C(3)-Night Care; 519C(5)(a)-Bathing ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- Yes
 No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: 98.41(a)(1)(vi) Centerbased Child Care Licensing Regulations: 114-503C-Child Abuse; 114-506B-Discipline and Behavior management. Group Child Care Home Regulations 114-513C-Child Abuse; 114-516B-Discipline and Behavior management ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: 98.41(a)(1)(vii) 114-505H Fire safety and Emergnecy Preparedness.
Group Child Care Home Regulations: 114515H Fire Safety and Emergency preparedness management ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: 98.41(a)(1)(viii). Centerbased Regulation: 114-507E - Enviornmental Hazards. Group Child Care Home Regulations: 114-517E-Enviornmental Hazards. ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal 98.41(a)(1)(ix). 114-505I Transportation; Group Child Care Home Regulation: 114-515I ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: 98.41(a)(1)(x). 63-13-110 ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: 98.41(a)(1)(xi) Regulations 114-503 (C) (1) (2) (a) (b) (c) Child Abuse for centers ; Regulations 114-513 (C) (1) (2) (a)(b)(c) for Group Child Care Homes; Regulations 114-523 (C) (1) (2) (a) (b) (c) for Churches or Religious Entities; Family Child Care Homes: DSS Regulation No. 114-528. H.(7), DSS Regulation No. 114-528. H.(7)(a), DSS Regulation No. 114-528. H.(7)(b), DSS Regulation No. 114-528. H.(7)(c) ABC Quality Program Manual April 2018 Pilot Year, Eligibility to Participate, 5.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative Pre-Service training is available to them.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Federal: (98.44(b)(1)(iii)) DSS Regulation No. 114-503K.(5)(b) DSS Regulation No. 114-503K.(5)(c)development.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are exempted from this requirement but the 7hr FFN online alternative

Pre-Service training is available to them.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

N/A

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

N/A

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

N/A

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) **Licensed child care centers:**

Caregiver/teachers 15 hours, Directors 20 hours.

b) **Licensed FCC homes:**

10 hours for licensed family child care homes.

c) **In-home care:**

Registered family child care homes must get 10 hours of training as required by CCL law, Section 63-13-825 - Training for daycare operators and workers.

Effective July 1, 2017

(A) An operator of a family child care home and any person employed by or who contracts with an operator of a family child care home to provide direct child care, annually shall complete and provide documentation to the Department of Social Services of a minimum of ten hours of training approved by the department.

(B) The department shall indicate on its website those family child care homes that are, and those that are not, in compliance with this section and may include, but are not limited to, the amount of training the operator and other persons employed by or under contract with a family child care home have reported to the department.

d) **Variations for exempt provider settings:**

License-Exempt caregivers/teachers 15 hours, Directors 20 hours. All center-based providers in ABCQ, including license-exempt, are awarded points based on professional development exceeding 15 hours for caregiver/teachers and 20 hours for directors/administrators. These points are calculated in their overall score to earn an ABCQ level.

The DECE will require 1 hour of training and 1 hour of technical assistance for ongoing training requirements appropriate for license-exempt FFN providers providing care beyond the initial year of enrollment. The informal FFN care arrangements are intended to be short term (less than one year). Online opportunities are available for all ABCQ providers.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed Center: 114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); Licensed Center and license-exempt center: ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA. CPR and first aid training do not count in the fifteen hours.

Director :The director shall participate in at least 20 clock hours of training annually. At least 5 clock hours shall be related to program administration and at least 5 clock hours shall be in child growth and development, and/or health and safety excluding first aid and CPR training. The remaining hours shall come from the following areas: Curriculum, nutrition, Guidance, Special Needs, Professional Development, or other areas approved by the Department and must include blood-borne pathogens training as required by OSHA.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteers(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA. For license-exempt serving children ages 5 -12 years, ongoing training for this subject matter will not be required.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as

required by OSHA.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA)

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas

approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA)

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition,

Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours

annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA)

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All staff responsible for caring for or supervising children in ABCQ programs are required to have current Pediatric First Aid and Infant/Child CPR certification with re-certification every two years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

All staff responsible for caring for or supervising children in ABCQ programs are required to have current Pediatric First Aid and Infant/Child CPR certification with re-certification every two years.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

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

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

114-503K.(b), 114-503K.(5)(c), 114-503K(5)(d); ABC Quality Program Manual-04.02.18 FOR PILOT YEAR.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Annually, all staff, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, health and safety, nutrition, Special Needs, professional development, program administration or other areas approved by the Department (must include blood-borne pathogens training as required by OSHA).

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

N/A

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

Child care facilities are governed by the SC Child Care Licensing Law (Sections 63-13-10 through 63-13-1240) and the Child Care Licensing Regulations for “Private and Public Childcare regulations, Group Child Care Homes regulations, Religious Entities regulations, Family Child Care Homes regulations and Family Child Care Home Suggested Standards” that govern the health and safety requirements for licensed and registered facilities enacted in June 2005 for regulated facilities in the state of South Carolina. These laws and regulations ensure compliance to health and safety requirements for providers receiving CCDF through licensing inspections. In addition, the ABCQ Program is responsible for increasing the availability, affordability, accessibility and quality of child care for families in the state of South Carolina.

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one

pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

After giving the applicant at least two working days notice, Department staff shall arrange a licensing/approval study during an on-site visit to the proposed facility for determining compliance with applicable regulations. Health and fire officials shall inspect the facility to determine compliance with appropriate regulations and shall put in writing on appropriate forms the results of their inspections. The Department shall review the completed application form, completed licensing/approval inspection report, completed health and fire inspection reports, current child abuse and criminal history background records checks, written policies and other information specified by the Department to make a determination of issuance or non- issuance of a license/approval.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

Statute 63-13-80 (A), In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the department may visit a child care center, group child care home or family child care home anytime during the hours of operation without prior notice once a year for purposes of investigations and inspections. In conducting investigations and inspections, the department may call on political subdivisions and governmental agencies for appropriate assistance within

their authorized fields. The inspection of the health and fire safety of childcare centers and group childcare homes must be completed upon the request of the department by the appropriate agencies (i.e., Department of Health and Environmental Control, the Office of the State Fire Marshal, or local authorities). Inspection reports completed by state agencies and local authorities must be furnished to the department and become a part of its determination of conformity for licensing and approval. After careful consideration of the reports and consultation where necessary, the department shall assume responsibility for the final determination of licensing, approving, renewing, revoking, or making provisional licenses and approvals.

3. Identify the frequency of unannounced inspections:

- Once a year
- More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Unannounced inspections are conducted annually to regulated child care facilities. A designated inspection checklist is used and includes regulatory requirements that are considered most critical to children's safety and well-being that statistically indicate compliance with the all of the regulatory requirements. These visits may also require additional unannounced follow up visits to ensure compliance concerns are resolved.

The child care regulations include Fire Safety regulations that are checked at the annual inspections in a child care center related to the physical site at the center. There are also regulations that discuss Fire Safety and Emergency preparedness. Fire code regulations are also checked as it relates to the Infant Care whether the infant room has the appropriate capacity and if all of the infants are in the designated rooms as indicated by the Fire Marshal. The regulations indicate that private and public child care centers shall comply with the regulations and codes of the State Fire Marshal and they are accounted for in the annual inspection of a child care center.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Statute 63-13-80 (A); Regulations 114-502A (3)(4)(5), Regulations 114-502C (1)(2)(3).

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

Group Child Care Homes After giving the applicant at least two working days' notice, Department staff shall arrange a licensing study during an on-site visit to the proposed group child care home to determine compliance with applicable regulations. Health and fire officials shall inspect the group child care home to determine compliance with appropriate regulations and shall put in writing on appropriate forms the results of their inspections. The Department shall review the completed application form, completed licensing inspection report, completed health and fire inspection reports, current child abuse and criminal history background records checks, written policies and other information specified by the Department to make a determination of issuance or non-issuance of a license. **Licensed Family Child Care Homes** After giving the applicant prior notice, Department staff shall make an on-site visit to the proposed family day care home to determine compliance with appropriate regulations by completing a licensing/approval study. Health and fire officials shall inspect the facility to determine compliance with appropriate regulations and shall put their results in writing on the appropriate forms. Department staff shall review the findings of the complete application. The policy for registered family child care homes states, "After giving the applicant prior notice (at least 2 days), the Department staff shall make an on-site visit to the proposed family child care home to determine compliance with CCDGB federal law dated November 2014 with regard to health and safety."

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

Statute 63-13-80 (A), In exercising the powers of licensing, approving, renewing, revoking, or making provisional licenses and approvals, the department shall investigate and inspect licensees and approved operators and applicants for a license

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

3. Identify the frequency of unannounced inspections:

- Once a year
- More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

Unannounced inspections are conducted annually to regulated child care facilities. A designated inspection checklist that is used and includes regulatory requirements that are considered most critical to children's safety and well-being that statistically indicate compliance with the all of the regulatory requirements. The designated checklist also includes checking to ensure the registered family provider has smoke detectors and fire extinguishers present. If the FCCH is licensed, then a full fire inspection is conducted by the DSS Fire Marshal pursuant to their renewal which is conducted every 2 years. Group Child Care Homes are licensed and therefore, they are inspected by the Fire Marshal at their renewal as well which is based on the regulations.

These visits could also require additional follow up visits to ensure compliance concerns are resolved.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Statute 63-13-80 (A); Regulations 114-512A (3)(4)(5), Regulation 114-512C (1)(2)(3); Regulations 114-528 E(4)(5)(6).

c) Licensed in-home CCDF child care

N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Child care licensing specialists conduct pre-licensure inspections and unannounced

annual inspections.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Annual inspections for defined license-exempt CCDF providers, including after-school providers and summer camps will be performed by ABCQ Assessors. Annual unannounced visits of license-exempt providers to assess compliance with health and safety requirements as described in 98.41 and 658E(c)(2)(K)(i)(IV) and 98.42(b)(2)(ii) and to ABCQ Program Standards, (ABCQ Provider Business Procedures and ABCQ Program Manual - Eligibility Criteria) are conducted.

An announced monitoring visit is conducted by ABCQ for a new enrollment of a license-exempt center-based ABCQ provider. Compliance to 98.41 for training hours is required under the Eligibility Criteria for ABCQ (ABCQ Program Manual - April 2018 Pilot Year, page 7). Child Care Licensing conducts a desk review of the provider to ensure the legal exemption is met. Once enrolled, license-exempt center-based ABCQ providers receive one unannounced monitoring visit per year to check for compliance with 98.41 and ABCQ Program Standards (ABCQ Provider Business Procedures). ABCQ Business Procedures incorporate the fire safety standards described in 98.42(b)(2)(ii) and 658E(c)(2)(K)(i)(IV) and were developed in conjunction with the Office of the Fire Marshal within the Lead Agency. Additional on-site visits may be performed in the event of a complaint or to satisfy a corrective action plan.

Existing ABCQ assessment tools do not include all requirements described in 98.41 and fire standards described in 658E(c)(2)(K)(i)(IV) and 98.42(b)(2)(ii). ABCQ will review all

requirements in the federal citations and then develop and implement a process to comply with the federal requirements for license-exempt CCDF providers.

[Provide the citation\(s\) for this policy or procedure](#)

658E(c)(2)(K)(i)(IV) and 9842 (b) (2)(ii). No statutory requirement at state level. LA designation of ABCQ assessors as designated quality monitors.

[b\) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used](#)

Regulated CCDF family child care providers include licensed family child care providers (includes group child care homes), and registered family child care providers. All three categories receive a general inspection which is an annual unannounced visit. Beginning in 2014, the LA was mandated by the state legislature to conduct inspections of registered family child care homes. The purpose of the visit is to ensure compliance with regulations regarding the health and safety of children, no evidence of child abuse, and enrollment is within the limits specified in the Children's Code of Law-Title 63, Section 63-18-810 (A) and (C). The only license-exempt CCDF family providers are family, friend, neighbor providers as described in 5.3.3c.

[Provide the citation\(s\) for this policy or procedure](#)

Children's Code of Law-Title 63, Sections 63-13-810 (A) and (C), 63-13-830(C), 63-13-840.

[c\) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used](#)

License-exempt in-home CCDF providers are allowed to care only for children from one family. An announced monitoring visit is conducted by an ABCQ assessor within 30 days of enrollment to assess the status of the provider's progress in completing the Health and Safety Pre-Service Certificate for FFN providers and to answer any questions about the enrollment. SC Voucher verifies the completion of the Health and Safety Pre-Service Certificate within the 90 day requirement. Failure to complete the Pre-Service Certificate by the 90 day deadline can result in termination from SC Voucher and ABCQ. Informal FFN care is intended to be short term (less than one year). Annual monitoring will be

conducted by an ABCQ assessor. The benefits of becoming a registered or licensed family child care home are discussed with providers at the time of the monitoring visit. Relative care is exempt from monitoring. The criteria for the continuing health and safety training for this category of providers is under review.

Inspections of family child care homes

(A) When the department visits a family child care home for purposes of an inspection or investigation pursuant to Section 63-13-80(A), it shall conduct the review to ensure the facility complies with the following:

- (1) health and safety of the children;
- (2) no evidence of child abuse; and
- (3) enrollment within the limits set forth in this chapter.

These visits are unannounced and occur annually for Registered Family Child Care providers.

[Provide the citation\(s\) for this policy or procedure](#)

SC Code 63-13-840.

[d\) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home \(98.42\(b\)\(2\)\(iv\)\(B\)\). Does your state use alternate monitoring procedures for monitoring in-home care?](#)

No

Yes. If yes,

decside:

Alternate monitoring requirements for in-home care are used. An in-home checklist has been used. Visit is made within 30 days of enrollment to assess the status provider's progress in completing the Health and Safety pre-service training which has been revised to include 7 hours of training and to answer any questions about the enrollment. The benefits of becoming a registered or licensed family child care home are discussed with providers at the time of the monitoring visit. The criteria for the continuiong health and safety training is under review.

[e\) List the entity\(ies\) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers](#)

ABCQ assessors have been assigned the FFN provider population.

5.3.4 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

The LA hires CCL licensing specialists in the positions of Human Service Specialist II within DECE in the CCL Office of SCDSS. The minimum requirement for this position is a Bachelor's degree in early childhood education, social work or a related field. The qualifications indicate the licensing specialist must have considerable knowledge of fact-gathering methods and interviewing techniques; of regulations, departmental standards and policies governing the operation and licensing of child care facilities, case management and of community resources. They must have the ability to examine and evaluate licensing applications and other forms and to make sound recommendations based upon written material and personal visits. The LA strives to hire specialists from diverse cultural and linguistic backgrounds to enable staff to communicate with providers by treating them with respect and dignity and to avoid cultural or linguistic barriers. Lastly, all licensing specialists are trained during orientation of their employment. They are given a training plan that involves classroom instruction and on-the-job instruction and training. Training lasts for 10 weeks and is conducted by the training director and the regional supervisor where the licensing specialist is assigned. This training plan consists of understanding the law and regulations; reviewing the process for the registration of Family Child Care Homes and conducting the inspection; reviewing the process to open a new facility (any category of care); reviewing the renewal process; learning how to conduct an unannounced visit to all categories of care; learning how to conduct a

complaint visit; investigating illegal operations; and understanding corrective action plans, appeals and testifying in hearings. Additionally, SC has initiated training for all licensing specialists and all licensing supervisors. In previous years, CCL has been certified by NARA. CCL has also conducted training internally based on NARA's curriculum for training staff. In November 2015, CCL held a 2-day professional development training for CCL and ABCQ staff which included program administration, child development, health and safety and professional development and leadership training topics.

The ABC Quality assessors have been designated by the LA as the inspectors for the FFN population. The ABC Quality assessors have extensive experience reviewing a wide range of providers - the FFNs, registered and licensed family homes, licensed group homes, and centers. Over 60% have a master's degree in early childhood or related field. All participate in rater reliability to assure review consistency. They represent ABC Quality as presenters both in-state and out-of-state. The combined experience and background represents child care directorships, teaching, technical assistance, and child care licensing. All have had training on health and safety requirements appropriate to the age of children in care and the type of provider settings.

b) Provide the citation(s) for this policy or procedure

658E(c)(2)(K)(i)(IV) and 98.42(b)(2)(ii). No statutory requirement at state level. Authorized position description for assessor positions classified in the state system.

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

It is the DECE's practice to have appropriate ratio of licensing specialists to facilities in SC. The current number of facilities in SC as of 8/30/2018 is 2,533. The number of licensing specialist positions in SC is 56. The ratio is one licensing specialist to 45 facilities.

b) Provide the policy citation and state/territory ratio of licensing inspectors

No citation.

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

Relative providers are required to do the central registry and sex offender checks. They are exempted from training requirements but are able to attend health and safety and any other trainings they may desire. The self-certification addresses basic health and safety including fire extinguishers and smoke detectors. Upon receipt of the self-certification, SC Voucher reviews the paperwork and if the provider indicates that they do not have a working smoke detector or fire extinguisher, the provider will be eligible for a health and safety grant to reimburse, up to \$5, for the purchase of such items. These relatives include aunt, uncle, first generation only, sibling, grandparent or great grandparent all of whom do not reside in the same household as the child.

No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for

Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff	

	and/or --Conducting checks on current (existing) staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The criminal registry and repository using fingerprints in the current state of residency checks are completed on all licensed, regulated, or registered child care providers. However, the current state law requires that the checks are only done once unless there is a break in service of a year or more. Therefore, legislation was drafted to address allowing these checks to be conducted every five years for the 2017 legislative session but was not introduced. The legislation was listed to be introduced during the 2018

legislative session, however once again was not introduced. The DECE staff will work the LA's executive staff to have the legislation introduced during the 2019 legislative session. During consultation meetings to develop the State Plan this issue was discussed with entities (SCFS, CCR&R, Head Start, etc..) in attendance. In addition, it was also discussed at the roll-out of the new ABCQ standards in which child care providers are being made aware of this requirement.

SECTION 63-13-40. Background checks for employment. (A) No childcare center, group childcare home, family childcare home, or church or religious childcare center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of: (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person; (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency; (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490; (4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met: (a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period; (b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and (c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency. A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a childcare center, group childcare home, family childcare home, or church or religious childcare center. If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated; (5) the offenses enumerated in Section 16-1-10(D); or (6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or

under federal law. This section does not prohibit employment or provision of caregiver services when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, an operator or the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for employment or to provide caregiver services. (B) A person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or is a caregiver at a childcare center, group childcare home, family childcare home, or church or religious childcare center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both. (C) Application forms for employment at childcare centers, group childcare homes, family childcare homes, or church or religious childcare centers must include, at the top of the form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services or is a caregiver at a facility is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both. (D)(1) To be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child. (2) However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background checks, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. A person provisionally employed must be directly supervised by a nonprovisionally employed person at all times when providing direct care to children. (3) Provisional status will be repealed if the requests for the Central Registry check and SLED and FBI fingerprint-based background checks are not

sent by facsimile, mail, or another manner approved by the department by the end of the next business day after the person was employed. (4) If the director of a childcare facility violates the terms of provisional employment, for a first offense, the facility may not employ a person provisionally for twelve months. For a second or subsequent offense, the facility may not employ a person provisionally for twenty-four months. The penalty shall apply to any facility that may employ the director of the facility during the period of suspension. A childcare facility owner with five or more facilities that sustains violations in twenty-five percent or more of facilities owned in the State during a period of two years may not employ a person provisionally in any facility for twenty-four months. The department shall have authority to determine that a violation has occurred and shall notify the owner and the director in writing of the violation and the penalty. The owner or director under penalty may appeal this determination through the process provided in this subarticle for appeal of the revocation or denial of a childcare license. Authority to employ persons in provisional status must remain suspended while the appeal is pending. Upon disposition of the appeal in favor of the appellant, authority to use provisional status must be restored. (5) The results of the fingerprint-based background checks are valid and reviews are not required to be repeated as long as the person remains employed by or continues providing caregiver services in a childcare center, group childcare home, family childcare home, or church or religious childcare center; however, if a person is not employed or does not provide caregiver services for one year or longer, the fingerprint reviews must be repeated. (6) For provisional employment under this section, the department must complete the Central Registry check within two business days of receipt of the request. For other employment under this section, the department must complete the Central Registry check within five business days of receipt of the request. If the department notifies the provider that research into other records is required, these deadlines may be extended for up to ten additional business days. (E) Unless otherwise required by law, this section does not apply to volunteers in a childcare center, group childcare home, family childcare home, or church or religious childcare center. For purposes of this section, "volunteer" means a person who: (1) provides services without compensation relating to the operation of a childcare center, group childcare home, family childcare home, or church or religious childcare center; and (2) is in the presence of an operator, employee, or caregiver when providing direct care to children. "Volunteer" includes, but is not limited to, parents, grandparents, students, and student teachers. (F) Unless otherwise required by law, this section applies to: (1) an employee who provides care to the child or children without the direct personal

supervision of a person licensed, registered, or approved under this chapter; and (2) any other employee at a facility licensed, registered, or approved under this chapter who has direct access to a child outside the immediate presence of a person who has undergone the fingerprint review required under this chapter.

These requirements apply to all regulated child care providers in accordance with 98.43 and 98.61(o) because the statute explicitly applies to child care centers, group child care homes, family child care homes, and faith-based child care centers and prohibits them employing a person or engaging the services of a caregiver who is required to register under the sex offender registry act or who has been convicted of the crimes listed above.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The criminal registry and repository using fingerprints in the current state of residency checks are currently not conducted by the CCDF LA for license-exempt providers. Many of the licensed-exempt providers have their own background check requirements. However, legislation was drafted for the 2017 legislative session but was not introduced. The legislation addressed allowing the CCDF LA to conduct these checks on all license-exempt providers in the ABCQ program. The legislation was listed to be introduced during the 2018 legislative session, however once again wasn't introduced. The DECE staff will work with LA executive staff to have the legislation introduced during the 2019 legislative session. During consultation meetings to develop the State Plan this issue was discussed with entities (SCFS, CCR&R, Head Start, etc..) in attendance. In addition, it was also discussed at the roll-out of the new ABCQ standards in which child care providers are being made aware of this requirement.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Currently all existing child care staff in regulated facilities receive the in-state criminal registry and repository with use of fingerprints background check. However, existing staff in CCDF license-exempt facilities do not receive this background check through our CCL background check system. The following information describes our efforts to obtain authority to conduct these checks.

Legislation was drafted for the 2017 legislative session but was not introduced. The legislation addressed allowing the CCDF LA to conduct these checks on all license-exempt providers in the ABCQ program. The legislation was listed to be introduced during the 2018 legislative session, however once again was not introduced. The DECE staff will work LA executive staff to have the legislation introduced during the 2019 legislative session. During consultation meetings to develop the State Plan this issue was discussed with entities (SCFS, CCR&R, Head Start, etc..) in attendance. In addition, it was also discussed at the roll-out of the new ABCQ standards in which child care providers are being made aware of this requirement. A key challenge to fully implement background checks for this provider type will require a change in the CCL law.

Strategies used and those that continue to be used to address these challenges include attending meetings with the agency responsible for conducting those checks along with agency heads in our agency to provide information and federal law information necessary to meet the requirement. Meetings include information to help navigate the

rapback process and how to strategically introduce the language to our General Assembly. Other strategies include meetings/calls with the TA Quality Center for assistance that included peer-to-peer conversations relating to how another state is attempting to meet the requirements. DECE is convening a workgroup consisting of license-exempt providers to encourage them to become licensed. We are also researching ways to support them in this effort.

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The SC Statute states that no child care center, group child care home, family child care home or church or religious child care center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act or who has been convicted of the crimes listed above. Prior to working in regulated child care, the provider is required to submit a DSS Form 2924 on child care staff preparing to work in the facility. This form is the consent to allow the sex offender check to be completed. The Central Office of Child Care Licensing conducts the check of the sex offender registry through the Adam Walsh's Sex Offender registry and SC Sex Offender Registry housed at South Carolina Law Enforcement Division as required by the federal law (as well as the Child Abuse and Neglect registry at this time) and determines if the child care staff is eligible to work. If the DSS form that is collected which requests a check for the sex offender check indicates the child care staff lived in another state within the previous 5 years, a check of that state's sex offender registry through the Adam Walsh's site is conducted. A sex offender check of that state through its Sex Offender

Registry is also conducted. If eligible, written notification is sent to the director of the child care facility and the Licensing regional office responsible for monitoring the child care facility. This information is placed in the record of the facility and checked at the next visit to the facility by Licensing staff. If ineligible, written notification is sent to the Director of the child care facility notifying him/her of the staff's ineligibility to work. A check of the sex offender check is updated every 2 years at their renewal for Licensed, approved, registered center based facilities and licensed group and family child care homes. They are updated at renewal for registered families every year.

SC Child Care Licensing Law SECTION 63-13-40. Background Checks for Employment.

(A) No childcare center, group childcare home, family childcare home, or church or religious childcare center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of:

- (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;
- (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;
- (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;
- (4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met:
 - (a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period;
 - (b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and
 - (c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency.

A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a childcare center, group childcare home, family childcare home, or church or religious childcare center.

If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of

nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated;

(5) the offenses enumerated in Section 16-1-10(D); or

(6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

These checks are currently completed on all Family, Friend, and Neighbor providers in the ABCQ program. As of October 1, 2018, SC will be conducting a check of the sex offender registry on all license-exempt center in the ABCQ program. As indicated above upon receipt of the request (via LA form 2924) for a sex offender check by the legally-exempt provider or by the ABCQ or SC Voucher program staff. A check of the sex offender registry will be needed prior to approval of the facility to be eligible to participate in the ABCQ program. This will be an ongoing requirement. A check of the sex offender registry will be required to be updated every 3 years at the renewal of Provider Agreements in order to participate in ABCQ.

Citations are in accordance with federal regulations 98.43(a)(1)(i), 98.16(o), and ABCQ requirements.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

For regulated providers these sex offender checks are conducted in the same way for new child care providers but they are updated, typically at renewal of a facility's license. The provider sends in the request to check the sex offender registry and it is completed as indicated above. For license-exempt providers a process is being developed to process all existing licensed exempt caregivers. Beginning October 1, 2018, DECE will implement a process to conduct these reviews on all existing licensed exempt caregivers. FFN providers receive a sex offender review prior to being enrolled.

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

To be employed by or to provide caregiver services at a child care facility licensed, registered or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the Department to determine any abuse

or neglect perpetrated by the person upon a child. SC Child Care Licensing Statute 63-13-40 D(1) The statute expressly applies to all types of regulated child care. Abuse and neglect checks are completed every 2 years for licensed centers, group child care homes, licensed family child care providers and every year for registered family child care homes. When the Central Office staff receives the request for this background check, we will review the databased where the information is held and conduct the check based on the name, date of birth and when possible by social security to ensure appropriate verification and determines if the child care staff is eligible to work. If the DSS form that is collected which requests the abuse and neglect check indicates the child care staff lived in another state within the previous 5 years, a request is made via that state's process for a check of their abuse and neglect registry, also. If eligible via the in-state check, written notification is sent to the director of the child care facility and the Licensing regional office responsible for monitoring the child care facility. This information is placed in the record of the facility and checked at the next visit to the facility by Licensing staff. If the inter-state check returns the child care staff remains eligible to work in child care. If the in-state check is ineligible and/or if the interstate check is ineligible, written notification is sent to the Director of the child care facility notifying him/her of the staff's ineligibility to work. The child care staff must leave immediately. If they wish to appeal, they must do so through the county, agency or state which determined them ineligible. A check of the child abuse and neglect registry is updated every 2 years at their renewal for Licensed, approved, registered center based facilities and licensed group and family child care homes. They are updated at renewal for registered families every year.

[ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services \(e.g., license-exempt CCDF eligible providers\), in accordance with 98.43\(a\)\(1\)\(i\) and 98.16\(o\). Describe and provide citations](#)

If a Family, Friend and Neighbor caregiver is terminated and re-enters, a new check is completed at that time. For Legally exempt, center-based facilities by October 1, 2018, SC will be conducting a check of the child abuse and neglect registry as indicated above upon receipt of the request for a child abuse and neglect check by the legally-Exempt provider or by the Quality or Voucher program staff. A check of the abuse and neglect registry will be needed prior to approval of the facility to be eligible to participate in the Quality program. This will be an ongoing requirement. A check of the abuse and neglect registry will be required to be updated every 3 years at the renewal as Provider

Agreements to participate in ABC Quality are issued for a 3-year term.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

For regulated providers these sex offender checks are conducted in the same way for new child care providers but they are updated, typically at renewal of a facility's license. The provider sends in the request to check the sex offender registry and it is completed as indicated above. For license-exempt providers a process is being developed to process all existing licensed exempt caregivers. Beginning October 1, 2018, DECE will implement a process to conduct these reviews on all existing licensed exempt caregivers. The FFNs providers already having Central Registry checks completed.

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The National FBI criminal fingerprint search requirements apply to all licensed, regulated, and registered child care providers to include registered family homes and licensed group providers.

SECTION 63-13-40. Background checks for employment. (A) No childcare center, group childcare home, family childcare home, or church or religious childcare center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of: (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person; (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency; (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490; (4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met: (a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period; (b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and (c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent

program designated by that agency. A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a childcare center, group childcare home, family childcare home, or church or religious childcare center. If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated; (5) the offenses enumerated in Section 16-1-10(D); or (6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law. This section does not prohibit employment or provision of caregiver services when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, an operator or the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for employment or to provide caregiver services. (B) A person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or is a caregiver at a childcare center, group childcare home, family childcare home, or church or religious childcare center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both. (C) Application forms for employment at childcare centers, group childcare homes, family childcare homes, or church or religious childcare centers must include, at the top of the form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services or is a caregiver at a facility is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both. (D)(1) To be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a

child. (2) However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background checks, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. A person provisionally employed must be directly supervised by a non-provisionally employed person at all times when providing direct care to children. (3) Provisional status will be repealed if the requests for the Central Registry check and SLED and FBI fingerprint-based background checks are not sent by facsimile, mail, or another manner approved by the department by the end of the next business day after the person was employed. (4) If the director of a childcare facility violates the terms of provisional employment, for a first offense, the facility may not employ a person provisionally for twelve months. For a second or subsequent offense, the facility may not employ a person provisionally for twenty-four months. The penalty shall apply to any facility that may employ the director of the facility during the period of suspension. A childcare facility owner with five or more facilities that sustains violations in twenty-five percent or more of facilities owned in the State during a period of two years may not employ a person provisionally in any facility for twenty-four months. The department shall have authority to determine that a violation has occurred and shall notify the owner and the director in writing of the violation and the penalty. The owner or director under penalty may appeal this determination through the process provided in this subarticle for appeal of the revocation or denial of a childcare license. Authority to employ persons in provisional status must remain suspended while the appeal is pending. Upon disposition of the appeal in favor of the appellant, authority to use provisional status must be restored. (5) The results of the fingerprint-based background checks are valid and reviews are not required to be repeated as long as the person remains employed by or continues providing caregiver services in a childcare center, group childcare home, family childcare home, or church or religious childcare center; however, if a person is not employed or does not provide caregiver services for one year or longer, the fingerprint reviews must be repeated. (6) For provisional employment under this section, the department must complete the Central Registry check within two business days of receipt of the request. For other employment under this section, the department must complete the Central Registry check within five business days of

receipt of the request. If the department notifies the provider that research into other records is required, these deadlines may be extended for up to ten additional business days. (E) Unless otherwise required by law, this section does not apply to volunteers in a childcare center, group childcare home, family childcare home, or church or religious childcare center. For purposes of this section, "volunteer" means a person who: (1) provides services without compensation relating to the operation of a childcare center, group childcare home, family childcare home, or church or religious childcare center; and (2) is in the presence of an operator, employee, or caregiver when providing direct care to children. "Volunteer" includes, but is not limited to, parents, grandparents, students, and student teachers. (F) Unless otherwise required by law, this section applies to: (1) an employee who provides care to the child or children without the direct personal supervision of a person licensed, registered, or approved under this chapter; and (2) any other employee at a facility licensed, registered, or approved under this chapter who has direct access to a child outside the immediate presence of a person who has undergone the fingerprint review required under this chapter.

In SC, child care staff must have their criminal background checks prior to working in a child care facility. For a new application for a child care license, once CCL receives the approval from zoning and has a completed application, CCL sends information to the applicant on how to get fingerprinted. The child care provider must generate a "Safe Form" via their application information. The child caregiver must then complete the "Safe Form" and register with the designated third-party entity to have their prints digitally scanned. Once the prints are scanned, the LA sends a letter to the director and employee indicating whether that employee is cleared to work in the facility or if they are excluded. No other information is provided to the director to ensure confidentiality. If the staff chooses to appeal the results, they may do so by notifying the Office of Investigation within the SC Department of Social Services and the SC State Law Enforcement Division. If the employee is physically unable to travel to the third-party site to be scanned for fingerprints due to a disability, they must notify their licensing specialist who will contact the Office of Investigation and will make the appropriate arrangements to assist in getting the staff's fingerprints completed.

SECTION 63-13-820. Registration requirements.

(C) A person applying to become a registered operator of a family childcare home under this section, a person fifteen years of age or older living in the family childcare home, and any person fifteen years of age or older who moves into the family childcare home after

the initial application for registration is approved shall undergo a state fingerprint review to be conducted by the State Law Enforcement Division to determine any state criminal history and a fingerprint review to be conducted by the Federal Bureau of Investigation to determine any other criminal history. The fingerprint reviews required by this subsection are not required upon each renewal.

(D) No applicant may be registered as an operator if the person, an employee, a caregiver, or a person fifteen years of age or older living in the family childcare home has been convicted of:

- (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;
- (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;
- (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;
- (4) the felonies classified in Section 16-1-10(A);
- (5) the offenses enumerated in Section 16-1-10(D); or
- (6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

This section does not operate to prohibit registration or renewal when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the person is unfit or otherwise unsuited to be an operator, caregiver, employee, or to be living in the family daycare home.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The National FBI and Criminal Fingerprint searchchecks are currently not conducted by the CCDF LA for license-exempt providers. Many of the licensed-exempt providers have their own background check requirements. Therefore, legislation was drafted for the 2017 legislative session but wasn't introduced. The legislation addressed allowing the CCDF LA to conduct these checks on all license-exempt providers in the ABCQ program. The legislation was listed to be introduced during the 2018 legislative session, however once again wasn't introduced. The DECE staff will work LA executive staff to have the

legislation introduced during the 2019 legislative session. During consultation meetings to develop the State Plan this issue was discussed with entities (SCFS, CCR&R, Head Start, etc..) in attendance. In addition, with the roll-out of the new ABCQ standards child care providers are being made aware of this requirement.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:
- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
 - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
 - Key challenges to fully implementing this requirements
 - Strategies used to address these challenges

Describe:

Currently all existing child care staff in regulated facilities receive the in-state criminal registry and repository with use of fingerprints background check. However, existing staff in CCDF license-exempt facilities do not receive this background check through our CCL background check system. The following information describes our efforts to obtain authority to conduct these checks.

Legislation was drafted for the 2017 legislative session but wasn't introduced. The

legislation addressed allowing the CCDF LA to conduct these checks on all license-exempt providers in the ABCQ program. The legislation was listed to be introduced during the 2018 legislative session, however once again wasn't introduced. The DECE staff will work LA executive staff to have the legislation introduced during the 2019 legislative session. During consultation meetings to develop the State Plan this issue was discussed with entities (SCFS, CCR&R, Head Start, etc..) in attendance. In addition, with the roll-out of the new ABCQ standards child care providers are being made aware of this requirement. A key challenge to fully implement background checks for this provider type will require a change in the CCL law.

Key challenges to fully implement will require a law change to the current CCL law. Strategies to address these challenges include attending various meetings to address these challenges with the appropriate agency heads responsible for conducting those checks along with the SLED agency heads to ensure coordination of information regarding the federal requirements to assist us in meeting the requirements. Meetings include information to help navigate the rapback process and how to strategically introduce the language to our General Assembly. Other strategies include meetings/calls with the TA Quality Center for assistance that included peer-to-peer conversations relating to how another state is attempting to meet the requirements. DECE is convening a workgroup consisting of license-exempt providers to encourage them to become licensed. We are also researching ways to support them in this effort.

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

SLED has requested and received an ORI number to receive the NCIC sex offender registry information. SLED has been notified by the FBI that its request was approved. SCDSS OIG is authorized by SLED and the FBI to perform the NCIC name-based searches. This information will then be shared with CCL. SCDSS has a law enforcement component that SLED and the FBI will authorize to have direct access to its systems. Challenges to implementing include additional staffing resources will be necessary at the Office of Investigations to complete the review of the population of child care staff. Additionally, an increase in fees to cover the cost of processing this additional check has been added that could be cost prohibitive to the provider.

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

SLED has requested and received an ORI number to receive the NCIC sex offender registry information. SLED has been notified by the FBI that its request was approved. SCDSS OIG is authorized by SLED and the FBI to perform the NCIC name-based searches. This information will then be shared with CCL. SCDSS has a law enforcement component that SLED and the FBI will authorize to have direct access to its systems. Challenges to implementing include additional staffing resources will be necessary at the Office of Investigations to complete the review of the population of child care staff. Additionally, an increase in fees to cover the cost of processing this additional check has been added that could be cost prohibitive to the provider.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each

state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

In SC, State and FBI checks are completed on regulated facilities, including registered

Family Child Care Providers, but only once, unless they have had a break in service of a year or longer. Presently, South Carolina does not complete them at least once every 5 years. Currently, State and FBI checks are not completed on exempt providers. With the passage of the CCDBG Reauthorization, exempt providers will need to be integrated into the State and FBI checks. Additionally, the agency is exploring whether "Rap Back" is an option in South Carolina through our state's law enforcement division which will address the needing to complete criminal background checks every 5 years. "Rap Back" is a mechanism that allows a State's law enforcement agency to immediately inform our Office of Investigation of any new criminal history record information (CHRI) against an employee that arises after the employee's pre-employment background check is completed. Once a State rap back system is in place, the State CJIS agency continuously checks employees' existing fingerprint records against incoming CHRI (e.g., arrest or conviction information) to determine whether there are matches. If there is a match, updated CHRI about the employee is reported to the State agency that originally requested the background check. The grantee State agency is responsible for analyzing the CHRI and notifying the employer(s), as appropriate and in accordance with State rules and regulations. This policy will also apply to legally exempt providers (afterschool, summer camps, etc.). SC is pursuing legislation to bring license-exempt providers into compliance with fingerprint background check requirements and to implement the 5 year checks or utilize rap back.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible

providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

In SC, State and FBI checks are completed on regulated facilities, including registered Family Child Care Providers, but only once, unless they have had a break in service of a year or longer. Presently, South Carolina does not complete them at least once every 5 years. Currently, State and FBI checks are not completed on exempt providers. With the passage of the CCDBG Reauthorization, exempt providers will need to be integrated into the State and FBI checks. Additionally, the agency is exploring whether "Rap Back" is an option in South Carolina through our state's law enforcement division which will address the need to complete criminal background checks every 5 years. "Rap Back" is a mechanism that allows a State's law enforcement agency to immediately inform our Office of Investigation of any new criminal history record information (CHRI) against an employee that arises after the employee's pre-employment background check is completed. Once a State rap back system is in place, the State CJIS agency continuously checks employees' existing fingerprint records against incoming CHRI (e.g., arrest or conviction information) to determine whether there are matches. If there is a match, updated CHRI about the employee is reported to the State agency that originally requested the background check. The grantee State agency is responsible for analyzing the CHRI and notifying the employer(s), as appropriate and in accordance with State rules and regulations. This policy will also apply to legally exempt providers (afterschool, summer camps, etc.). SC is pursuing legislation to bring license-exempt providers into compliance with fingerprint background check requirements and to implement the 5 year checks or utilize rap back.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The statute expressly applies to all types of regulated child care. SC Child Care Licensing Statute 63-13-40 Prior to working in regulated child care, the provider is required to submit a DSS Form 2924 on child care staff preparing to work in the facility. The Central Office of Child Care Licensing conducts the check of the sex offender registry through the Adam Walsh's Sex Offender registry as required by the federal law (as well as the Child Abuse and Neglect registry at this time) and determines if the child care staff is eligible to work. If the DSS form that is collected which requests a check for the sex offenders indicate the child care staff lived in another state within the previous 5 years, a check of that state's sex offender registry through the Adam Walsh's site and that state's Sex Offender Registry is conducted. If eligible, written notification and approval is sent to the Director of the child care facility. The Licensing regional office responsible for monitoring the child care facility is also sent the approval notification. This information is placed in the record of the facility and checked at the next visit to the facility by Licensing staff. If ineligible, written notification is sent to the Director of the child care facility notifying him/her of the staff's ineligibility to work. A check of the sex offender Registry is updated every 2 years at their renewal for Licensed, approved, registered center based facilities and licensed group and family child care homes. The check is updated at renewal for registered families every year.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

These checks are currently completed on all Family, Friend, and Neighbor providers in the ABCQ program. By October 1, 2018, SC will be conducting a check of the sex offender registry as indicated above upon receipt of the request (via LA form 2924) for a sex offender check by the legally-Exempt provider or by the ABCQ or SC Voucher

program staff. A check of the sex offender registry will be needed prior to approval of the facility to be eligible to participate in the Quality program. This will be an ongoing requirement. If the DSS form that is collected which requests a check for the sex offenders indicate the child care staff lived in another state within the previous 5 years, a check of that state's sex offender registry through the Adam Walsh's site is conducted and the Sex Offender Registry of that state. If eligible, written notification giving approval is sent to the Director of the child care facility. Also, the CCL regional office responsible for monitoring the child care facility is also provided a copy of the approval for the case file. If ineligible, the director and the quality program will receive a written notification and that employee will not be able to work in child care. A check of the sex offender registry will be required to be updated every 3 years at the renewal of Provider Agreements to participate in ABCQ.

Citations are in accordance with federal regulations 98.43(a)(1)(i), 98.16(o), and ABCQ requirements.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The sex offender checks are conducted in the same way as listed above but they are updated, typically at renewal of a facility's license. The provider sends in the request

to check the sex offender registry and it is completed as indicated above. All existing licensed, regulated, approved or registered providers according to the SC Statute and Regulations receive inter-state sex offender registry checks through the Adam Walsh site and that state's Sex Offender Registry as mandated. If the provider indicates they have lived out of SC within the past 5 years, a check is conducted with that State or residence. Additionally, by October 1, 2018, all license-exempt facilities receiving funding through CCDF will be receiving inter-state sex offender registry check through Adam Walsh site as mandated.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

Yes. If yes,

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The Child Care and Development Block Grant Act requires a State based search of the child abuse and neglect (CAN), Central Registry, where the child care staff currently resides and each State where the staff resided within 5 years. Licensing process for all licensed, approved and registered child care is as followed: 1. When the Child Care Licensing Central Office receives the DSS Form 2924, Consent to Release Central Registry, on a caregiver from a Licensed, approved or registered child care facility with an out of State address from a State that does not require signatures or fee payment of the check, the Central Office staff will send the request to that State via letterhead or form/method designated by that state. 2. When the Child Care Licensing Central Office receives the DSS Form 2924, Consent to Release Central Registry, on a caregiver from a Licensed, approved or registered child care facility with an out of State address, the facility's director/designee will be notified that a check of the child abuse and neglect (CAN) for that State is required with applicant's signature or payment. By October 1, 2018, this same process will be used for the license-exempt facilities that receive CCDF funding to care for children. If eligible, the director of the child care facility and the Regional office that monitors that child care facility receives written notification that the child is approved to work in child care. That notification is filed in the case record and/or documented in the Licensing database. If ineligible, the director and the regional office receive written notification that the child care staff was excluded and therefore not eligible to work in child care. This is checked via the next routine visit to the facility.

Citation 98.43 (b)(3)(iii) A search of the child abuse and neglect registry will be conducted in the state the child care staff member resides and each state where the member has resided during the preceding 5 years.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

These checks are currently completed on all Family, Friend, and Neighbor providers in the ABCQ program. By October 1, 2018, SC will be conducting a check of the child abuse and neglect registry as indicated above upon receipt of the request for a child abuse and neglect registry check by the legally-Exempt provider or by the Quality or Voucher program staff. A check of the abuse or neglect registry will be needed prior to

approval of the facility to be eligible to participate in the ABC Quality program. This will be an ongoing requirement. If the DSS form that is collected which requests a check for the child abuse and neglect check indicates the child care staff lived in another state within the previous 5 years, a request is made from that state's abuse and neglect registry. If eligible, written notification is sent to the director of the child care facility and the Licensing regional office responsible for monitoring the child care facility. If ineligible, the director and the quality program will receive a written notification and that employee will not be able to work in child care. A check of the child abuse and neglect registry will be required to be updated every 3 years at the renewal of Provider Agreements in order to participate in ABCQ.

Citations are in accordance with federal regulations 98.43(a)(1)(i), 98.16(o), and ABCQ requirements.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

A check of the abuse and neglect registry is conducted for all current (existing) child

care staff as described for new staff at the time of renewal for that child care facility. The process to check the abuse and neglect registry is the same for all licensed regulated facilities and legally-exempt facilities.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

1. To be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this subarticle, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child. 2. However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background checks, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. A person provisionally employed must be directly supervised by a non-provisionally employed

person at all times when providing direct care to children (63-13-40 D1&2).

Other.

Describe:

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

The Department of Social Services, Division of Inspector General is responsible for processing fingerprint information from state and FBI check results. Their practice is to complete the process within 5-10 days of receiving the results of the fingerprint check, unless additional research is needed which could take an additional 10 days needed to process. If the child care staff person is ineligible, a letter is sent to the child care staff member describing the information regarding the disqualifying crime.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related

offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

Describe other disqualifying crimes and provide citation:

SC 63-13-40 Background checks for employment. (A) No childcare center, group childcare home, family childcare home, or church or religious childcare center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of: (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person; (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency; (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490; (4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met: (a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period; (b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and (c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency. A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive

a motor vehicle or provide transportation while in the official course of his duties as an employee of a childcare center, group childcare home, family childcare home, or church or religious childcare center. If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated; (5) the offenses enumerated in Section 16-1-10(D); or (6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law. This section does not prohibit employment or provision of caregiver services when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this subsection has been pardoned. However, notwithstanding the entry of a pardon, an operator or the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for employment or to provide caregiver services. (B) A person who has been convicted of a crime enumerated in subsection (A) who applies for employment with, is employed by, or is a caregiver at a childcare center, group childcare home, family childcare home, or church or religious childcare center is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

For a new application for a child care license, information is sent to the applicant

regarding how to get fingerprinted after CCL receives clearance from zoning and has the licensing application. Staff must generate a "Safe Form" via their application identification. The employee must then complete the "Safe Form" and register with the designated third-party entity to have their prints digitally scanned. Once the prints are scanned, a letter is sent to the Director and employee indicating whether that employee is cleared to work in the facility or if they are excluded. No other information is provided to the Director to ensure confidentiality. If the staff needs to appeal the results, they may do so by notifying the Office of Investigation within the SC Department of Social Services and the State Law Enforcement Division.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The SC State Law Enforcement Division is responsible for setting the cost of fingerprint background checks, and a budget provision sets the fee for Abuse and Neglect fees. DECE does not set these fees. The costs are considered reasonable. These costs are passed on to the provider or employee. The link to fingerprinting page is <http://www.scchildcare.org/providers/become-licensed/licensing-requirements/safe-live-scan-digital-fingerprinting.aspx>

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from all background check requirements.
- Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. Fingerprint checks are not completed on Family, Friend, and Neighbors who are relatives.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

The Foundation of Excellence: South Carolina's Core Competencies for Early Childhood Teachers/Caregivers and Program Administrators outlines the knowledge, skills, and dispositions needed by early childhood professionals working with children from birth to school age in any early care and education setting. The Core Competencies document was introduced to South Carolina in 2010. There are five content areas: Child Development, Curriculum, Health, Safety, and Nutrition, Guidance, and Professional Development. Each content area has three levels of expertise based on training, education and experience. This core competencies document provides another important step in the development of a strong early childhood professional development system in South Carolina. The document may be downloaded from the Center for Child Care Career Development website: www.sc-cccd.net. Click on the Links section of the home page for the Core Competencies document. This document will be evaluated for revisions during this plan period.

-- Career pathways. Describe:

The career pathway is just one element in the plan for a comprehensive professional development system for early care and education professionals in SC, including a training registry, core competencies, training opportunities, and other professional

development resources. The career pathway will assist professionals in charting their progress in education, training, and work experience. While the pathway is an important element in supporting the early care and education workforce in SC, it will be most effective when used in conjunction with the core competencies and professional development opportunities. The Center for Child Care Career Development is currently in process to develop a workforce registry that will lead to changes and development of a career ladder.

-- Advisory structure. Describe:

The Center for Child Care Career Development sponsors an annual SC Early Childhood Leadership Institute. Leading early childhood personnel from across South Carolina are invited to attend and contribute to discussions that center around the professional development of our early childhood workforce. Early Childhood Coordinators from all sixteen technical colleges work collaboratively with staff at the Center to improve early childhood coursework, professional pathways and offer academic coursework that lead to state Credentials at all levels. The framework of South Carolina's early childhood education for child care professionals is a result of this Institute. A broad-based advisory structure will be developed to inform professional development efforts.

-- Articulation. Describe:

As a means to encourage college classes and college degrees to child care staff who work with children, The Center for Child Care Career Development (CCCCD) worked with technical colleges across the state to provide support in maintaining articulation agreements between technical and four year colleges. Approximately 88% of the State's technical colleges achieved the national accreditation for their early childhood departments, through these combined efforts. SC currently has 13 articulation agreements with the following colleges and Universities: University of South Carolina, South Carolina State University, Columbia College, Benedict College, Winthrop University, Newberry College, Lander University, Frances Marion University, Coastal Carolina University, University of South Carolina Aiken, Southern Wesleyan University, University of South Carolina - Beaufort, and University of South Carolina Upstate.

-- Workforce information. Describe:

The Center for Child Care Career Development (CCCCD) houses a training registry for child care providers in South Carolina. Child Care professionals working in regulated

programs are required to meet South Carolina Department of Social Services (DSS) licensing obligations, which require documented contact hours. To ensure compliance, the Child Care Training System administers a registry that documents all DSS child care training hours; registers or certifies all child care trainers and training in the state; maintains an online calendar of certified trainings; and offers an online portal that allows providers, teachers and regulatory officials to view and print training transcripts. A comprehensive workforce study is being completed in partnership with the Yvonne & Schuyler Moore Child Development Research Center at the University of South Carolina. This study along with the training registry components will provide an overview of the workforce and inform the development of a workforce registry.

-- Financing. Describe:

The CCCCD is fully funded with CCDF funds.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

SC's Health and Safety Pre-service Training Course offers continuing education units (CEUs) that child care providers are able to use to meet CCL training hours requirements. The training is made available through a CCDF contract. SC's 15-Hour Health and Safety Pre-service Certificate training offers continuing education units (CEUs) that child care providers are able to use to meet CCL training hours. All online training provided free of charge by the LA offers CEU credit. A variety of college courses have been approved for professional development credit in the CCCCD system.

Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

As an example, a cross sector and stakeholder implementation group was brought together to develop the ELS. Professional Development for Trainers and Technical Assistance Providers, the Early Childhood Leadership Institute, TEACH advisory board, and the State Technical College Peer Group serve as a platform to inform, build, and

guide decisions affecting the workforce. All of the CCDF-funded training, technical assistance, and professional development must now be aligned with the ELS and the new ABCQ standards.

Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The precursor to the CCCCCD was initially created in 1992 to provide the infrastructure for the state's training registry for child care directors and caregivers. The registries for trainers and technical assistance providers, the TEACH scholarship program, the early childhood credentialing, and related professional initiatives have been built on that initial foundation. It was developed under the leadership of Health and Human Services Finance Commission (the original designated Child Care Administrator lead agency). The CCCCCD training registry enhanced the child care licensing regulations by providing a systematic infrastructure to manage required annual training for child caregivers and directors. In addition to the work of CCCCCD, leading early childhood professionals from across South Carolina are invited to attend the annual Early Childhood Institute convened by CCCCCD. Discussions center around professional development of the early childhood workforce. Discussions and information sharing provided during the institute are used to inform DECE's decisions about the professional development framework. The SC State Advisory Council is staffed by SCFS office. SCFS is under new leadership and plans are being made for the Advisory Council to become more active.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The state's Early Care and Education Professional Development System is managed by the CCCCD which is a department within the DECE. The center is fully funded by the Lead Agency. The professional development system includes the Teacher Education and Compensation Helps (T.E.A.C.H) scholarship program and the SC Early Care & Education Credentialing system. The T.E.A.C.H. scholarship program provides funding for individuals working in state regulated child care programs to take academic courses in early care and education offered at the sixteen technical and community colleges in the state. All of South Carolina's technical/community colleges, as well as designated four year institutions, work in partnership with T.E.A.C.H. to improve early childhood education, increase pay and reduce turnover rates among child care providers, and improve the quality of child care overall.

The South Carolina Early Care and Education Credentialing system provides a foundation in early childhood coursework and recognition of completed professional development. Coursework required to earn credentials is offered through 16 technical and community colleges. Individuals who work in a regulated child care program and complete leveled credentials through the technical colleges, are eligible to apply for financial incentives through the Smart Money Bonus program.

By providing resources, recognition and guidance to individuals and programs that serve young children in South Carolina, CCCCD's professional development programs play a key role in raising the standards of all early childhood programs; encouraging steady gains in education, compensation, commitment and career advancement for child care professionals; and unlocking the greatest potential of all our state's children and their families.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

All content-based certified training for LA credit hours must be cross walked to the ELS. Training for certified trainers has been provided. The initial target for distribution of the SC ELS has included Head Start classrooms, 4K classrooms, and ABC Quality classrooms statewide. An implementation work group will strategize continuing distribution and need. All CCDF providers are required to complete the SC 15-Hour Health and Safety Pre-Certificate....This course is free to South Carolina citizens and provides CEU credit. Upon completion of the SC 15-Hour Health and Safety Preservice Certificate and the evaluation survey, the student's account is loaded with an additional 12 course hours available for a period of 1 ½ years. Additionally, the LA has funded a Blood Borne Pathogens course that can be retaken annually by child care providers at no cost and other relevant course modules related to Inclusion, ABC Quality Standards, and the SC ELS that can be taken for CCL and CEU credit. The LA is sponsoring initiatives to support professional development for social-emotional/behavioral and early childhood mental health intervention models which could be used for CCL training hour requirements.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Training and professional development requirements are accessible to providers statewide including the Catwaba Indian Nation.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

a) with limited English proficiency

To facilitate participation with providers of limited English-proficiency the SC 15 hour Health and Safety Pre-service Certificate is available in Spanish. The ELS will have a Spanish version completed during the plan period. In addition, the LA has access to translation/interpretation services in primary and secondary languages. CCR&R has a designated staff person to work with providers with limited English-proficiency and attends CCL orientation meetings to offer specialized support for new providers.

b) who have disabilities

To facilitate participation with providers who have disabilities, the SC 15 hour Health and Safety Pre-Service Certificate and the ELS are accessible to persons with disabilities and compliant with the ADA requirements. Supports are made available during the orientation meetings for individuals needing assistance due to disabilities (hearing, vision, etc..).

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups

(such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

The CCL requirements specify annual professional development within the following topic areas: Curriculum, Growth & Development, Health & Safety, Professional Development, Program Administration, Nutrition, Special Needs, and Child Guidance. These established topic areas were developed to encompass a variety of content areas to enhance the knowledge of providers working with all children. In addition, trainers develop specific training sessions that incorporate best practices in early care and education. If serving a child with a developmental delay or disability, licensing requirements indicate that providers must have training in making accommodations and modifications to meet the specific needs of the children in their care. Optional services include access to CCR&R services that provide training and resources to child care providers working with dual language learners. SCIC provides resources and training for providers regarding developmental delays, disabilities, and behavioral challenges. Additionally, ABCQ defines best practices regarding developmental screening, making referrals, and serving dual language learners. Finally, The SC Early Care and Education Credentialing System documents completion of specific early childhood academic coursework within specific age groups including infant/toddler, preschool, and school-age.

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

One of the strategies used by CCR&R through its homeless support liaison is providing training on the impact of Adverse Childhood Experiences (ACES) including homelessness, early childhood brain development, health and well-being, the original ACE study and South Carolina ACE data, as well as strategies to empower communities to prevent ACEs. The

homeless support liaison supplements the ACES training with information about how to support children experiencing homelessness, child care homeless voucher referral process, identifying homeless service providers and developing networks in participants' respective regions. The training is provided on demand to families, homeless service providers, child care staff, school personnel, CCR&R quality coaches, and any other organizations providing services to "at risk" families in the state of South Carolina.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

The CCR&RN, through its homeless support liaison, collaborates with the DECE director and the SC Voucher staff who oversee the distribution of the homelessness vouchers to discuss eligibility enrollment and subsidy use. The CCR&R also coordinates its outreach efforts with the DECE staff to support families experiencing homelessness with other initiatives in the state, including the lead coordinator of McKinney-Vento Act at the SDE and the four SC homeless coalitions. The DECE and CCR&R staff provide members of the coalition current data about vouchers for families experiencing homelessness, including detailed information based on the total vouchers utilized, and how many were referred by CCR&R.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

All CCDF child care providers are required to be enrolled in ABCQ. Staff conducts annual

reviews to monitor compliance.

Other

Describe:

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

Director Credentials from CCCCD include ECD 109 (Administration and Supervision), ECD 201 (Principles of Ethics and Leadership) and MGT 121 (Small Business Management or MGT 120/MGT 101). Family Child Care Credential 3 includes MGT 121 (Small Business Management) or MGT 120/MGT 101. Credentials are offered through the technical college system of 16 colleges accessible to all providers statewide and eligible for TEACH scholarship funding. Quality coaches from the CCR&R Network attend provider orientation meetings for potentially new family-based and/or center-based child care programs to provide an overview of CCR&R services. The discussion includes a review of training, technical assistance, and effective business practices in child care programs. Quality coaches follow-up with each potential provider to further discuss CCR&R services and how they can assist them with implementing effective business practices and possibly schedule an onsite visit. In partnership with DECE, a copy of the handbook "Guide to Success in Family Child Care" or "Guide to Success in Child Care Center" is made available to potential child care program. The handbook includes information on the following business practices: budgeting for your child care business, protecting your child care business, homeowner or business liability Insurance, and community resources. CCR&R services are provided statewide. In addition, the CCCCD staff certifies all technical assistance providers (TAP) in the state to provide coaching, mentoring, and reflective collaboration with child care programs and staff. TAPs meet educational/professional requirements and adhere to specific professional competencies when working with programs. During this plan period, the TAP framework will be

reviewed and developed to better align with professional development goals including incorporating the ELS, reflective practices, quality improvement, and better business practices. The development of a new workforce registry will allow for tracking and measurable data on quality improvements achieved by programs utilizing technical assistance in various areas including business development and management.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and

territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The DECE partnered with the SDE-Office of Early Learning and Literacy and Head Start to revise the SC ELS. The newly revised standards were officially released in January 2018. The standards were adopted, with permission, from the NC Foundations document and include specific edits for South Carolina based on research and feedback from a diverse stakeholder group. The standards are based on current research regarding the development of young children and developmentally and culturally appropriate practices as defined by the National Association for the Education of Young Children (NAEYC). The selection and further development of the standards was guided by ten principles that define research-based appropriate practices. In addition, special consideration is given to addressing the needs of all children by ensuring that the ELS provide indicators for a continuum of development across ages and abilities which include specific and intentional teaching strategies on supporting children's home language(s) and culture. The SDE conducted a cross-walk of the ELS to the pre-existing K-12 standards. Information about the alignment of the two sets of standards is included in the document. The document is available on www.scchildcare.org in print-ready format and ADA compliant format.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

South Carolina's ELS address 6 domains of learning which include 23 subdomains. The expectations for development and learning are defined with 56 goals. Each goal has an age-based continuum of examples that one might observe a child doing while working on the particular goal. The design was adapted from North Carolina as the original authors of the document and was maintained in the SC version. This design allows standards to be defined in flexible ways that explain development as a continuum and support a teacher in planning curriculum for all ages of children in varying stages of development. Specific age groupings are identified from birth to kindergarten entry to ensure that a continuum of development is represented.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other

Describe:

Also included in the ELS domains a component of Communication and Health Development.

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The DECE facilitates a workgroup which meets regularly to strategize plans for disseminating and supporting the implementation of the ELS. This is a cross agency workgroup with culturally and linguistically diverse representatives from the following areas: public school (early childhood division, Part B 619 -Child Find), state funded 4-K, Head Start and Early Head Start, community based child care settings, higher education (2 and 4 year), CCR&R, SC First Steps, IDEA Part C Entity (Babynet), SCIC, ABLE-SC and Early Childhood professional organizations. The ELS were adopted by the State Board of Education for use in public 4K programs and represent a continuum from birth to link to the 5K-grade 12 Standards to create a seamless system of learning standards for the state. The SC State Advisory Council is under new leadership and plans are being made for them to become more active.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The initial publication date of Good Start, Grow Smart: ELS for 3 - 5 year olds was 2009. The SC Infant Toddler Guidelines were adopted from Ohio and published in SC in 2011. Revisions on both sets of standards began in 2013 with a focus on developing one comprehensive set of standards. The revised standards were released in January 2018. Beginning in January 2019, the next revision cycle will begin to be led by a stakeholder

group which includes individuals from varied settings. The revision process will include a component for receiving and utilizing provider feedback, as well as, a review of current research to insure that the document stays up to date.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

N/A

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

<http://scchildcare.org/media/55097/SCELS-second-edit.pdf>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The ELS are a common set of expectations about what children should know and be able to do across a continuum of ages and development, while validating individual differences. They are to be used to validate the development of the whole child, promote shared responsibility for a child's early education, emphasize the importance of play as an instructional strategy that promotes learning in early childhood and support appropriate teaching practices. The SC ELS are never to serve as an assessment checklist or evaluation tool used to make "high-stakes" decisions about children's program placement or kindergarten entry.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services

- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

All quality activities are informed by our commitment to reflective assessment and ongoing continuous quality improvement from within the Lead Agency and are aligned to the state's goals to improve the quality of child care services for all children and to increase parental options for and access to high quality childcare for children birth through age 12.

The Lead Agency works with contracted researchers to assess the effectiveness of SC's

QRIS, ABC Quality (ABCQ). ABCQ serves as our primary driver to improve access to a diverse array of quality early care and education settings throughout our state. Ongoing assessment of the implementation of ABCQ and how providers are meeting, exceeding or not meeting quality indicators helps to inform the types and dosage of quality activities such as ongoing professional development, technical assistance and coaching. Assessments will also inform the need for quality stipends to specifically support structural quality within our programs. Through careful evaluation of the provider type distribution of A, B, and C level providers in S.C. we will be able to validate our cut off scores per level to show that we are effectively discriminating between quality levels and by looking carefully at structural quality and process quality scores by indicator we will also be able to determine the rigor of our QRIS and make needed adjustments. The LA is also committed to gathering qualitative assessment data from family- and center-based child care providers, advocates, policymakers, community-based ECE leaders, and other key stakeholders. Data collected during the statewide pilot phase from the field will help to inform additional revisions needed to make ABCQ rigorous, accessible and achievable.

ABCQ staff have recently developed and piloted a Process Quality Observation Tool (The Intentional Teaching Tool) to use with all child care centers enrolled in ABCQ. Ongoing quality activities for the plan period include the development of a QRIS Process Quality Assessment tool for Family Child Care Providers and School Age Care Providers. Once these new tools are developed, they will be piloted and through our ongoing assessment and evaluation activities we will set cut off scores and make adjustments to indicators based on provider and quality coach feedback.

The LA contracts will continue to work with key partner agencies, including CCR&R, SCPITC, and the SCIC, to prioritize targeted quality activities that based on assessment data will support increased provider quality across the state. Each contractor's activities and performance are reviewed annually and adjusted as needs change. The DECE also reviews the state's need for updates based on federal requirements during state plan submission years.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The participation rate in ABCQ has dropped to 39.4% for regulated centers statewide. (Data are unavailable to calculate the percentage for exempt providers since there is no state authority to determine the total number of exempt programs statewide.) The LA has identified the need to revise the assessment process for providers in the QRIS to reflect current best practices, to simplify the system through the use of one assessment tool per provider type (i.e. one centerbased assessment tool, one family/group assessment tool), and to move to a continuous quality improvement approach to help providers focus on their strengths and identify areas for improvement. A statewide pilot period for phase 1 was implemented April 2018 to test the structural quality component, the infant-toddler observation component, and the eligibility component of the center-based standards. Revisions are underway for the preschool and afterschool observation components. The goal is to increase participation in ABCQ and to provide a clearer path to increased quality within the system. During this plan period, the Lead Agency will explore opportunities to provide incentives, bonuses, and other initiatives for providers to spark interest in enrolling in the QRIS and increase consumer education for parents about the importance of choosing high quality child care. The LA is engaged in a workforce study which will identify needs of the workforce. The DECE is revising the current training registry to become a workforce registry to provide more complete data on the workforce. The LA is mining data from the QRIS system to identify accessibility needs as well as other needs to improve quality.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- Supporting the training and professional development of the child care workforce If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Funds from Head Start Collaboration Office. For future printings, cost sharing will be sought with state agencies and other entities using the ELS.

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

W.K. Kellogg Foundation funds for Infant Toddler Early Mental Health Impact Project.

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

Early childhood professional preparation and ongoing professional development for the early childhood education workforce is essential to providing high-quality early care and education services to children and families. The CCCCD provides professional development and certification to trainers and TAPs. Annually, trainers and TAPs are provided with training opportunities within best practices in adult learning as well as core content areas necessary to inform the field. Additionally, trainers submit training outlines within content areas that are reviewed and evaluated to ensure research-based strategies and developmentally appropriate strategies are taught. Through quality funds, the LA partners with CCR&R, SCIC, SCPITC, and SC Beginnings to support the early childhood workforce through professional development experiences for those working with young children (infants, toddlers, preschoolers, and school-age children in centers, homes and schools). In addition, the SC 15-Hour Health & Safety Pre-Service Certificate that is required for ABC Quality

providers and provided by ProSolutions addresses nutrition and physical activity/development within the Certificate. This SC 15-Hour Health and Safety Pre-Service Certificate is also available for all licensed child care programs at no charge to the provider. Training on nutrition and physical activity is available at professional conferences, through 3 health educators with ABCQ, and through joint initiatives with CACFP staff for providers to earn points on their program assessment. Child care providers may earn a Breast Feeding Friendly Child Care designation through an extensive self-assessment and external review administered by SC PITC with CCDF funds. Breastmilk and breastfeeding tie nutrition to the other developmental domains listed: social, emotional, physical and cognitive.

- [Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. \(See also section 2.5.\)](#)

[Describe:](#)

The LA and W.K. Kellogg Foundation are funding a pilot initiative Be Well Care Well through the I-ECMH Impact Project to provide support for caregivers as a strategy to reduce caregiver stress and other factors that could impede their ability to fully support the social-emotional health of the children in their care. Reduction in teacher stress and depression increases their ability to manage challenging behaviors and reduces the likelihood of expulsion. SCPITC services promote an approach to care that is rooted in a foundation of relational health between the child and his/her primary caregiver. A reflective, strengths-based approach is used to coach infant/toddler teachers and program administrators toward a change in practices that leads to the sensitive, responsive interactions that are essential for healthy social-emotional development. Significant attention is given to providing teachers with an understanding of child development to create realistic expectations for behavior and offering strategies to guide challenging behaviors. During this plan period, the state will invest in a collaboration between MUSC and USC to develop child-specific social-emotional and mental health supports for children birth -5 years through the development and implementation of an I-ECMH Consultation Network. The network will be comprised of mental health clinicians with specialized training in early childhood development. Their services will be available to child care providers,

families and child welfare workers seeking assistance in understanding and supporting children with social, emotional and behavioral challenges. The new ABCQ indicators address behavior management that is designed to reduce challenging behaviors. Technical assistance and training will continue to be available from the SCIC, CCR&R, and SCPITC in these areas all funded by CCDF. The SCIC provides targeted training and coaching to child care programs to implement practices included in the Pyramid Model. The Pyramid Model is an evidence based multitiered system of support to promote social and emotional competence and to prevent challenging behaviors in young children.

- [Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development](#)

Describe:

The new ABCQ standards for centers include a structural quality element for Family Communication, Engagement and Cultural Competency which expands the number of indicators that address family engagement and individualized culturally appropriate practices (Element IV: Family Communication, Engagement and Cultural Competency, pp 25-26 in ABCQ Program Manual) <http://www.scchildcare.org/media/57202/ABC - /Quality - Program - Manual - PILOT - YEAR 41819.pdf> . Providers are able to complete a family engagement self-assessment. The new SC ELS encourage providers to engage with families in culturally and linguistically appropriate ways as well. This is just one focus area of the SCPITC service plan, but will be an area of growth for new training in the state through the SCPITC Network and SC CCR&R as well as other certified trainers. These opportunities have been presented to child care providers in professional development conferences. The DECE, in utilizing its outreach staff and marketing partnerships, also plans to offer ongoing training opportunities to child care providers that highlight the links between parent engagement, family involvement, provider participation in the voluntary QRIS, and program success. ABCQ offers child care providers opportunities to market their program to parents and consumers. These opportunities have been presented to child care providers in professional development conferences.

- [Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning](#)

environments that are aligned with state/territory early learning and developmental standards.

Describe:

All of the training, technical assistance, and professional development must now be aligned with the Early Learning Standards which require all training, TA and PD be developmentally appropriate, culturally and linguistically responsive and evidence-based. The CCCCD, housed within the DECE, ensures that the training is appropriately tailored to address these items. CCCCD has trained the certified TAPs and trainers on the ELS so they can implement the program in the field. Copies of the ELS are being distributed to all ABCQ providers (one per classroom and one for the director), all 4K classrooms, and all HeadStart classrooms. SCPITC embeds the concept of cultural and linguistic responsiveness into training and technical assistance services with teachers and administrators. Relating to the child in terms that respect him/her and his/her family is central to the SCPITC message.

- Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

- Using data to guide program evaluation to ensure continuous improvement

Describe:

Revision of the ABCQ Standards incorporates continuous quality improvement plans for individual providers. The assessment tool will be structured to allow tracking of performance on individual or clusters of indicators to demonstrate progress and set program goals for staff professional development.

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

- Caring for and supporting the development of children with disabilities and developmental delays

Describe:

Specific indicators in the ABCQ Program Manual address coursework or formalized

training in early child care topics that include inclusion of children with disabilities and developmental delays. The SCIC provides training, coaching and consultation to child care programs to include children with disabilities or developmental delays into their programs. Inclusion Specialists provide onsite support directly with child care teachers and directors to increase their use of evidence-based practices that lead to access and meaningful participation for all children. Specifically, the SCIC focuses on the following broad topics related to inclusion: modifications and adaptations; teaming and collaboration; assessment and developmental screening; supporting social and emotional development; and preventing challenging behaviors. The SCIC developed and launched an online training module to provide an overview of the Americans with Disabilities Act, specifically the provisions related to child care. In addition, information on the benefits of inclusion, how to communicate with families, and how to develop an inclusive practices policy for their program is included. The course provides multiple resources should providers need assistance including a child with a disability in their program. This course is offered at no cost to providers.

Supporting the positive development of school-age children

Describe:

: During the plan period, the revised observation standards as well as appropriate structural quality indicators for school-age programs will be reviewed and developed.

Other

Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

- Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

Other

Describe:

The DECE provides scholarships for a small cohort of key leaders to attain an M.Ed in early childhood education to build a cadre of leaders statewide with a common foundation of knowledge of early care and education and appropriate pedagogy across a variety of state agencies, key contractors, and others who impact the field of early care and education. Over 60 individuals have completed this degree opportunity through 3 cohorts and the current cohort is underway to graduate in 2020.

7.3.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The DECE will invest in an infrastructure to build a workforce registry to give the state the capacity to capture a timely, comprehensive, and accurate data on the size of the workforce, their progression in the career ladder in ECE, their trainings that will be readily accessible to them to develop a personal professional development plan that incorporates mandatory required by the state and, more importantly, improves their repertoire of skills and knowledge to serve high quality care to the children in South Carolina. The workforce registry in SC is at its infancy and will evolve to incorporate data needs for accountability but as an important tool to inform ABCQ standards in child care programs. Current initiatives in training and professional development in the state that directly or indirectly impact quality of the ECE workforce training include: T.E.A.C.H scholarships are awarded to individuals working in licensed child care programs to obtain foundational early child care coursework.

Scholarships will lead to certificates, Associates, and Bachelors degree in early childhood education. The number of T.E.A.C.H scholarship awards to eligible candidates is a partial measurable indicator of ECE workforce development and quality improvement of child care programs. The SC Child Care Training registry in the state is centralized at CCCCD that maintains a robust state-wide database of all the trainings attended by ECE workforce.

Mandatory ECE training is an important component of state licensing requirements and is tracked via the training registry. The number of trainings provided in the state, their reach in terms of counties where they have been provided, and the frequency, location, and number of participants are markers of ECE training in the state. Providers in QRIS programs are

encouraged to develop written professional development plans for ECE staff as part of their ongoing quality improvement plan. They are also encouraged to have a higher number of training hours than the stipulated mandatory minimum in the licensing regulations that is captured in the QRIS database as evidence of ECE staff professional development.

7.4 Quality Rating and Improvement System (QRIS)

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

ABCQ, SC's voluntary QRIS, is administered statewide by the LA within the DECE. Also in the DECE are the SC Voucher, CCCCD, CCL, CACFP, Outreach, and the HeadStart Collaboration Office. This consolidation of services under the direction of the LA provides close coordination among the program areas to reduce duplication and enhance resources . Contractors who partner with ABCQ include: SCPITC,

CCR&R, SCIC, and other targeted contractors for specific initiatives. The website can be accessed through www.scchild.care.org and www.abcquality.org . Licensed and license-exempt centers and licensed and registered family homes/groups can choose to participate in the state's QRIS. Only providers that participate in the QRIS can receive child care subsidy funding for qualified clients. ABCQ has had a tiered-reimbursement system for providers operating at higher levels of quality to receive a higher reimbursement rate since 1992.

The LA maintains statewide data on provider enrollment in the QRIS, number of voucher children served, number of regulated providers statewide, percentage of QRIS providers to whole number of regulated providers. The assessment system is undergoing major changes with the new assessment tool and restructuring of the system. A goal for the new assessment tool will be to identify provider movement both within their designated level and movement to another level. In South Carolina, participation in QRIS is voluntary. Child care providers' application to qualify for participation in QRIS is an indicator of the motivation of child care providers to initiate a journey of quality in their programs. QRIS supports all providers' needs to help them meet the structural and process elements of quality as listed in the revised ABCQ Program Manual. Once the child care providers are participating in QRIS, movement within the levels of QRIS is an indicator of ongoing progress towards quality improvement. Parental selection of high quality child care is an indicator of access to high quality care and a driver of a supply of higher quality child care. It is also a measure of the effectiveness of the consumer education campaign to educate parents on indicators of quality care. Although it is not possible to assess every parental selection of child care in the state, the child care subsidy system provides adequate data to measure this indicator for families who receive child care subsidies. For these families, given the gamut of child care choices and the stipulation that a provider must participate in the state QRIS to be eligible to serve children with child care subsidies, the utilization of high quality child care, when available, will be evaluated. High quality care is defined as providers who are in Level A and Level B in the revised QRIS rating system.

- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.4.2 QRIS participation

a) Are providers required to participate in the QRIS?

Participation is voluntary

Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

All regulated providers may apply to participate in the QRIS with the exception of churches which must be licensed rather than registered. Programs must meet eligibility criteria before participating in the quality review to determine the quality level. Legally exempt programs may apply to participate. A minimum rating of C is required for enrollment. Maximum payment rates are set and reviewed following each Market Rate Survey for each of the 5 quality levels with higher maximum rates for higher ratings. Providers may participate at any level that they earn with the exception of exempt providers who may not participate at Level A or A+ without a license. FFNs do not participate in the QRIS since these are informal arrangements and are unrated. They are allowed to participate as an option to receive subsidies. They are required to meet a Health and Safety Pre-Service alternative requirement and are monitored by ABCQ assessors.

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
 - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start

programs and the quality improvement system).

- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- Programs that meet all or part of state/territory school-age quality standards.
- Other.

Describe:

Reciprocity options for standards of state preK, Head Start, and national accreditation will be reviewed at the close of the pilot period for the new ABCQ Center Standards. ABCQ will evaluate the pilot data to determine the possibility of reciprocity agreements.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - Embeds licensing into the QRIS
 - State/territory license is a "rated" license
 - Other.

Describe:

Legally exempt providers must meet additional eligibility requirements for enrollment to compensate for lack of licensure.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS

No

Yes. If yes, check all that apply

One time grants, awards, or bonuses.

Ongoing or periodic quality stipends

Higher subsidy payments

Training or technical assistance related to QRIS.

Coaching/mentoring.

Scholarships, bonuses, or increased compensation for degrees/certificates

Materials and supplies

Priority access for other grants or programs

Tax credits (providers or parents)

Payment of fees (e.g., licensing, accreditation)

Other

Describe:

The SC 15-Hour Health and Safety Pre-service Certificate coursework is provided free of charge. An additional 12 hours of free health and safety course modules are loaded to the account upon completion of the Certificate. First aid and CPR training is provided free of charge for all ABC staff caring for or supervising the care of children. Conference scholarships and one-time opportunities are provided for ABCQ providers as funding allows.

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The DECE will be able to track performance of center providers by score and rating level with the new structure using one assessment tool for all center providers. During the plan period, the family/group home standards will be reviewed and revised. The DECE works closely with the USC CDRC for reporting and special studies using Lead Agency data.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

Child care referral is a key component of services offered by the CCR&RN. Requests for assistance to locate infant/toddler care remain the highest of all age groups. During the most recent reporting period, 42% of referrals were for infant and toddler care. Parents receive a referral packet that includes a child care referral list, information on key indicators of quality child care, and checklists regarding the various types of care that can be used to guide decisions about selecting a child care program. In addition, CCR&R quality coaches attend professional development training opportunities provided by the SCPITC to expand their knowledge and skills of strategies and responsive interactions that foster high-quality care for infants and toddlers. This coordination has strengthened and enhanced the quality coaches' ability to provide effective guidance for the care of infants and toddlers.

[Establishing or expanding the operation of community- or neighborhood-based family child care networks.](#)

[Describe:](#)

The CCR&RN continues to be engaged in an effort to develop and/or enhance Family Child Care Networks across the state. While quality coaches focus their efforts on strengthening the overall functioning of family child care providers, they also place emphasis on program administration, compliance with regulatory requirements, achievement and maintenance of higher quality standards of care, and resource provision within the local community. The CCR&R quality coaches host regional Family Child Care Resource Fairs that focus on the interests and needs of family child care providers and offer a 1.5-hour certified training session geared towards increasing the quality of child care. Exhibitors represent a diverse group of organizations that support early care and education. The training includes a "Gallery Walk" activity to ensure that participants visit each exhibit. The CCR&RN continues to lead the statewide Family Child Care Coalition, which was formed when the National Family Child Care Peer Learning Group Forum, "Supporting Continuous Quality Improvement in Family Child Care," came to an end. The group focuses on practices and activities that will improve and sustain high quality care in homebased early childhood environments with a collaborative strategic plan. The CCR&RN has a specialized quality coach with expertise in family child care. The DECE continues to provide support for a community-based quality enhancement initiative for family child care providers. Under a contractual agreement with Florence and Marion First Steps County Partnership, the DECE has supported the provision of technical assistance and training that focuses on providers' needs and interests that strengthen their ability to achieve and maintain compliance with regulatory requirements as well as moving to higher quality levels in the state's QRIS. In addition, the DECE plans to continue working with this contractor regarding the pilot initiative to determine the feasibility of establishing a quality level A for FCC providers. This initiative is located in a region of the state that has traditionally maintained a significant number of family child care providers. The contractor has been able to successfully establish and maintain a family child care network. This contractor also continues to work in partnership with the CCR&RN on the Family Child Care Coalition.

[Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers](#)

Describe:

SC has invested significantly to build the infrastructure for and improve the quality of infant/toddler care through professional development. Beginning in 2000, the Lead Agency created a partnership between the USC College of Education and WestEd PITC to provide targeted professional development for early childhood college faculty, assessors, trainers, technical assistance providers and child care providers through two graduate level courses to build a statewide infrastructure for quality infant-toddler care. This partnership built a PITC-certified cadre that became one of the largest PITC-certified cadres in the nation. For the past 4 years, the USC College of Education has sustained that coursework independently of WestEd PITC to maintain offerings needed for new staff in the state. Limited scholarships to WestEd PITC courses will continue to be available for key SCPITC staff and agency staff. SCPITC, a statewide infant/toddler specialist network has been developed. To allow for further interdisciplinary networking and collaboration, this initiative was transferred from the USC College of Education to the Medical University of South Carolina's (MUSC) Department of Pediatrics where it continues to be housed. The mission of SCPITC is to support and promote high quality, responsive, relationship-based care of infants and toddlers as the secure foundation for their development and well-being. Through a reflective model of coaching, teachers are guided to use caregiving strategies that foster healthy social and emotional development. Considerable emphasis is placed on guiding teachers to understand the impact of their relationships with the young children in their care. Opportunities for reflection and discussion about the teachers' own early childhood experiences are offered. These opportunities allow them to examine their child care beliefs and habits in light of the information they have learned during their SCPITC trainings regarding infant/toddler development. In addition to statewide expansion, SCPITC hosts an annual advanced training institute for all SCPITC graduates to assure that skills and knowledge remain current. South Carolina graduates receive a scholarship to attend this annual institute. This year's Institute included Dr. Walter Gillium from Yale University and Dr. Junlei Li from the Fred Rogers Institute. Between 80-100 SCPITC-trained professionals attend this Advanced Training Institute each year. SCPITC is also increasing its focus on teacher-wellbeing as a critical element of promoting infant mental health. Understanding that personal stress hinders a teacher's ability to deliver high quality care, SCPITC is implementing an Infant Early Childhood Mental Health (I-ECMH) Impact pilot project which includes a teacher wellness component called Be Well Care Well, jointly funded by the Lead Agency with CCDF funds and the W.K. Kellogg Foundation. The SCPITC

concepts have been embedded into the revised ABCQ standards. SCPITC staff were actively engaged with the development of these revised standards and have supported the Lead Agency in providing statewide training to introduce the new standards to child care providers enrolled in ABCQ. SCPITC has established a demonstration site where Infant/Toddler care teachers and program administrators from across the state are encouraged to visit and learn what high quality infant/toddler care looks like in practice. SCPITC has also piloted a teacher mentor program in which exceptional infant/toddler care teachers are selected to attend an advanced training to learn about coaching and mentoring strategies and techniques. Candidates who successfully complete the course are encouraged to serve as a quality mentor to the peers at their own center, asked to present with SCPITC Infant/Toddler Specialists at state early childhood conferences, and eventually to mentor infant/toddler care teachers at child care programs in their community. To support the infant/toddler workforce, CCCCD has created a series of three infant/toddler credentials to meet the needs of teachers serving very young children within the technical college system of 16 colleges which provide access to all citizens of the state. ABCQ provides scholarships to the state's three major early care and education professional associations. Priority has been given to programs that serve infants and toddlers in preparation for the newly introduced ABCQ standards. ABCQ staff develop and provide training at these conferences with concentration on standards that apply to infants and toddlers. ABCQ has revised infant and toddler observation standards in the QRIS. ABCQ staff have offered various training opportunities statewide. In addition, CCR&RN and SCPITC provide infant and toddler training and professional development opportunities to providers statewide.

[Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists](#)

[Describe:](#)

SCPITC specialists provide training followed with intensive coaching and mentoring to early childhood providers that care for infants and toddlers. A relationship-centered, strengths-based coaching approach is used to guide infant/toddler teachers and program administrators toward practices and policies that facilitate relationship-based care. Targeted TA is also offered to infant/toddler programs seeking support for a specific need or concern.

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

ABCQ provides infant and toddler observation standards to include clarifications and examples of inclusive practices. ABCQ partners with the SCIC to provide resources to child care providers statewide, including technical assistance, online training, and consultation on specific provider needs. SCIC also provides consultation regarding teaming and collaboration by encouraging child care providers to invite early interventionists and related services providers into the classroom to provide services in the natural environment.

- Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

ABCQ has revised infant and toddler observation standards to reflect intentional teaching practices. This new tool is used to conduct observational assessments on ABCQ child care providers. Observation standards include: Responsive and Sensitive Care, Language and Communication, Guidance, Program Structure, Early Learning, and Environment.

- Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

CCL recently revised the center licensing regulations that address infant and toddler components. These new regulations are now adopted and in effect.

- Developing infant and toddler components within the early learning and developmental guidelines

Describe:

An inter-agency group led by the LA and the SDE collaboratively rewrote early learning standards to reflect a continuum of learning starting with infants and toddlers to kindergarten entry. The ELS address 6 domains: Approaches to Play and Learning, Emotional and Social Development, Health and Physical Development, Language Development and Communication, Mathematical Thinking and Expression, and Cognitive

Development. These standards incorporated strategies for each domain to support teachers who work directly with infants and toddlers.

- Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

ABCQ has a comprehensive parent website to support parents. Parents have access to library resources, blogs and videos that educate parents on infant and toddler care. Topic areas for infant and toddler include language, social-emotional, literacy, numeracy, and cognitive development. The SCPITC.org website also provides this type of information.

- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

As an extension to the ABC Grow Healthy initiative, SCPITC developed and implemented a Breast-Feeding Friendly Child Care designation that is now available to child care providers statewide. The designation criteria were modeled after nationally established criteria. The number of programs achieving the designation are tracked statewide. SCPITC has also advocated for breastfeeding opportunities to be made available at conferences and key meetings throughout the state and measures that adoption annually

- Coordinating with child care health consultants.

Describe:

The ABC Grow Healthy initiative has been instrumental in connecting with health consultants at SC Department of Health and Environmental Control. ABC Quality leadership serves on the Board of Eat Smart Move More SC, a non-profit organization that promotes healthy eating and physical activity in communities throughout SC. ABCQ leadership was invited to be a part of SCDHEC's statewide obesity plan (SCaledown) and to lead the early childhood workgroup for the 5 year plan. ABCQ has 3 health educators available to programs in ABCQ to provide technical assistance in menu

planning and physical activity. The Breast-Feeding Friendly Child Care designation has been developed in conjunction with the Baby-Friendly designation for hospitals that promotes breast-feeding for new moms.

Coordinating with mental health consultants.

Describe:

South Carolina's Infant Early Childhood Mental Health (I-ECMH) Impact project is establishing foundational designations for cross-sector professionals to provide services adopting the Michigan model. As part of infra-structure building, the DECE will also support the development of a higher education coalition that will work on infusing Infant Early Childhood Mental Health (I-ECMH) concepts into multiple degree programs across South Carolina's higher education institutions. The coalition will be facilitated by long-term agency partners at the Medical University of South Carolina and the University of South Carolina. The coalition will work together to identify concepts that will be embedded into the coursework of degree programs represented by those in the coalition, creating a common foundation of I-ECMH concepts presented to all students seeking degrees in fields that may lead to work with young children/families. In the initial phase, measurement indicators will be based on progress toward demonstrated success in embedding the I-ECMH concepts in degree programs.

Other

Describe:

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

SCPITC uses various evaluations to measure different aspects of the program at key points (ongoing, mid-point, and end of service plan) during the service plan. Evaluation includes biweekly observations, benchmark surveys (teacher, director, parent). Monthly director meetings and RAP sessions promote participant reflection. The Infant/Toddler Specialists participate in reflective supervision (reflections from the field) at monthly meetings, bimonthly

reflective workshops following staff meetings. Identifying shortages, gaps, low access of high quality care and underserved geographical areas or populations is the first step to addressing issues of supply of high quality care. The Child Care Data Team (CCDT) at the University of South Carolina – Child Development Research Center has developed methodologies, with funding from the Office of Program, Research and Evaluation (OPRE) to identify areas that are underserved in the state. This work will help inform the supply and demand for child care in the state as well as equity in voucher utilization to target strategies and resources to priority areas and populations in SC. SC Voucher, the state subsidy program, provides differential rates of payments for urban and rural counties based on the results of periodic Market Rate Survey (MRS) which has resulted in a higher payment rates for urban areas. DECE, with the help of the CCDT will analyze child care accessibility in the state and explore options to offer alternative payment rates in areas of low access to high quality child care, especially for infants and toddlers, to improve supply and quality of child care in these areas. Voucher utilization in rural counties will be used to evaluate the effectiveness of this strategy to improve supply of child care in counties with historically low access. SC requires child care providers to participate in the state's QRIS program in order to receive subsidy. The revised ABCQ standards have streamlined the quality rating and improvement process and are anticipated to increase participation in QRIS which, in turn, will increase access to high quality child care for all children, including low-income families utilizing child care subsidies. DECE cross-agency partnerships with First Steps, Head Start, State Department of Education, DHHS, DHEC, DMH, and private non-profit organizations such as SC Thrive are already under way to facilitate coordination among agencies to identify gaps in supply of child care and to optimize child care utilization throughout the state, especially in areas identified as having low access to child care to increase access to early care and education beyond child care. Other strategies such as contracts to high quality child care providers to increase availability of child care slots for infants and toddlers or other age categories will be explored with pilot projects. Data of voucher utilization will be collected on these pilots to test their effectiveness in geographical areas of shortage or in priority populations, as defined by DECE, who are at-risk.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The CCR&RN operates a toll-free number for parents to call when they need help with child care referrals. Often families who have received assistance, will call for a list of ABCQ providers in an area. The referral specialist educates them on quality indicators, such as teacher-child interactions or group size, to help them make their final selection. The CCR&RN also help families connect to DECE to apply for child care subsidies when they need financial assistance. All instances of child care referral and education on quality indicators are recorded. The CCDT, supports DECE with data, reports, and research using administrative data within the division regarding supply of child care and the demand for and access to high quality child care. The CCR&R quality coaches provides technical assistance in all 46 counties in the state with regional technical assistance providers located in the community and has ties to community networks. They partner with local and statewide agencies to host community events to promote the CCR&RN services to support child care programs to improve their quality through training and technical assistance. These events are also used to advocate for educating parents and community leaders on indicators of quality in child care and to share resources to help them choose the highest quality child care for their children. These events take place in local libraries, churches, community halls, parks, convention centers, and conference locations either directly organized by DECE or partnering agencies such as SC First Steps, United Way, etc. The number of events and an estimation of participants at each event provide indicators of the impact of hosting and attending community events

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

CCDF quality funds are used to carry out all child care licensing activities in SC (inspection, monitoring, and training of providers to comply with state regulatory health and safety requirements). In August 2015, a 27-hour on-line health and safety course was launched by the DECE. All caregivers employed with ABCQ providers that were enrolled to provide child care services to children with CCDF subsidies had one year to complete the 27-hour course that was offered through multiple modules on-line. Individual caregivers had to pass a test online after completing each module to receive a certificate through CCCCD's training registry. When a caregiver completed the entire health and safety course, a final certificate would be provided to the caregiver for their completion of the course. CCL and ABC Quality staff who inspect and monitor the child care providers have had online access to all caregivers' training transcripts maintained by CCCCD. The health and safety course modules counted toward the required CCL training hours over a 2-year period. The LA requested and received a waiver to the State Plan to allow the revision/restructuring of the Health and Safety Pre-Service Certificate to total 15 hours. Courses were redesigned to incorporate the required topic areas within the initial required 15 hours. A delay in implementation was due to system issues with the contractor. The revised Health and Safety Pre-Service Certificate effective August 1, 2018 contains 15 hours to be completed within 90 days of hire coupled with CPR and First Aid training (8 hours) for a new total of 23 hours of training. CPR and First Aid training do not count toward the annual training requirement for licensing but the 15 hours will count toward the annual child care licensing requirement of 15 hours. The new licensing regulations provide more flexibility in meeting this annual requirement and ABCQ training standards for nutrition and physical activity are met under the revised requirement. The revised system for pre-service certification requires completion of the required 15 hours before accessing the remaining 12 hours in the system. The 12

hours of training loaded into the student's account following completion of the Certificate are available for 1 ½ years from the date of completion of the SC 15-Hour Health and Safety Preservice Certificate. Those 12 hours of coursework can then be used toward the CCDF health and safety continuing education requirement during the second calendar year. A newly hired employee can complete the required pre-service certificate, meet all of the annual required licensing training hours and meet the ABC annual training requirement for nutrition and physical activity all together. Additionally, ABCQ has included the requirement for the SC 15-Hour Health and Safety Pre-Service Certificate as an eligibility requirement for all newly-enrolling child care providers with ABCQ. These modifications should result in improved health and safety practices with fewer provider deficiencies. As before, attainment of the ECD 101 course offered through the 16 SC technical colleges is accepted as an alternative to the SC 15-Hour Health and Safety Pre-Certificate. CCDF quality funds are also used to expand the professional development of child caregivers through coursework and technical assistance offered by a variety of contractors and venues (CCR&RN, SCPITC, early care and education professional development conferences, etc.). Also, all activities performed by CCCCD (maintaining the statewide child care training registry for child caregivers in SC, managing the TEACH scholarship program for child caregivers, managing the statewide certification process for child care training and technical assistance providers, expanding coursework, specialized training, technical assistance and related support for child care providers voluntarily progressing toward higher quality standards in a tiered reimbursement system) are funded with CCDF Quality Expansion funds.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

Only the 15 Hour certificate is available at no charge to this type of provider. CPR and First Aid are available at no charge to CCDF providers only.

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The ABCQ assessment tool has been revised to capture compliance with the SC 15-Hour Health and Safety Pre-Service Certificate or completion of ECD 101, both of which satisfy this health and safety requirement. With the changes to the requirement and the continuing need only for those newly hired or new provider enrollments, the LA anticipates a higher compliance rate. Measureable indicators include the compliance rate for employees in ABCQ programs and, once the workforce registry has the capability to connect individuals in the registry to employers, the compliance rate for all employees in non-ABCQ programs can be measured as well. SC Licensing Regulations stipulate one annual unannounced review visit per child care program to ensure compliance with state standards. Additionally, the state can make a visit to a child care program when the Lead Agency has received a complaint. These review/complaint visits are the primary source of data on compliance to state standards. The CCL specialists inspect all elements related to licensing compliance, including but not limited to necessary documentation, teacherchild ratios, and health and safety standards. CCL specialists also document the visit and issue citations of non-compliance when deficiencies are found. Deficiencies and review visits are measurable indicators of compliance to the state standards. Compliance with state health and safety

The ABC Quality assessment tool has been revised to capture compliance with the SC 15-Hour Health and Safety Pre-Service Certificate or completion of ECD 101, both of which satisfy this health and safety requirement. With the changes to the requirement and the continuing need only for those newly hired or new provider enrollments, the LA anticipates a higher compliance rate. Measureable indicators include the compliance rate for employees in ABC Quality programs and, once the workforce registry has the capability to connect individuals in the registry to employers, the compliance rate for all employees in non-ABC Quality programs can be measured as well. SC Licensing Regulations stipulate one annual unannounced review visit per child care program to ensure compliance with state standards. Additionally, the state can

make a visit to a child care program when the Lead Agency has received a complaint. These review/complaint visits are the primary source of data on compliance to state standards. The CCL specialists inspect all elements related to licensing compliance, including but not limited to necessary documentation, teacher-child ratios, and health and safety standards. CCL specialists also document the visit and issue citations of non-compliance when deficiencies are found. Deficiencies and review visits are measurable indicators of compliance to the state standards. Compliance with state health and safety requirements, mandatory training requirements, teacher-child ratios, etc. are basic indicators of quality. Additionally, similar announced visits are conducted at child care facilities during the application and renewal processes.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

South Carolina measures the quality and effectiveness of child care programs and services being offered with the ABCQ tools. ABCQ is a broad five-tier quality structure. It includes standards based on research and practice focused on health and safety, staff education and qualifications, supportive staff-child interactions, and meaningful learning activities. The five levels are A+, A, B+, B, and C. The structure and content of the assessment system is undergoing major modifications to update the content to current best practices, to provide a continuum of quality through the use of one assessment tool for all levels, and to redesign the tool to encourage continuous quality improvement through the use of a points-based system. With more than 1,000 programs participating in ABCQ, this revision will be implemented in phases beginning with center-based programs. A statewide pilot of the process quality standards for birth to three (observation standards) and the structural quality standards (desk review) for centers began April 2018. The new standards have been built

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

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

Several initiatives in the state are in the infancy stage during the period of 2019-21. The CCCCD is building a state workforce registry, which is a multi-year undertaking and is the first of its kind for the state. ABCQ is piloting a revised quality rating tool that has introduced several new concepts to its rating system, including a document review of structural quality elements, a single rating tool for all levels, and an increased role for the CCR&R in the ABCQ process. After data have been collected for 12-18 months, the data will be used to determine cut-scores to identify thresholds of quality. The ABCQ program will also be engaged in revising its observational tool for process quality for preschool and school-age categories. The statewide ELS, which was also a multi-year project, has just been rolled out and offers training and implementation strategies. An evaluation of initiatives that have not been fully implemented may be premature. The CCL system is undergoing an inter-rater reliability process to ensure consistency in monitoring across the state as well as the use of best practices to efficiently and effectively monitor child care programs for health and safety. Based on the recommendations of this project, the licensing system will implement changes in their system to streamline its operations, improve agency/provider communications, improve data collection, etc. This health and safety system, which is the foundation of quality in child care programs will be evaluated using experimental design to analyze state administrative data to measure the effectiveness of inter-rater reliability practices.

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

- No, but the state/territory is in the accreditation development phase

- Focused on child care centers

Describe:

Focused on family child care homes

Describe:

No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

N/A – no use of CCDF funds for this.

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

The LA has re-visioned the ABCQ standards from multiple assessment tools to a unified single set of standards that encompasses quality standards for infants and toddlers, preschoolers, and school-age children. Phase 1 of implementation includes Eligibility criteria, Structural Quality, and Process Quality for infants and toddlers. The statewide pilot was implemented April 2018 and will include assessments of all currently enrolled ABC centers during this plan period. Phase 2 which includes the development of the Process Quality standards for preschool and school-age children is underway concurrently and will follow the format of the infant and toddler standards. Once all centers have been assessed in Phase 1, the cut-off scores for the Structural Quality and the infant and toddler Process Quality sections will be determined for the 5 quality levels. The pilot period has been designated as a “hold harmless” period to allow both the assessors and the programs assessed to adjust to the new system. If a program earns a higher rating level, that will be awarded. If however, the program earns a lower quality rating, the program will be allowed to keep its current level

for the next year while they seek to improve their rating level. All assessors have participated in rater reliability for the new tool and that rater reliability process has been determined. All technical assistance partners have been trained on the new tool. A webinar was conducted to launch the pilot and remains available on the website for viewing. Three online modules with one providing an overview of the new standards, one addressing Structural Quality, and one addressing Process Quality are being finalized to be available to providers. ABCQ is conducting a series of 3 hour “roadshows” to introduce the new standards in 11 locations around the state in August and September 2018. Short follow-up surveys will be conducted for provider feedback. The LA held an event on August 2, 2018 to introduce the new standards to the Division of Early Care and Education staff and partners to assure that all staff can respond to inquiries about the new standards.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The new strengths-based assessment tool has been designed as a points based tool that can be used for Continuous Quality Improvement (CQI). With all enrolled programs assessed by the same tool, the USC-CDRC will conduct data analysis to show provider baseline data on quality level, areas of strengths and weakness as well as mapping capability to conduct a variety of analyses across multiple variables. Annual data then can be used to evaluate the progress of programs in improving their quality. A linked data system will enable SC to consider other services and variables provided to programs. SC also has a child care data cube that can provide data for analysis.

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Through a partnership the Lead Agency and the SC Department of Education (SDE) served as co-leaders of a cross-agency state-level workgroup of early childhood leaders to revise the SC Early Learning Standards (ELS). The revised ELS are the culmination of an ongoing commitment and work to develop and implement a single document that describes children's development and learning from birth to age five. Subsequent to multiple reviews and opportunities for comment from an array of individuals working in public and private school settings, Head Start, directors of child care programs, higher education faculty, literacy/instructional coaches, parents/grandparents of young children, and national consultants, the standards were finalized in early 2018. Distribution of the initial printing (11,250) of the standards funded by the DECE and the HSCO began in April 2018. A cross-agency implementation group will guide the continuing the implementation of the ELS. Simultaneous to revising the ELS, the Lead Agency conducted a comprehensive revision of the ABC Quality (state's QRIS) standards. The revised ABC Quality Framework standards build on each other, and quality levels are determined by a point system. The new standards are currently being piloted statewide in ABC Quality-enrolled child care centers. The new standards incorporate observable and measurable elements of the ELS in their assessment of structural and process elements of quality. Below is a list of examples of how progress on the implementation of the ELS and improvement in child care quality will be measured.

- a) Documentation of distribution and website access to ELS will serve as preliminary measures of provider exposure to the new ELS.
- b) CCCCDC will develop a rubric for certified trainers requiring a cross-walk of training content to the ELS domains and subdomains when submitting all training outlines. This will enable training to be linked to the ELS and tracked as a part of statewide implementation.
- c) Trainings conducted by the CCR&R and other certified trainers on the ELS will be tracked

as a mode of dissemination and use in their practice.

d) Explore implementation of the ELS into the core early childhood courses at 2-and 4-year colleges.

e) CCCCD is implementing an ECE Workforce Registry throughout the plan period that will include data elements related to ELS to create have the capacity to measure the extent the workforce has received ELS training on specific content domains.

f) Additional training opportunities will be developed to ensure trainers and technical assistance providers can deliver trainings on the ELS.

g) Online training and other supports will be developed for the ECE workforce.

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:

N/A

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Train on policy manual

Describe:

All new DECE staff are trained on the policy manual upon hiring. A tutorial has been developed for income calculations based on the results of the last Improper Payments reviews.

Train on policy change notices

Describe:

All staff receive on-going onsite and on line training on policy changes and additions.

Ongoing monitoring and assessment of policy implementation

Describe:

Monthly leadership team meetings are held with staff to communicate policy changes and to ensure clarifications and updates are provided timely.

Other

Describe:

A PowerPoint tutorial regarding eligibility and program integrity was developed for all eligibility staff, and is required at least once a year, and more often as needed.

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Verifying and processing billing records to ensure timely payments to providers

Describe:

The Service Voucher Log (SVL) is the payment document by which providers are paid for services provided to voucher children. The SVL is computer generated for a provider when there are payments to be made. Once the provider receives the SVL, records hours attended, absences, and any other pertinent information regarding the proposed payments to be made, the SVL is returned either via online or mail to the Finance Division. The finance staff review all SVLs and then submit them for payment. The providers receive their payments within 5-7 days of submission.

Fiscal oversight of grants and contracts

Describe:

All contracts/grants are vendor agreements with a defined scope of work and include service activities and program deliverables that are determined by the DECE. Services are ancillary to the operation of the CCDF program. Contract managers review and monitor progress on all deliverables to ensure work is performed in accordance with the terms as stated in the contract/grant. A risk assessment that includes contract monitoring activities is included in all contracts and/or grant agreements. Contract managers review and approve the contract operational budget and invoices prior to them being paid.

Tracking systems to ensure reasonable and allowable costs

Describe:

Other

Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Conduct a risk assessment of policies and procedures

Describe:

The Case Review staff conduct case reviews on a percentage of all new or recertification cases to ensure that the case was determined properly and that the services authorized are in accordance with policy. If errors are found the case review staff return the case to the eligibility worker so that a correction can be made.

Establish checks and balances to ensure program integrity

Describe:

Monthly data matches are conducted between the CHIP (Client History and Information Profile) system, and CAPSS (Child and Adult Protective Services System). and the SC Voucher System. Cases that have been closed in CHIP or CAPSS are terminated in the SC Voucher system with a 90 days notice.

Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Bi-weekly reports are generated for the Quality Review Team to utilize to conduct the supervisory review process. Once cases are reviewed a report is produced to provide a detailed result of the case reviews and identify the types of errors and the corrective action taken.

Other

Describe:

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

- Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

A monthly data match is performed using child care eligibility data (SC Voucher System) to match with the CHIP (Client History and Information Profile), TANF, and SNAP databases to flag for possible errors, changes, and case closures that need to be made in a timely manner. This match is used in an effort to reduce errors and identify training needs for staff.

- Run system reports that flag errors (include types).

Describe:

The Duplicate Client report and Duplicate Payment report are generated and worked by staff on an ongoing basis. These reports include potential duplicate clients and payments and allow staff to investigate to determine if there was duplication. If it is determined that there was duplication in payment, recoupments are completed to

recover the duplicate payment.

[Review enrollment documents and attendance or billing records](#)

[Describe:](#)

LA finance staff review all billing records (SVLs) submitted by providers. ABCQ staff review enrollment documents prior to a provider enrolling. Audit Division staff review attendance when conducting provider audits.

[Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe:](#)

Bi-weekly reports are generated for the Quality Review Team to utilize to conduct the supervisory review process. Once cases are reviewed a report is produced to provide a detailed result of the case reviews and identify the types of errors and the corrective action taken.

[Audit provider records.](#)

[Describe:](#)

The ABCQ Monitoring staff review provider records when they visit to complete the program review of the provider. Additionally, staff from the Audit Division conduct audits on a percentage of CCDF funded providers each year.

[Train staff on policy and/or audits.](#)

[Describe:](#)

The ABCQ Monitoring staff are trained on the Provider Business Procedures so they can identify possible problems when they visit providers and review records.

[Other](#)

[Describe:](#)

Special audits are conducted as requested when potential fraud is suspected.

[b\) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.](#)

- [Share/match data from other programs \(e.g., TANF program, CACFP, FNS, Medicaid\) or other databases \(e.g., State Directory of New Hires, Social Security Administration, PARIS\).](#)

Describe:

A monthly data match is performed using child care eligibility data (SC Voucher System) to match with the CHIP (Client History and Information Profile), TANF, and SNAP databases to flag for possible errors, changes, and case closures that need to be made in a timely manner. This match is used in an effort to reduce errors and identify training needs for staff.

- [Run system reports that flag errors \(include types\).](#)

Describe:

The Duplicate Client report and Duplicate Payment report are generated and worked by staff on an ongoing basis. These reports include potential duplicate clients and payments and allow staff to investigate to determine if there was duplication. If it is determined that there was duplication in payment, recoupments are completed to recover the duplicate payment.

- [Review enrollment documents and attendance or billing records](#)

Describe:

LA finance staff review all billing records (SVLs) submitted by providers. ABCQ staff review enrollment documents prior to a provider enrolling. Audit Division staff review attendance when conducting provider audits.

- [Conduct supervisory staff reviews or quality assurance reviews.](#)

Describe:

Bi-weekly reports are generated for the Quality Review Team to utilize to conduct the supervisory review process. Once cases are reviewed a report is produced to provide a detailed result of the case reviews and identify the types of errors and the corrective action taken.

- [Audit provider records.](#)

Describe:

The ABCQ Monitoring staff review provider records when they visit to complete the program review of the provider. Additionally, staff from the Audit Division conduct

audits on a percentage of CCDF funded providers each year.

Train staff on policy and/or audits.

Describe:

The ABCQ Monitoring staff are trained on the Provider Business Procedures so they can identify possible problems when they visit providers and review records.

Other

Describe:

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

A monthly data match is performed using child care eligibility data (SC Voucher System) to match with the CHIP (Client History and Information Profile), TANF, and SNAP databases to flag for possible errors, changes, and case closures that need to be made in a timely manner. This match is used in an effort to reduce errors and identify training needs for staff.

Run system reports that flag errors (include types).

Describe:

The Duplicate Client report and Duplicate Payment report are generated and worked by staff on an ongoing basis. These reports include potential duplicate clients and payments and allow staff to investigate to determine if there was duplication. If it is determined that there was duplication in payment, recoupments are completed to recover the duplicate payment.

Review enrollment documents and attendance or billing records

Describe:

LA finance staff review all billing records (SVLs) submitted by providers. ABCQ staff

review enrollment documents prior to a provider enrolling. Audit Division staff review attendance when conducting provider audits.

[Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe:](#)

Bi-weekly reports are generated for the Quality Review Team to utilize to conduct the supervisory review process. Once cases are reviewed a report is produced to provide a detailed result of the care reviews and identify the types of errors and the corrective action taken.

[Audit provider records.](#)

[Describe:](#)

The ABCQ Monitoring staff review provider records when they visit to complete the program review of the provider. Additionally, staff from the Audit Division conduct audits on a percentage of CCDF funded providers each year.

[Train staff on policy and/or audits.](#)

[Describe:](#)

The ABCQ Monitoring staff are trained on the Provider Business Procedures so they can identify possible problems when they visit providers and review records.

[Other](#)

[Describe:](#)

[8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.](#)

[a\) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:](#)

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- Recover through repayment plans.

Describe:

When it is determined that a provider has intentionally violated the program policies a recoupment of monies paid to the provider is processed. The provider is allowed to set up a repayment plan through the Finance Division. A repayment letter is sent to the provider describing the monies owed. The provider is given an option to pay the amount in full by a specific date, or the option of requesting a payment plan and making regular payments.

- Reduce payments in subsequent months.

Describe:

If the provider who has intentionally violated program policy is allowed to continue to serve voucher children, recoupments will be recovered from future SVL's submitted by the provider. The LA has processes in place to recover misspent funds from providers that are the results of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the SC Voucher System. Once the adjustments are entered, the future payments for the provider will be either increased, if a payable adjustment was entered and additional monies are due, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the Service If the provider who has intentionally violated program policy is allowed to continue to serve voucher children, recoupments will be recovered from future SVL's submitted by the provider. The LA has processes in place to recover misspent funds from providers that are the results of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the SC Voucher System. Once the adjustments are entered, the future payments for the provider will be either increased, if a payable adjustment was entered and additional monies are due, or

decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the SVL invoice for the provider and will affect all future payments until the amount of the adjustment has been paid or received.

Recover through state/territory tax intercepts.

Describe:

The Accounts Receivable Division of the LA handles the process of submitting the State Tax intercept requests which are processed through the SC Department of Revenue.

Recover through other means.

Describe:

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Recover through repayment plans.

Describe:

When it is determined that a provider has unintentionally violated the program policies, a recoupment of monies paid to the provider is processed. The provider is allowed to set up a repayment plan through the Finance Division. A repayment letter is sent to the provider describing the monies owed. The provider is given an option to pay the amount in full by a specific date, or the option of requesting a payment plan and making regular payments.

Reduce payments in subsequent months.

Describe:

If the provider who has unintentionally violated program policy is allowed to continue to serve voucher children, recoupments will be recovered from future SVL's submitted by the provider. The LA has processes in place to recover misspent funds from providers that are the results of errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the SC Voucher System. Once the adjustments are entered, the future payments for the provider will be either increased, if a payable adjustment was entered and additional monies are due, or decreased, if a receivable adjustment was entered and monies are due back. The adjustments are reflected on the SVL invoice for the provider and will affect all future payments until the amount of the adjustment has been paid or received.

Recover through state/territory tax intercepts.

Describe:

The Accounts Receivable Division of the LA handles the process of submitting State tax intercept requests which are processed through the SC Department of Revenue. Tax intercepts are not processed for clients.

Recover through other means.

Describe:

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

Reduce payments in subsequent months.

Describe:

Recover through state/territory tax intercepts.

Describe:

Recover through other means.

Describe:

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

If through agency error the client should have paid a lower client fee, the error would be corrected in the automated system and the correct fee amount would be assessed going forward. Should an agency error occur for a provider and the payment amount was incorrect the LA would process an adjustment to correct the error and refund the provider the amount due.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

The applicant/client is given an opportunity to request a fair hearing in compliance with the Civil Rights Act of 1964. They may appeal any decision that results in the denial or termination of services, provided that decision is not based solely on lack of available funds or on the natural ending of services at the end of an eligibility period. A fair hearing must be requested in writing, and must be made within 30 days from the date of the negative action. The request may be made by the applicant/client or a person acting on their behalf, such as legal representative, relative, or friend. Staff must not impede, limit, or interfere in any way with the client's right to request a fair hearing. During the appeal process the client is responsible for paying for their own child care arrangements. After the fair hearing is conducted, if the denial or termination of services for deliberate misrepresentation is upheld, the client will be disqualified from receiving child care services for life.

Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

A provider has the right to request a fair hearing regarding any negative action taken by the ABCQ system. Negative actions include, but are not limited to termination from the

SC Voucher program and de-enrollment of a specific care type. If it is determined that a provider deliberately misrepresented information in order to receive payment for voucher children, the provider will be terminated from the SC Voucher program. The provider must request the fair hearing within 30 days of the negative action by submitting the request in writing to the Division of Individual and Provider Rights (DIPR). Upon receipt of the request, DIPR will schedule the fair hearing and coordinate with the LA legal staff as well as the provider and the provider's legal representative as appropriate. ABCQ monitoring staff are responsible for representing the SC Voucher program at provider fair hearings. If the decision of the fair hearing is that the provider did deliberately misrepresent information, and the termination decision is upheld, the provider will be disqualified from enrolling in the ABCQ program for life.

Prosecute criminally.

Describe:

Other.

Describe:

The ABCQ system has controls in place to address improper payments to providers. The system adjustment process recoups overpayments to a provider from the next SC Voucher payment. In addition, the adjustment process creates payable adjustments for a provider if the SC Voucher system underpays them for child care services.

[Appendix A: Background Check Waiver Request Form](#)

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If

milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: In-state criminal registry or repository checks with fingerprints requirements for existing staff. (See related question at 5.4.1 (b))

Describe the provision from which the state/territory seeks relief.

SC seeks a waiver for the in-state criminal registry or repository checks with fingerprint requirements for existing staff. SC currently conducts fingerprint checks on all licensed regulated facilities. SC does not conduct fingerprint checks on legally exempt facilities. Also, SC does not currently conduct In-State Criminal registry or repository checks with fingerprint every 5 years for any providers. Lastly, SC does not expressly exclude the

crimes of: violent misdemeanors committed as a adult against a child, including child abuse, child endangerment, sexual assault or misdemeanors involving child pornography. Therefore, we respectfully request a waiver to implement the comprehensive background check requirements as allowed under section 658H(j)(2) of the Child Care and Development Block Grant (CCDBG) Act of 2014.


Legislation was drafted to give our state statutory authority to conduct reviews for criminal registry or repository using fingerprints in the current state of residency for license-exempt CCDF providers. The legislation was not introduced last legislative session. We are coordinating with our agency legislative liaison to get the legislation introduced for the upcoming session.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

By allowing a waiver of the provision, SC will have more time to accomplish the provisions set forth in the CCDBG Act of 2014. This will allow us to continue to work on the process to get approval to implement the Criminal Background Check requirement of conducting background checks on legally exempt facilities, conducting the checks every 5 years and capturing the additional exclusionary crimes indicated in the Act. It will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

SC is making strides to come into compliance. We continue to confer with Agency leaders and coordinate efforts with the Law Division responsible for conducting the checks and helping us to meet the CCDBG requirements. SC will, however, begin to conduct Central Registry Checks in the legally exempt center-based facilities that will bring us one step closer in meeting the CCDBG Requirements but also will help to ensure the health and safety of children. With the Central Registry check implemented by October 2, 2018 coupled with monitoring visits, this is how we will move toward keeping children receiving CCDF assistance safe.

 [Appendix A.3: In-state child abuse and neglect registry requirements for existing staff. \(See related question at 5.4.3 \(b\)\)](#)

[Describe the provision from which the state/territory seeks relief.](#)

The provision from which SC seeks relieve is for the search of the in-state child abuse and neglect registry for all current (existing) child care staff. In SC, a check of the in-state sex offender registry is currently conducted on all licensed regulated facilities and FFN's. However, in SC, we do not yet check the in state child abuse and neglect registry for Legally exempt center-based facilities receiving CCDF funding. As of October 1, 2018, SC will be conducting an in-state check of the in-state child abuse and neglect registry for the legally -exempt center based facilities. A check of the in-state child abuse and neglect registry will be needed prior to approval of that facility to be eligible to participate in the Quality Program. This will be an ongoing requirement and a check will need to be conducted every 3 years at the renewal of the Provider Agreements to participate in ABC Quality.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

By allowing a waiver of the provision, SC will have more time to accomplish the provisions set forth in the CCDBG Act of 2014. This will allow us to complete a process to get the legally exempt, center-based facility an in-state child abuse and neglect check completed. This will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

SC is making strides to come into compliance. We are developing a process to get the existing legally Exempt center-based facilities child care staff the in-state child abuse and neglect checks completed. The ABC Quality Program has developed eligibility requirements for this category of care to participate in the Quality Program in SC, they must have this check completed in order to receive funding. The Quality's program is effective September 2018 and we will begin completing these checks beginning in October 2018.

The Quality program will continue to make their annual inspections for License-exempt CCDF providers including afterschool providers and summer camps and those visits will be performed by ABC Quality Assessors. This will bring us one step closer in meeting the CCDBG Requirements but also will help to ensure the health and safety of children. With the In-State Child Abuse and neglect Registry check to be implemented by October 2018

coupled with the Quality Assessors inspection visits will ensure that children's health, safety and well-being will not be compromised as result of the waiver.



Appendix A.4: National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.


SC seeks a waiver for a National FBI fingerprint search requirement for existing staff. SC currently conducts National FBI fingerprint checks on all licensed regulated facilities. SC does not conduct fingerprint checks on legally exempt facilities. Also, SC does not currently conduct National FBI fingerprint checks every 5 years for any providers. Lastly, SC does not expressly exclude the crimes of: violent misdemeanors committed as a adult against a child, including child abuse, child endangerment, sexual assault or misdemeanors involving child pornography. Therefore, we respectfully request a waiver to implement the comprehensive background check requirements as allowed under section 658H(j)(2) of the Child Care and Development Block Grant (CCDBG) Act of 2014.

Legislation was drafted to give our state statutory authority to conduct reviews for criminal registry or repository using fingerprints in the current state of residency for license-exempt CCDF providers. The legislation was not introduced last legislative session. We are coordinating with our agency legislative liaison to get the legislation introduced for the upcoming session.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing a waiver of the provision, SC will have more time to accomplish the provisions set forth in the CCDBG Act of 2014. This will allow us to continue to work on the process to get approval to implement the Criminal Background Check requirement of conducting background checks on legally exempt facilities, conducting the checks every 5 years and capturing the additional exclusionary crimes indicated in the Act. It will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. SC is making strides to come into compliance. We continue to confer with Agency leaders and coordinate efforts with the Law Division responsible for conducting the checks and helping us to meet the CCDBG requirements. SC will, however, begin to conduct Central Registry Checks in the legally Exempt center-based facilities that will bring us one step closer in meeting the CCDBG Requirements but also will help to ensure the health and safety of children. With the Central Registry check implement by October 2, 2018 coupled with monitoring visits, this is how we will move toward keeping children receiving CCDF assistance safe.

 **Appendix A.5: National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a))**


Describe the provision from which the state/territory seeks relief.

SC requests a wavier for the National Crime Information Center (NCIC) Sex Offender Registry (NSOR) search requirements for new or prospective staff. SC does not complete this particular check with regards to the NCIC Sex Offender Check currently. SC has met with our state's Law Enforcement Division and they received permission from the Department of Justice to begin conducting these checks. The Law Enforcement Division also charged an additional fee to conduct this check that had not previously been considered or discussed. The agency is considering ways to institute this fee to existing providers. Challenges to implementing include additional staff resources will be necessary at the Office of Investigations to complete the review of the population of child care staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing a waiver of the provision, SC will have more time to accomplish the provisions set forth in the CCDBG Act of 2014. This will allow us to continue to work on the process to get approval to implement the Criminal Background Check requirement of conducting NCIC Sex Offender Checks on regulated child care staff employed in regulated child care facilities and legally exempt facilities. It will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. SC is making strides to come into compliance. We continue to confer with Agency leaders and coordinate efforts with the Law Division responsible for conducting the checks and helping us to meet the CCDBG requirements. SC will, begin conducting the NCIC Sex Offender Checks for new child care staff in regulated child care facilities and legally exempt facilities once we have approval to do. Child care Licensing and the ABC Quality Program will continue to conduct inspection visits and to follow up and investigate complaint visits appropriately to ensure the health and safety of children receiving CCDF assistance

 **Appendix A.6: National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))**

Describe the provision from which the state/territory seeks relief.


SC requests a wavier for the National Crime Information Center (NCIC) Sex Offender Registry (NSOR) search requirements for existing staff. SC does not complete this particular check with regards to the NCIC Sex Offender Check currently. SC has met with our state's Law Enforcement Division and they received permission from the Department of Justice to begin conducting these checks. The Law Enforcement Division also charged an additional fee to conduct this check that had not been considered or discussed. The agency is considering ways to institute this fee to existing providers. Additionally, this requires a fingerprint check and in SC, the fingerprints checks are only conducted once unless the child care staff had a one year break in services. Our Legal Department is researching this question for information on how to proceed.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing a waiver of the provision, SC will have more time to accomplish the provisions set forth in the CCDBG Act of 2014. This will allow us to continue to work on the process to get approval to implement the Criminal Background Check requirement of conducting NCIC Sex Offender Checks on regulated child care staff employed in regulated child care facilities and legally exempt facilities. It will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

SC is making strides to come into compliance. We continue to confer with Agency leaders and coordinate efforts with the Law Division responsible for conducting the checks and helping us to meet the CCDBG requirements. SC will, begin conducting the NCIC Sex Offender Checks for new child care staff in regulated child care facilities and legally exempt facilities which will bring us one step closer in meeting the CCDBG Requirements but also will help to ensure the health and safety of children receiving CCDF assistance.

 **Appendix A.7: Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))**

Describe the provision from which the state/territory seeks relief.

SC seeks a waiver for an Interstate criminal registry or repository check for new staff. SC currently conducts in-state criminal registry fingerprint checks on all licensed regulated facilities. SC does not conduct interstate fingerprint checks on licensed regulated facilities or legally exempt facilities. Also, SC does not currently conduct interstate fingerprint checks every 5 years for any providers. Lastly, SC does not expressly exclude the crimes of: violent misdemeanors committed as a adult against a child, including child abuse, child endangerment, sexual assault or misdemeanors involving child pornography. Therefore, we respectfully request a waiver to implement the comprehensive background check requirements as allowed under section 658H(j)(2) of the Child Care and Development Block Grant (CCDBG) Act of 2014.

Legislation was drafted to give our state statutory authority to conduct reviews for criminal registry or repository using fingerprints in the current state of residency for license-exempt CCDF providers. The legislation was not introduced last legislative session. We are coordinating with our agency legislative liaison to get the legislation introduced for the upcoming session.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing a waiver of the provision, SC will have more time to accomplish the

provisions set forth in the CCDBG Act of 2014. This will allow us to continue to work on the process to get approval to implement the Criminal Background Check requirement of conducting background checks via interstate criminal registry or repository on licensed regulated or legally exempt child care providers, conducting the checks every 5 years and capturing the additional exclusionary crimes indicated in the Act. It will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

SC is making strides to come into compliance. We continue to confer with Agency leaders and coordinate efforts with the Law Division responsible for conducting the checks and helping us to meet the CCDBG requirements. SC will, however, begin to conduct Central Registry Checks in the legally Exempt center-based facilities to include interstate checks that will bring us one step closer in meeting the CCDBG Requirements but also will help to ensure the health and safety of children. With the Central Registry check implement by October 2, 2018 coupled with monitoring visits, this is how we will move toward keeping children receiving CCDF assistance safe.

Appendix A.8: Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

[Describe the provision from which the state/territory seeks relief.](#)

SC seeks a waiver for an Interstate criminal registry or repository check for prospective staff. SC currently conducts in-state criminal registry fingerprint checks on all licensed regulated facilities. SC does not conduct interstate fingerprint checks on licensed regulated facilities or legally exempt facilities. Also, SC does not currently conduct interstate fingerprint checks every 5 years for any providers. Lastly, SC does not expressly exclude the crimes of: violent misdemeanors committed as a adult against a child, including child abuse, child endangerment, sexual assault or misdemeanors involving child pornography. Therefore, we respectfully request a waiver to implement the comprehensive background check requirements as allowed under section 658H(j)(2) of the Child Care and Development Block Grant (CCDBG) Act of 2014.

Legislation was drafted to give our state statutory authority to conduct reviews for criminal registry or repository using fingerprints in the current state of residency for

license-exempt CCDF providers. The legislation was not introduced last legislative session. We are coordinating with our agency legislative liaison to get the legislation introduced for the upcoming session.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

By allowing a waiver of the provision, SC will have more time to accomplish the provisions set forth in the CCDBG Act of 2014. This will allow us to continue to work on the process to get approval to implement the Criminal Background Check requirement of conducting background checks via interstate criminal registry or repository on licensed regulated or legally exempt child care providers, conducting the checks every 5 years and capturing the additional exclusionary crimes indicated in the Act. It will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

SC is making strides to come into compliance. We continue to confer with Agency leaders and coordinate efforts with the Law Division responsible for conducting the checks and helping us to meet the CCDBG requirements. SC will, however, begin to conduct Central Registry Checks in the legally exempt center-based facilities to include interstate checks that will bring us one step closer in meeting the CCDBG Requirements but also will help to ensure the health and safety of children. With the Central Registry check implemented by October 2, 2018 coupled with monitoring visits, this is how we will move toward keeping children receiving CCDF assistance safe.

 [Appendix A. 13: New staff hired to work provisionally until background checks are completed. \(See related question at 5.4.9\)](#)

[Describe the provision from which the state/territory seeks relief.](#)

SC is seeking a waiver for new staff hired to work provisionally until background checks are completed. Currently in SC State Statute is a law that speaks directly on provisional employment in child care facility. Our state law allows that " a person may be provisionally employed after the favorable completion of the State Law Enforcement Division (SLED) name and date of birth-based background checks, and the Central Registry check are completed if the person executes a sworn statement on a form provided y the

department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. A person provisionally employed must be directly supervised by a nonprovisional employed person at all times when providing direct care to children."

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

By allowing a waiver of the provision, SC will have more time to accomplish the provisions set forth in the CCDBG Act of 2014. This will allow us to continue to work on the process to get approval to implement the Criminal Background Check requirement of hiring child care staff provisionally. We must work through the courts and legislature to be able to implement this in SC as it is currently in conflict with state statute. Therefore, a waiver will help to bring SC closer to being in compliance and thus, improve the delivery of child care services for children.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

SC is making strides to come into compliance. We continue to confer and coordinate with Agency leaders regarding the provisions set forth in the CCDBG Act of 2014. SC is currently conducting many of the checks required, but not in its entirety but strives to make the necessary changes to comply. With most of the checks already implemented and being conducted, to include the requirement indicated in state law, this already helps to ensure the health and safety of children in those facilities that choose to use this item in the requirements. Also coupled with other changes SC has already made and will make, the health and safety of children are of the utmost importance and through training and monitoring, we will work to keep the children's health, safety and well-being protected. Allowing the waiver of this requirement will bring us one step closer in meeting the CCDBG requirements.